

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2012
NAME OF PROVIDER OR SUPPLIER WARREN HILLS A PERSONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 864 US HWY 158 BUSINESS WEST WARRENTON, NC 27589	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 253 SS=D	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and review of facility records, the facility failed to ensure the proper maintenance and housekeeping was conducted on 2 of 4 resident common use bath/shower rooms (central bath 600 hall - blue shower room and central bath 600 hall - yellow shower room).</p> <p>Findings include:</p> <p>On 09/17/2012 at 12:50 observations were made of the resident common use central shower/bath rooms (blue & yellow) on the 600 hall. The following housekeeping and maintenance issues were found:</p> <p>600 hall resident common use central bathroom (blue shower room) across from rooms 623 & 624:</p> <ol style="list-style-type: none"> 1) Observed a dark substance on all sides of the floor threshold plate where it meets the tile floor going into shower. 2) Observed shower stall with a missing drain cover (open hole - drain in floor) and had 1 screw head exposed where drain cover was broken off. 3) Observed the hand rail in commode area of the shower room that was loose on wall and when touched would come approximately 1 inch from the wall at the entry end. 	F 253	<p>Warren Hills Nursing Center acknowledges and submitted as a written allegation of compliance. proposes this plan of corrections to the extent that the summary of finding is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Corrections is submitted as a written allegation of compliance.</p> <p>Warren Hills Nursing Center's response to this statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, Warren Hills reserves the right to refute any deficiency on this statement of deficiencies through informal Dispute Resolution, Formal Appeal and or Administrative or Legal Procedures.</p> <p>The facility shall ensure the proper maintenance and housekeeping shall maintain proper cleaning of common-use bath/shower and central bath area clean.</p> <p>The blue shower room across from 623 & 624 the floor threshold plate has been cleaned. Shower stall (open-hole drain in floor) has been replaced. The handrails in commode area of the shower room has been tightened. Bath tub faucet that was running is fixed. The 15- 1x1 ceramic tiles missing from floor by bathtub in the yellow shower room between 609 & 610 have been replaced.</p>	9/21/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Danny W. Moore

TITLE

Administrator

(X6) DATE

10-12-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 253	<p>Continued From page 1</p> <p>4) Observed the bath tub faucet was constantly running (could not be turned off by the faucet handles).</p> <p>600 hall resident common use central bathroom (yellow shower room) across from rooms 609 & 610:</p> <p>1) Observed 15 - 1x1 inch ceramic tiles missing from floor by bath tub.</p> <p>On 09/18/2012 at 7:55 a.m. additional observations were made of both resident common use bath/shower rooms (Blue & Yellow) on the 600 hall. The same items found previously were still observed un-repaired.</p> <p>An interview with the facility's maintenance manager (staff member #3), was conducted on 09/19/2012 at 8:40 a.m. concerning the facility's work order process and maintenance related observations in the two resident common use bath/shower rooms on the 600 hall. The maintenance manager stated the procedure for filling out facility work orders was that the staff would fill out a maintenance work order (located at each nurse's station and on his office door) when a maintenance related issue was found which needed repair. Once the work order was filled out it would be turned into him personally or if after hours the staff would place the filled out work order request in the inbox on his maintenance office door. The maintenance manager stated he kept the work orders in his office in a file. The maintenance manager was asked if there were any other filled out work orders kept in any other locations and he stated, "No, only in my office." The Maintenance manager was asked if he knew of any</p>	F 253	<p>All shower rooms, shower stalls and handrails in common area of shower rooms shall be checked daily for any issues. Staff inserviced on filling out maintenance repair slips for anything chipped, broken, missing, loose handrails, etc.</p> <p>Maintenance supervisor, RN supervisor, and/or designee shall monitor all shower areas daily for any concerns, to include handrail in common areas of shower room. Any issues found shall be put on maintenance repair slip and taken care of daily by maintenance staff.</p> <p>A QA audit tool shall be used by maintenance supervisor and/or designee to monitor shower rooms daily for any concerns X 3 months then monthly X 1 year.</p> <p>The Quality Assurance Committee to include the Medical Director, Maintenance Supervisor, and/or designee shall review the results monthly. The action plan shall be revised to ensure continued compliance.</p>	

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F 253	<p>Continued From page 2</p> <p>maintenance related problems or issues in either of the common use bath/shower rooms on the 600 hall. The maintenance manager indicated he was unaware of any maintenance problems or issues in either of the 600 hall's common use bath/shower rooms.</p> <p>A review of the facility's maintenance work orders was conducted with the facility's maintenance manager. The maintenance manager pulled a card board binder holder box from a shelf which he indicated was where he kept the work orders. During the review the maintenance manager was asked to pull all of the work orders for the 600 hall (completed and uncompleted). After the review of all the filled out work order requests it was revealed there were no work order request forms for any item/issue/problem for either of the common use bath/shower rooms on the 600 hall.</p> <p>On 09/19/2012 at 9:10 a.m. an observation was made with the facility's maintenance manager of the noted issues/problems/items needing maintenance. The maintenance manager indicated that in the 600 hall's blue common use bath/shower room the black substance around the shower stall threshold plate needed to be cleaned or the plate removed and replaced to remove the black substance. The maintenance manager indicated the shower drain cover was broken off/missing and needed to be replaced and the screw that was left in the drain could possibly injure a resident's foot if it was stepped on. The maintenance manager also indicated the hand rail in the commode area was loose and needed repair as it was pulling out of the sheet rock. The maintenance manager attempted to turn off the bath tub running water then indicated</p>	F371	<p>The facility shall procure food from sources approved or considered satisfactory by Federal, State, or Local authority and store, prepare, distribute, and serve food under sanitary conditions.</p> <p>The facility microwave was cleaned thoroughly and placed on cleaning list daily. All sealed inner box storage frozen foods are closed and removed from freezer condenser area. The dough rolls, box of biscuit dough, pork chops, frozen vegetables in the walk-in freezer were discarded. Also, the chicken, ground beef, and hotdogs in the outside freezer were removed from under condenser fan and discarded.</p> <p>The Dietary Manager inserviced her staff on proper storage of food (closing open sealed plastic bag), and keeping food from under the condenser fan to prevent freezer burn in freezers inside and outside.</p> <p>These areas shall be Quality Assurance by the Dietary Manager, Assistant Dietary Manager, and/or designee daily. A Quality Assurance audit tool shall be used daily X 3 months then 2X weekly X 1 year.</p> <p>The Quality Assurance Committee to include the Medical Director, Dietary Manager, and/or designee shall</p>	9/21/12

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F 253	<p>Continued From page 3</p> <p>he could not shut off the running water from the faucet and the faucet washers needed to be repaired/replaced. The maintenance manager indicated he should have received work orders for each of the items observed needing repair but did not. In the yellow common use bath/shower room the maintenance manager indicated there were 15 - 1x1 ceramic tiles missing on the floor by the bath tub which could cause a resident to injure their foot or a shower chair to get stuck and he should have received a work order to replace them but did not.</p> <p>On 09/19/2012 at 9:30 a.m. an interview was conducted with a registered nurse located on the 600 hall nurse's station (staff member #4), concerning the procedure for filling out a facility work order and turning it in. Staff member #4 explained, When a maintenance issue is found the staff are supposed to fill out a blank maintenance work order. They are located here at the nurse's station and at each nurse's station, or on the maintenance manager's office door. When the work order is filled out we turn it into the maintenance manager or if it's on an after hours shift we put the work order in his inbox on his office door. When asked if she knew of any problems or issues in either of the 600 hall resident common use bath/shower rooms.the nurse responded, "No."</p>	F 371	<p>review the results monthly. The action plan shall be revised to ensure continued compliance.</p> <p>The facility shall equip corridor with firmly secured handrails throughout the facility.</p> <p>Handrails between room 620 and soiled utility room, between 615 & 616, between rooms 610 & 612, between rooms 602 & 604, between rooms 603, & 605, between rooms 633 & 635, and between rooms 622 & 623 have all been checked and are secured.</p> <p>All handrails in the facility have been checked by maintenance staff and are secure.</p> <p>Staff re-inserviced on filling out maintenance repair slips for any handrails loose, cracked tile, dripping faucets, etc.</p> <p>The Maintenance Supervisor and/or designee shall use a Quality Assurance Audit Tool to monitor handrails throughout the facility daily X 1 month, then 2 X weekly X 1 year.</p>	9/21/12
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food</p>	F468		

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F 371	<p>Continued From page 4 under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and review of facility records, the facility failed to clean the kitchen's microwave oven after a previous day's use, seal inner box storage bags preventing freezer burn to food items, and properly store boxes of frozed foods from being dripped on by freezer condensers allowing ice build up on the boxes.</p> <p>Findings include:</p> <p>On 09/17/2012 at 10:50 a.m. an observation was made of the facility's kitchen with the assistant dietary manager (staff member #1).</p> <p>The kitchen's microwave oven was observed to have cooked food substances on the glass platter, inside door, oven walls and under the platter on the bottom surface of the oven. The assistant dietary manager indicated the last item cooked, per the kitchen staff, was a cup of soup during dinner on 09/16/2012 and the substance was the soup that over heated. The assistant dietary manager indicated the microwave oven should have been cleaned after the dinner meal on 09/16/2012.</p> <p>During an observation of the facility's reach in freezer, 1 package of dough rolls (24 rolls) were observed in a plastic bag open to the air. The</p>	F468	<p>The Quality Assurance Committee to include the Medical Director, Maintenance Supervisor, and/or designee shall review the audit results monthly. The Action Plan shall be revised to ensure continued compliance.</p>	

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F 371	<p>Continued From page 5</p> <p>rolls were observed to be freezer burned and had an ice build up on the rolls. The assistant dietary manager indicated the rolls belonged to the activities director/staff/department and they used them for activities with the residents. The assistance dietary manager also stated the rolls should have been wrapped tightly and when found to be freezer burned discarded.</p> <p>The facility's walk in freezer in the kitchen was observed to have 1 box of biscuit dough (120 cut biscuits) open. The inner plastic bag was observed to be open to the air and had freezer burn and ice buildup on biscuit dough. Also observed in the kitchen's walk in freezer was 1 previously opened box of meat (pork chops) and 2 boxes of previously opened frozen vegetables located under the freezer's condenser/fan. There was a 1-2 inch ice build up on the box lids from the inside condenser unit observed to be dripping on the boxes. The assistant dietary manager indicated the boxes should not have been placed under the dripping condenser unit allowing water to drip onto the boxes and freeze.</p> <p>The facility's outside walk in freezer was observed to have 2 boxes of meat (chicken and ground beef) under the freezer's inside condenser/fan. The unopened boxes were observed to have a 1-2 inch ice build up on box lids from the dripping condenser/fan unit. The assistant dietary manager indicated the boxes should not have been placed under the dripping condenser unit allowing water to drip onto the boxes and freeze.</p> <p>On 09/19/2012 at 11:10 a.m. an observation was made of the kitchen's walk in freezer with the</p>	F 371			

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F 371	Continued From page 6 facility's dietary manager (staff member # 2). It was observed with the dietary manager that there was a half full box of hot dogs which the inner bag was observed to be open to the air (bag was not closed). The hot dogs were observed to have ice crystals on them. The dietary manager indicated that the inner bag should have been closed and sealed protecting it from the open air.	F 371		
F 468 SS=E	483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS The facility must equip corridors with firmly secured handrails on each side. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and review of facility records, the facility failed to ensure the hand rails were secure on 1 of 5 resident corridors/halls (600 hall). Findings include: On 09/17/2012 at 12:45 several observations were made of residents in wheel chairs using the hand rails on the 600 hall. During the observations it was revealed the following hand rails were observed to be loosely attached to the walls: Between room 620 & soiled utility room; between rooms 615 & 616; between rooms 610 & 612; between rooms 602 & 604; between 603 & 605; between rooms 633 & 635, and between room 622 & 623. On 09/18/2012 at 7:55 a.m. additional	F 468		

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F 468	<p>Continued From page 7</p> <p>observations were made of the same hand rails. The hand rails were observed to still be attached loosely to the walls and not repaired.</p> <p>An interview with the facility's maintenance manager (staff member #3), was conducted on 09/19/2012 at 8:40 a.m. concerning the facility's work order process and loose hand rails on the 600 hall. The maintenance manager stated the procedure for filling out facility work orders was the staff would fill out a maintenance work order (located at each nurse's station and on his office door) when a maintenance related issue is found which needed repair. Once the work order was filled out it would be turned into him personally or if after hours the staff would place the work order in the inbox on his maintenance office door. The maintenance manager stated he kept the work orders in his office in a file. The maintenance manager was asked if there were any other filled out work orders kept in any other locations and he stated, "No, only in my office." The Maintenance manager was asked if he knew of any issues/problems with the hand rails on the 600 hall. The maintenance manager indicated he was unaware of any maintenance issues/problems with the 600 hall's hand rails.</p> <p>A review of the facility's maintenance work orders was conducted with the facility's maintenance manager. The maintenance manager pulled a card board binder holder box from a shelf which he indicated was where he kept the work orders. During the review the maintenance manager was asked to pull all the completed and uncompleted work orders for the 600 hall. After the review of all the filled out work order requests it was revealed there were no work order request forms</p>	F 468		

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F 468	<p>Continued From page 8 for the loose hand rails on the 600 hall.</p> <p>On 09/19/2012 at 9:10 a.m. an observation was made with the facility's maintenance manager of the observed loose hand rails on the 600 hall . The maintenance manager indicated all of the hand rails identified/observed were loose and should have had work orders filled out by the facility's staff requesting their repair.</p> <p>On 09/19/2012 at 9:30 a.m. an interview was conducted with a registered nurse located on the 600 hall nurse's station (staff member #4), concerning the procedure for filling out a facility work order and turning it in. Staff member #4 explained, When a maintenance issue is found the staff are supposed to fill out a blank maintenance work order. They are located here at the nurse's station and at each nurse's station, or on the maintenance manager's office door. When the work order is filled out we turn it into the maintenance manager or if it's on an after hours shift we put the work order in his inbox on his office door. When asked if she knew of any of the hand rails on the 600 hall being loose the nurse responded, "No."</p>	F 468			

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K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD. Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	Warren Hills Nursing Center acknowledges and submitted as a written allegation of compliance. proposes this plan of corrections to the extent that the summary of finding is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Corrections is submitted as a written allegation of compliance. Warren Hills Nursing Center's response to this statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, Warren Hills reserves the right to refute any deficiency on this statement of deficiencies through Informal Dispute Resolution, Formal Appeal and/or Administrative or Legal Procedures.	12/14/12
K 062 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 10/31/2012 the doors to the following rooms failed to latch . 103,104, 105, 213,405 and 406. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K018	Doors throughout the facility shall close and latch properly. Doors to room numbers 103, 104, 105, 213, 405, and 406 have been adjusted by maintenance and close/latch properly. All doors throughout the building were checked by maintenance to ensure that they close and latch properly. Staff shall be re-inserviced on filling out maintenance request if they notice any doors throughout the facility not closing/latching properly so maintenance can readjust/repair it.	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	The facility maintenance supervisor/and or designee, to include all staff of the facility shall randomly throughout the day test doors in the facility for closing/latching properly.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Danny Moss</i>	TITLE Administrator	(X8) DATE 11/16/12
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345240	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2012
NAME OF PROVIDER OR SUPPLIER WARREN HILLS A PERSONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 864 US HWY 158 BUSINESS WEST WARRENTON, NC 27589		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062	Continued From page 1 This STANDARD is not met as evidenced by: A. Based on observation on 10/31/2012 the sprinkler heads in the electrical room on the 500 hall were corroded and must be changed. 42 CFR 483.70 (a)	K018	A Quality Assurance monitor sheet shall be used by facility Plant Manager/and or designee to monitor all doors throughout the facility for closing and latching properly weekly X 4 weeks then monthly X 1 year. The Quality Assurance Monitor sheet shall be reviewed/revise as necessary to maintain compliance by the facility administration and the Plant Manager monthly.		
		K062	The automatic sprinkler system shall be continuously maintained in reliable operating condition and are inspected and tested periodically. The sprinkler head in the electrical room on the 500 hall has been replaced. All sprinkler heads throughout the facility have been inspected for any signs of defect, to include corrosion, and replaced as needed. Staff were re-inserviced on filling out maintenance request if they notice any signs of corrosion/difference in sprinkler heads throughout the facility so maintenance can fix them. A Quality Assurance Monitor sheet shall be used by maintenance supervisor/and or designee to monitor all sprinkler heads throughout the facility for any sign of corrosion/areas of concern weekly X 4 weeks X then monthly X 1 year to maintain them in reliable operating condition. The Quality Assurance Monitor sheet shall be reviewed/revise as necessary to maintain compliance by the facility administration and the Plant Manager monthly.	12/14/12	

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