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

MAR 2 6 2013

PRINTED: 03/08/2013 FORM APPROVED

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				OMB	NO. 0938-039
WALLEYN (OF CORRECTION	IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) D.	ATE SURVEY OMPLETED
NAME OF P	ROVIDER OR SUPPLIER	345316	B. WING				C
SENIOR	CITIZENS HOME			2	REET ADDRESS, CITY, STATE, ZIP CODE 1275 RUIN CREEK RD HENDERSON, NC 27536		02/21/2013
(X4) ID PREFIX TAG	(COON DECICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RE	(X5) COMPLETION DATE
t ti	sanitary, orderly, an sanitary, orderly, an by: Based on observation record reviews the far provide housekeeping for 2 of 2 common used to and 1 of 1 laundry segment include: 1) On 02/17/2013 at facility was conducted observation was made bath/shower room be and 18. During the conservation was made bath/shower room be and 18. During the conservation was made bath/shower room be and the shower corners of the kneed area and the shower revealed the broken feedges that were at eleshower chair and/or have installed was a behalf of the shower chair and/or have installed was a behalf of the shower chair and/or have installed was a behalf of the shower half of the shower do to be hanging from the dispersed to be hanging from the shower do to be hanging the wall at the foot of the shower do to be hanging the shower do to be shower	PERVICES Divide housekeeping and es necessary to maintain a discomfortable interior. It is not met as evidenced ons, staff interviews, and acility failed adequatelying and maintenance services se bath/shower rooms, 1 of 2 ills, 3 of 34 resident rooms, arvice room. The findings 3:30 p.m. an initial tour of the discomfort to the resident community atween resident rooms 16 observation it was noted there ceramic tiles located on the vall separating the bathtub area. A closer observation it was noted there ceramic tiles located on the vall separating the bathtub area. A closer observation it was noted in a nead and body height when seated in a nead and body height when di. On the wall the shower roken plastic showerhead shower head was observed ing attached to the wall. In the commode, the toilet erved to be broken and the wall (only having 2 of attaching it to the wall). On the bath tub a towel bar was ng by 2 screws. The shower	F	i i i i i i i i i i i i i i i i i i i	Housekeeping services are providaily to all resident. The ceramin shower room 1 and shower room 2 have been repaired. The tile at the shower wall(elbow high) has been fixed in both shower room. The shower head bracket has be replaced. The toilet paper holde and towel bar has been repaired. The grout has been cleaned and behind the shower doors have be cleaned. The wire shelf in shower room 2 has also been repaired. One webs have been cleaned from the exit doors. The tv plastic outlet we replaced in RM 9. The black marks in RM 2, 9, and have been cleaned and RM 2, 9 and have been cleaned from the schedule between cleaned from the schedule betwe	ic tile com long s s s en r cen er cob e vas 1 20 and e to e eet ys, yy is 1 to	3-21-13
VV	Ils //ww				Manist t		(X6) DATE
leticiency sta safeguards	atement ending with an as	terisk (*) denotes a deficiency which the ins	stitution may be		cused from correcting providing it is determined the		27111

the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days illowing 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 regard positions.) Except for nursing homes, the above findings and plans of correction are disclosable 14 regard positions.

ORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: Y06E11

Facility ID: 923449

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 345316 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) F 253 Continued From page 1 Once a week, for 90 F 253 3-21-13 stall was observed to have a black substance on days, 2 resident rooms will be the grout around the drain and in the corners checked by administrator to see if where the walls meet the floor. Behind the door the rooms need housekeeping or there was a buildup of black and dark brown dirt maintenance to address any issue. and debris against the wall. Additional Once a quarter, for 9 months, the observations were made on 02/18/2013 at 8:00 a.m., 02/19/2013 at 10:30 a.m., and 02/20/2013 administrator will check the dryer at 10:45 a.m. During the subsequent trap door to ensure the handle is in observations it was revealed there had been no working condition and that the sheet repairs/cleaning of any of the items noted during rock in the laundry room is in good the initial tour. condition. Any negative findings On 02/20/13 at 10:30 a.m. interviews were made from these checks/audits will be with the facility's administrator and the facility's sent to the next quarterly QA maintenance worker. The administrator indicated meeting for reevaluation. he was the facility's maintenance supervisor and housekeeping supervisor. The administrator also indicated he directed the facility's maintenance worker and the housekeeping staff. The administrator was asked to explain the housekeeping/maintenance process for cleaning and/or repairing items in the facility. The administrator indicated the house keeping staff cleaned the facility daily and as things came up that required immediate attention. The maintenance worker indicated the facility's repair process required a staff member to fill out a work. order (located at the nurse's station) and place the work order in the nurse's station maintenance in box or tell the maintenance worker of the item in need of repair. The maintenance worker indicated he kept the work orders that were not yet completed and the completed work orders were kept by an administrative staff member in a binder.

A review of the facility's maintenance work orders was conducted with the administrator and

CENTER	RS FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 03/08/2013 MAPPROVED D: 0938-0391
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE	SURVEY PLETED
		345316	B. WING			1	C
NAME OF PR	ROVIDER OR SUPPLIER					1 02/	21/2013
SENIOR (CITIZENS HOME			2:	EET ADDRESS, CITY, STATE, ZIP CODE 275 RUIN CREEK RD ENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 253	maintenance worker i orders for any items in common use bath/sho unaware of any broke 2) On 02/17/2013 at the facility was condu observation was madbath/shower room nerouring the observation several broken ceram corners of the knee-warea and the shower arevealed the broken tiedges that were at elk shower chair and/or hlying on a shower bed observed to have a blaround the drain and walls meet the floor. Of the bath tub a wire be pulled out of the winserted only halfway the door there was a brown dirt and debris observations were maa.m., 02/19/2013 at 10 at 10:45 a.m. During observations it was re	The administrator and ndicated they had no work needing repair in the resident ower rooms and were in items. 3:30 p.m. an initial tour of cted. During the tour an e of the resident community at to resident room 31. In it was noted there were not iteles located on the reall separating the bathtub area. A closer observation ales had jagged and sharp bow height when seated in a read and body height when a late and body height when a late and sharp ow height when seated in a read and body height when a late substance on the grout in the corners where the On the wall at the foot end shelf unit was observed to all and hanging by 1 screw in the sheetrock. Behind ouildup of black and dark against the wall. Additional add on 02/18/2013 at 8:00 0:30 a.m., and 02/20/2013	F	253			

On 02/20/13 at 10:30 a.m. interviews were made with the facility's administrator and the facility's maintenance worker. The administrator indicated he was the facility's maintenance supervisor and housekeeping supervisor. The administrator also

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY
		345316	B. WNG				C 21/2013
	ROVIDER OR SUPPLIER			2:	REET ADDRESS, CITY, STATE, ZIP CODE 275 RUIN CREEK RD HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 253	worker and the house administrator was as housekeeping/maint and/or repairing item administrator indicate cleaned the facility of that required immed maintenance worker process required a sorder (located at the the work order in the in box or tell the mai in need of repair. The indicated he kept the yet completed and the were kept by an administration was conducted with maintenance worker maintenance worker maintenance worker orders for any items common use bath/sl unaware of any broke as the facility was conducted with maintenance worker orders for any items common use bath/sl unaware of any broke as the facility was conducted with that at the end of the wall/window between several cob webs at curtain rod and externations were in observations were in	I the facility's maintenance ekeeping staff. The sked to explain the enance process for cleaning as in the facility. The ed the house keeping staff aily and as things came up interest attention. The indicated the facility's repair taff member to fill out a work nurse's station) and place a nurse's station maintenance intenance worker of the item interest work orders that were not not ecompleted work orders in a ty's maintenance work orders the administrator and indicated they had no work needing repair in the resident nower rooms and were ten items.	Ę.	253			

PRINTED: 03/08/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ C 345316 B. WNG 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ΙĐ PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 253 Continued From page 4 F 253 subsequent observations it was revealed the cob webs had not been cleaned and/or removed since the initial tour observation. On 02/18/2013 at 9:15 a.m. an observation was made of a housekeeping staff member cleaning the hall's handrails between resident room's 1 and 2. The housekeeper made no attempt to clean and/or remove the cob web. The housekeeper was asked how often she cleaned the area. The housekeeper indicated she cleaned the area daily. On 02/19/2013 at 2:30 p.m. an observation was made of the facility administrator checking the exit door on the glass wall/window between resident rooms 1 and 2. The administrator checked the wiring from the door's alarm sensors located just above and to the left of the cob webs observed during the facility tour. The administrator made no attempt to clean and/or remove the cob webs or notify housekeeping of the condition. On 02/20/13 at 10:30 a.m. interviews were made with the facility's administrator and the facility's maintenance worker. The administrator indicated he was the facility's maintenance supervisor and housekeeping supervisor. The administrator also indicated he directed the facility's maintenance

worker and the housekeeping staff. The administrator was asked to explain the

that required immediate attention.

housekeeping/maintenance process for cleaning and/or repairing items in the facility. The administrator indicated the house keeping staff cleaned the facility daily and as things came up

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED C 345316 B. WNG 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 253 Continued From page 5 F 253 On 02/20/2013 at 10:45 a.m. an observation was made with the facility's administrator and the facility's maintenance worker of the cob webs hanging from the curtain rod to the paper sign on the glass wall/window between resident rooms 1 and 2. The administrator indicated he had not realized the cob webs were there when he checked the exit door alarm on 02/19/2013. 4) On 02/18/2013 at 9:16 a.m. an observation was made of resident room #9 where facility residents # 2 and #20 resided. Both residents were bed ridden and were unable to communicate. The room's floor was observed to have long and wide black marks where the resident's bed wheels had blackened the floors at the foot of each bed. The room's floor was observed to be dirty and had a build up of brown and black debris along the wall's floor line and behind the head of each resident's beds. The room's wall cable TV receptacle plastic outlet cover was observed to be broken and the cable wire was observed to be hanging 2 ft. from wall onto the floor. Additional room observations were made on 02/19/2013 at 10:30 a.m., and 02/20/2013 at 10:45 a.m. During the subsequent observations it was revealed there had been no repairs and/or corrective cleaning to any of the items noted during the initial observations. On 02/20/13 at 10:30 a.m. interviews were made with the facility's administrator and the facility's

maintenance worker. The administrator indicated he was the facility's maintenance supervisor and housekeeping supervisor. The administrator also indicated he directed the facility's maintenance worker and the housekeeping staff. The administrator was asked to explain the

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 345316 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **SENIOR CITIZENS HOME** 2275 RUIN CREEK RD HENDERSON, NC 27536 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) F 253 Continued From page 6 F 253 housekeeping/maintenance process for cleaning and/or repairing items in the facility. The administrator indicated the house keeping staff cleaned the facility daily and as things came up that required immediate attention. The maintenance worker indicated the facility's repair process required a staff member to fill out a work order (located at the nurse's station) and place the work order in the nurse's station maintenance in box or tell the maintenance worker of the item in need of repair. The maintenance worker indicated he kept the work orders that were not yet completed and the completed work orders were kept by an administrative staff member in a binder. A review of the facility's maintenance work orders was conducted with the administrator and maintenance worker. The administrator and maintenance worker indicated they had no work orders for any items needing repair in resident room # 9. On 02/20/2013 at 10:45 a.m. an observation was made with the facility's administrator and the facility's maintenance worker of the resident's room (room #9), the dark marks on the floor, the broken cable TV receptacle, and the dirty floor and debris against the walls. The administrator could not explain why the black marks on the floor and dirty areas in the room were not cleaned by the housekeeping staff. The maintenance worker indicated he was not aware of the broken

the floor.

cable TV receptacle and the wire hanging out on

5) 02/18/2013 at 11:22 a.m. an observation was made of resident room #14 where resident #10

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

AND PLAN O	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY MPLETED
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	resided. During the o electrical plastic outle gray foot extender par observation was made attaching point on the appeared the phone expulled off of the walls Additional observation 02/19/2013 at 10:30 at 10:45 a.m. During the was revealed there has phone jack connection outlet was still lying or on 02/19/2013 and on 02/20/2013. On 02/20/13 at 10:30 with the facility's administrator also indiffacility's maintenance worker, he was the facility's maintenance was asked to explain the maintenance process repairing items in the findicated the house ke facility daily and as this immediate attention. The indicated the facility's instaff member to fill out the nurse's station maintenance worker or The Maintenance work	bservation a phone t was observed lying on the d of the B bed. An e of the room's phone wall by the B bed. It electrical outlet had been attaching/wiring point. Is were made on I.m., and 02/20/2013 at e subsequent observations it id been no repairs to the in on the wall and the plastic in the foot end of the B bed the residents TV stand on a.m. interviews were made inistrator and the facility's The administrator indicated aintenance supervisor. The cated he directed the worker. The administrator the housekeeping and/or for cleaning and/or	F	253			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES **FORM APPROVED** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 345316 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 253 Continued From page 8 F 253 A review of the facility's maintenance work orders was conducted with the administrator and maintenance worker. The administrator and maintenance worker indicated they had no work orders for any items needing repair in resident room # 14. On 02/20/2013 at 10:45 a.m. an observation was made with the facility's administrator and the facility's maintenance worker of the resident's room (room #14). The phone jack plastic electrical outlet was observed to still lying on the B bed's TV stand. The administrator and maintenance worker could not explain why the room's phone jack plastic electrical outlet was pulled off of the wall and lying on the B bed's TV stand and/or why they had not received a work order or verbal notification of the phone jack being broken. 6) 02/18/2013 at 11:56 a.m. an observation was made of resident room #1 where resident # 58 resided. The floor tile was observed to have 2 large yellow stains on floor to the right of the entry door by the resident's folding chairs. An interview was conducted with resident #58 who could see the yellow stains on the floor but could not state how long the yellow stains had been there or what may have caused the stains. Additional observations were made on 02/19/2013 at 10:30 a.m., and 02/20/2013 at 10:45 a.m. During the subsequent observations it was revealed there had been no attempt to clean and/or remove the yellow stains from the resident's floor as they were the same as noted during the initial observations.

On 02/20/13 at 10:30 a.m. interviews were made

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TATEMENT OF DEFICIENCIES	OMIL O	(X1) PROVIDER/SUPPLIER/CLIA				Т		0. 0938-0391
ND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			E CONSTRUCTION		COME	SURVEY
·		345316	B. WING					C 21/2013
NAME OF PROVIDER OR SUPP	PLIER		***	STF	REET ADDRESS, CITY, STATE, ZIP CODE	•		
SENIOR CITIZENS HOME	•				2275 RUIN CREEK RD			
	•			+	HENDERSON, NC 27536			
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maintenance he was the fa housekeepin indicated he worker and the administrator cleaned the facility's main room (room fexplain why to cleaned off the that required of the explain why to cleaned off the explain why to clean so observed to hat both corner nailed to the explain why the explain which is sheet of the explain whic	ty's admi- worker. acility's m g superv directed he house was ask g/mainte ing items indicate acility da immedia 13 at 10:- e facility's atenance (13 at 10:- e facility's atenance (14). The he yellov he reside (15) at 10:- acility's atenance (16) at 10:- acility's atenance (17) at 10:- acility's atenance (18) at 10:- acility's atenance (19) at 10:- acility's acili	inistrator and the facility's The administrator indicated paintenance supervisor and isor. The administrator also the facility's maintenance keeping staff. The faced to explain the mance process for cleaning in the facility. The did the house keeping staff illy and as things came up the attention. 45 a.m. an observation was a administrator and the worker of the resident's administrator could not y stains had not been	F	253				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/08/2013

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 03/08/2013 M APPROVED D: 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY PLETED
		345316	B. WING				C /21/2013
	ROVIDER OR SUPPLIER			22	EET ADDRESS, CITY, STATE, ZIP CODE 175 RUIN CREEK RD ENDERSON, NC 27536	1 02	121/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 253	administrator also indifacility's maintenance was asked to explain for repairing items in the maintenance worker is process required a state order (located at the rest the work order in the maintenance of repair. The indicated he kept the yet completed and the were kept by an admit binder. A review of the facility was conducted with the maintenance worker in order for the broken strong the dryers in the services was observed administrator (housek day shift laundry work were observed. The rehandle was observed of vice-grip pliers hold handle onto the door, not state how long the mechanism had been worker could not state door handle had been been at least several vices.	naintenance supervisor. The icated he directed the worker. The administrator the maintenance process the facility. The indicated the facility's repair aff member to fill out a work nurse's station) and place nurse's station maintenance tenance worker of the item e maintenance worker work orders that were not e completed work orders inistrative staff member in a strative staff member in a strative administrator and the administrator and indicated they had no work heetrock on the wall across laundry room. 105 a.m. the facility's laundry d with the facility's eeping supervisor) and the er. The laundry's dryers (3) middle dryer's lint trap door to be broken and had a pair ing the closing latch and inthe administrator could a lint door's handle and latch broken. The laundry how long the middle dryer broken but indicated it had	Ę.	253			

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STREET ADDRESS, CITY, STATE, ZIP CODE 2275 RUIN CREEK RD

SENIOR C	ITIZENS HOME		2275 RUIN CREEK RD					
			HENDERSON, NC 27536					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	. CROSS-REFERENCED	ACTION SHOULD BE	(X5) COMPLETION DATE			
F 253	with the facility's administrator and the facility's maintenance worker. The administrator indicated he was the facility's maintenance supervisor. The administrator also indicated he directed the facility's maintenance worker. The administrator was asked to explain the maintenance process for repairing items in the facility. The maintenance worker indicated the facility's repair process required a staff member to fill out a work order (located at the nurse's station) and place the work order in the nurse's station maintenance in box or tell the maintenance worker of the item in need of repair. The maintenance worker indicated he kept the work orders that were not yet completed and the completed work orders were kept by an administrative staff member in a binder. A review of the facility's maintenance work orders was conducted with the administrator and maintenance worker. The administrator and maintenance worker indicated they had no work order for the broken handle on the middle laundry room dryer lint trap door. 483.25(h) FREE OF ACCIDENT	F2	253					
ORM CMS-256	7(02-99) Previous Versions Obsolete Event ID: Y06E	11	Facility ID: 923449	If continuation shee	et Page 12 of 31			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING_ COMPLETED 345316 B. WNG NAME OF PROVIDER OR SUPPLIER 02/21/2013 STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 323 Continued From page 12 F 323 Based on observations, staff interviews, and The shower room between 16 and record reviews the facility failed to ensure facility 18 has a lock on the cabinet and is 3-21-13 residents were free of potential hazards by not being locked. The tile in the shower securing potentially dangerous cleaning room has been repaired. The shower chemicals and not repairing broken ceramic tiles in 2 of 2 common use bath/shower rooms. The room next to room 31 has a lock on findings include: the cabinet and is being locked. The tile in the shower room has been 1) On 02/17/2013 at 3:30 p.m. observations were repaired. All the cabinets in all the made of resident community bath/shower room shower rooms have locks and tile in between resident rooms 16 and 18. During the observation it was noted there was an unsecured all of the shower rooms have been cabinet containing Clorox bleach spray and repaired. Once a week, for 60 days Clorox bleach wipes that was accessible to any the cabinets in the shower rooms resident who may come in to use the bath/shower will be check by the administrator to room. Also during the observation it was noted ensure they are being locked. Also that there were several broken ceramic tiles located on the corners of the knee-wall weekly for 60 days, the separating the bathtub and the shower areas. A administrator will check the tile in closer observation revealed the broken tiles had the shower rooms to ensure they are jagged and sharp edges that were at elbow height when seated in a shower chair and/or head and in good repair.. Any negative body height when lying on a shower bed. findings from these checks/audits will be sent to the next quarterly QA Additional observations were made on meeting for reevaluation. 02/18/2013 at 8:05 a.m., 02/19/2013 at 10:35 a.m., and 02/20/2013 at 10:48 a.m. During the additional observations facility staff members were observed to take residents into the common use bath/shower rooms, leave the residents alone for a few minutes then return to provide resident care. During these subsequent observations it was also revealed the cleaning chemicals were

still in the unsecured cabinets which the residents in the bath/shower rooms had access to. Also during the subsequent observations it was revealed there had been no repairs to the broken, jagged and sharp ceramic tiles on the corners of

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

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		NSTRUCTION		DATE SURVEY COMPLETED
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F 323	the knee-wall in the bound of the process for limiting and chemicals by facility indicated all hazardor to be stored in a way residents. The admin process meant the chia a locking mechan maintenance worker the maintenance worker the maintenance worker process required a stored (located at the the work order in the in box or tell the main in need of repair. The indicated he kept the yet completed and the were kept by an adminder. A review of the facility was conducted with the maintenance worker orders for the broken facility's 2 common uption of the power or the work order in the indicated he kept the yet completed and the work order the yet completed and the yet completed with the yet completed	a.m. interviews were made inistrator and the facility's The administrator was housekeeping/maintenance coess to hazardous residents. The administrator us chemicals were supposed to be inaccessible to facility inistrator indicated this nemicals were to be secured ism. The administrator and were then asked to explain coess when a hazard was a maintenance repair. The indicated the facility's raff member to fill out a work nurse's station) and place nurse's station maintenance intenance worker of the item in a maintenance worker work orders that were not be completed work orders inistrative staff member in a completed work orders inistrative staff member in a completed they had no work administrator and indicated they had no work administrator and gethe tiles had been broken bal reports or work orders a hazardous condition in the	L.	323			

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	facility's 2 common us made with the facility' facility's maintenance rooms were observed the knee-walls between shower areas. The amaintenance worker is should have been reporder. The cabinets of bleach and Clorox bleach and there was containing Clorox bleach and there was access may come in to use the during the observation were several broken corners of the knee-wand the shower areas revealed the broken tiedges that were at ell shower chair and/or highing on a shower bed Additional observation 02/18/2013 at 8:00 a.i. a.m., and 02/20/2013 additional observation were observed to take use bath/shower room	a.m. observations of the se bath/shower rooms were s administrator and the worker. Both shower it to have the broken tiles on en the bath tub and the dministrator and indicated the broken tiles corted verbally or by a work containing the Clorox spray each wipes were also cured. The administrator is should have been locked. 3:40 p.m. observations were munity bath/shower room 31. During the observation is an unsecured cabinet ach spray and Clorox bleach sible to any resident who he bath/shower room. Also in it was noted that there ceramic tiles located on the all separating the bathtub. A closer observation les had jagged and sharp bow height when seated in a lead and body height when less the seated and body height when less the same and seated and body height when less the same and seated and body height when less the same and seated and body height when less the same and seated and body height when less the same and seated and body height when less the same and seated and body height when less the same and seated and body height when less the same and seated and body height when less the same and seated and body height when less the same and seated and body height when less the same and seated and body height when less the same and seated and	F	323	3		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X4) DATE SURVEY (X5) DATE SURVEY (X6) DATE SURVEY (X7) DATE SURVEY (X8) DATE SURVEY (X9) DATE SURVEY

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F 323	care. During thes was also revealed still in the unsecul in the bath/showe during the subseq revealed there ha jagged and sharp the knee-wall in the On 02/20/13 at 10 with the facility's a maintenance work asked to explain the process for limiting chemicals by facilindicated all hazar to be stored in a vivial a locking mediantenance work the maintenance work the maintenance work the maintenance work the work order in in box or tell the min need of repair, indicated he kept yet completed and were kept by an abinder. A review of the far was conducted with maintenance work order in the work order in t	e subsequent observations it the cleaning chemicals were ed cabinets which the residents in rooms had access to. Also uent observations it was dispensed been no repairs to the broken, ceramic tiles on the corners of the bath/shower room. 1:30 a.m. interviews were made administrator and the facility's ter. The administrator was the housekeeping/maintenance of access to hazardous and the facility residents. The administrator and the facility aministrator indicated this enchemicals were supposed way to be inaccessible to facility aministrator indicated this enchemicals were to be secured thanism. The administrator and the termicals were to be secured the facility's and the administrator and the facility's and the nurse's station) and place the nurse's station maintenance worker of the item. The maintenance worker of the item. The maintenance worker of the item. The maintenance worker the work orders that were not at the completed work orders definition and the completed work orders that were not administrative staff member in a cellity's maintenance work orders that were not administrative staff member in a cellity's maintenance work orders that were not administrator and the completed work orders and the complete work or		323			

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DISTRUCTION		ATE SURVEY OMPLETED
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	facility's 2 commor did not know how has there were no versus from staff to indicate common use bath/ On 02/20/13 at 10/2 facility's 2 commor made with the facility's maintenar rooms were observed to be unsigned and Clorox observed to be unsigned	en/jagged tiles located in the use bath/shower rooms and long the tiles had been broken rerbal reports or work orders te a hazardous condition in the shower rooms existed. 45 a.m. observations of the use bath/shower rooms were lity's administrator and the use bath/shower rooms were lity's administrator and the use to have the broken tiles on ween the bath tub and the eadministrator and er indicated the broken tiles reported verbally or by a work ts containing the Clorox spray bleach wipes were also secured. The administrator rests should have been locked. Actions 02/20/13 at 10:45 a.m. rext to resident room 31 was administrator and the er to have a staff member of facility resident next to the insecured cabinet. ROCURE, E/SERVE - SANITARY		371			
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 03/08/2013 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 345316 С B. WNG NAME OF PROVIDER OR SUPPLIER 02/21/2013 STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG · CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 371 Continued From page 17 F 371 All food items in the freezers have This REQUIREMENT is not met as evidenced been labeled, dated and sealed. 3-21-13 Employee items have been removed Based on observations and staff interviews the from the freezer. Freezers have also facility failed to maintain sanitary conditions in the been serviced as well as the kitchen by not ensuring opened food items were dishwasher. The dishwasher also sealed, dated and labeled in 4 of 5 refrigeration units; by not ensuring food items were stored at uses a sanitizer as well as high heat. appropriate temperatures in 1 of 3 reach-in Dietary employees are logging the freezers; and, by not ensuring dishes and utensils freezer temps daily. Once a week, were cleaned and stored under sanitary for 60 days, the dietary manager conditions. will check the freezer to ensure food Findings included: is sealed, labeled and dated, and that the freezer and dishwasher are operating at the proper temperature. 1. During the initial tour of the kitchen on 2/17/13 at 3:30pm, observations of the refrigeration units The dietary manager will also check revealed food items that were not sealed, dated weekly, for 60 days, that no or labeled. Reach-in freezer #2 contained employee items are in the freezers 1-opened bag of French fries; and 1-resealed bag and that the freezer temps are being of chicken patties and 1-resealed bag of potato wedges that were not dated or labeled. Reach-in logged. Any negative findings from refrigerator #1 consisted of 3-cooked breaded these checks/audits will be sent to meat patties, partially wrapped in a piece of foil, the next quarterly QA meeting for 1-resealed bag of shredded cheese, and reevaluation. 1-unknown food wrapped in foil in a plastic bag that were not dated or labeled. Also, there was an employee's lunch bag (identified as belonging to the Cook who stated that the bag also contained her insulin). Reach-in refrigerator #2 consisted of 3-labeled beverages which were identified as belonging to the staff. Reaching freezer #3

bag of potato puffs.

contained 1-resealed bag of uncooked breaded patties that were not dated or labeled, and 1-torn

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .		CONSTRUCTION	(X3) DATE COMF	SURVEY
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F 371	2:40pm, Reach-in from box of beef patties.	ervation on 2/20/13 at eezer #2 contained 1-opened	F	371			10.000
	at 3:30pm, the interr Freezer #1 was +20 degrees Fahrenheit Review of the Refrig Log revealed no doo	our of the kitchen on 2/17/13 hal temperature of Reach-in degrees Fahrenheit and +8 hin Reach-in Freezer#2. erator/Freezer Temperature tumentation of temperatures n or evening on this date.					
	2:40pm, the internal freezer #2 was +22 freezer contained 1-which had a tempera Fahrenheit and the peasy to tear. The fre resealed chicken pa of +26 degrees Fahr Manager) stated the bag of chicken pattic	tervation on 2/20/13 at temperature of Reach-in degrees Fahrenheit. This opened box of beef patties ature of 38 degrees patties were soft, bendable, ezer also contained 1-bag of ties which had a temperature tenheit. The DM (Dietary box of beef patties and the es would be immediately one would check the freezer '					
	stated that the Refrig Reach-in freezers' # 2/20/13 and conclud #2 was clogged, cau up. The repairman of Freezer #2 was curr that her expectation 0 degrees Fahrenhe that the refrigerator	on 2/21/13 at 9:40am, the DM gerator repairman checked 1 and #2 at 6:45pm on ed that the drain on freezer sing the evaporator to freeze orrected the problem and ently working. The DM stated of freezers' temperatures are it or below. The DM revealed units were to be checked and staff at 5:30am and again at					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		<u> </u>	STR	EET ADDRESS, CITY, STATE, ZIP CODE 276 RUIN CREEK RD IENDERSON, NC 27536	1 021	21/2013
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F 371	night (approximately closed the kitchen. Til Tuesday, 2/19/13 she temperatures in the fidegrees Fahrenheit) Repairman who did no 2/20/13. She also inform about the problem with a she washing machine from 2:28pm to 2:32p during the rinse cycle Fahrenheit to 175 de Afterwards, dietary sithe rinsed dishware form the plate with the staff revealed there with the staff had been diet the button on the body was repaired. During an interview of staff revealed the reset but he staff had been diet the button on the body was repaired. During an interview of revealed the reset but he staff ware instructed temperature. The Different temperature of the diet diet diet diet diet diet diet die	8:25pm) before dietary staff the DM indicated that on a noticed that the reezer was slowly rising (+20 and called the Refrigeration not come until the evening of borned the Administrator the the freezer on 2/20/13. Vations of the operating a in the kitchen on 2/20/13 born, the water temperatures a ranged from 155 degrees grees Fahrenheit. Saff were observed removing from the dishwashing gethe items on the tray-line avarmer, and on the storage the varmer, and on the storage the staff also indicated that rected to continuously reset the ster until the dishwasher on 2/20/13 at 3:10pm, the DM alton on the booster which the dishwasher, began off the previous day. The ted, and until he arrived the	F	371			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 03/08/2013 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING _ COMPLETED 345316 C B. WING NAME OF PROVIDER OR SUPPLIER 02/21/2013 STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 20 F 371 happened the dishes must be rewashed. F 371 F 431 483.60(b), (d), (e) DRUG RECORDS, LABELISTORE DRUGS & BIOLOGICALS SS=E F 431 In the med room and supply room, The facility must employ or obtain the services of 3-21-13 the expired boost, 8 ounce oral fluid a licensed pharmacist who establishes a system supplement and sterile water has of records of receipt and disposition of all controlled drugs in sufficient detail to enable an been discarded. The expired staple accurate reconciliation; and determines that drug remover, feeding tubes, catheters, records are in order and that an account of all and Y connectors have been discard. controlled drugs is maintained and periodically All expired items have been reconciled. removed from the med room and Drugs and biologicals used in the facility must be supply room. The treatment cart is labeled in accordance with currently accepted being locked when not attended. professional principles, and include the The treatment nurse has a key to appropriate accessory and cautionary make sure the treatment cart stays instructions, and the expiration date when locked when unattended. Once a applicable. week, for 90 days, the director of in accordance with State and Federal laws, the Nursing will check the Med room facility must store all drugs and biologicals in and Supply Room to ensure expired locked compartments under proper temperature items have been removed. Also controls, and permit only authorized personnel to have access to the keys. once a week, for 90 days, the Director of Nursing will check to The facility must provide separately locked, make sure the Treatment cart is permanently affixed compartments for storage of being locked. Any negative findings controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and from these checks/audits will be Control Act of 1976 and other drugs subject to sent to the next quarterly OA abuse, except when the facility uses single unit meeting for reevaluation. package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C		
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F 431	This REQUIREMEN' by: Based on observation interviews the facility drugs and medical it use in 2 of 6 medical ensure 1 of 6 medical when not in use or of the facility's medication storage in Patricia Graves LPN found to be expired: In the refrigerator or individual boxes of Esupplement (lot # 13 observed to have expended and should be a supplement (Lot # Jacknowledge) of the counter them the refrigerator on the counter them the sterile water (Lot# Jacknowledge) date of 01/2013 nexpeared to have be 1/8th of the solution indicated the sterile irrigation and other should have been polanuary 2013. An interview was conducted the sterile irrigation and other should have been polanuary 2013.	ons, record reviews, and staff of failed to ensure expired ems were not available for a storage areas and failed to al storage areas was secured out of the users view/control. 15 a.m. an observation was skilled nursing unit's room with staff member #1 1. The following items were 1 the top shelf there were 13 13 Boost, an 8 ounce oral liquid (1957211C), that were epired on 02/13/2013. Staff edged the Boost supplement ould have been removed from	F4	31			

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	o connection	IDENTIFICATION NUMBER:	A. BUIL	DIN	G		TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER	345316	B. WING	<u> </u>		n.	2/21/2013
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F 43	use. The DON indical members were supported medications and medications and medicated use for expirational indicated and the Book have been removed the supported in the medicated and the supported in the suppor	ted the licensed staff sed to check all cal consumables daily and on dates then remove the expired. The DON st and sterile water should be medication room.	F	43	31		
	on the second wire shi hand wall were 5 Cypre Kits (Lot# CZA04-01 ex	was observed with staff ia Graves. The following and to be expired: elf from the top on the right ess Skin Staple Remover spired 01/2013).					
	Gastrostomy Feeding Texpired 09/2011).	rom the top on the right erly Clark 18 French lubes (Lot# AA8273D03					
	Gastrostomy Catheters expiration date of 07/20 On the second wire she	Tripple Port 14 French (Lot# 126322-1 with an 12).					
	box (Lot# 12753 which an interview was conducted in the concerning the expired in	Y connectors in an open expired on 11/2010). cted with staff member #1 tems. Staff member #1 were expired and should dical supply closet with					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING_ С 345316 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ſD (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 431 Continued From page 23 F 431 An interview was conducted with the DON on 02/18/2013 at 11:00 a.m. concerning the expired medications and her expectation of not having expired medications readily available for nursing use. The DON indicated the licensed staff members were supposed to check all medications and medical consumables daily and before use for expiration dates then remove the item from use if found expired. 3) Between 02/18/2013 and 02/20/2013 multiple observations were made of the facility's wound care and treatment cart. During the observations the cart was observed to have eleven different resident's prescription drugs (creams, sauves, ointments, and medicated dressings) in it's drawers. Below are the listed dates and times the wound care and treatment cart was observed to be unlocked and unattended: On 02/18/2013 between 11:05 a.m. and 11:20 a.m. a continuous observation of facility's medication and treatment cart was conducted. The cart was observed to be unlocked and unattended next to resident room #9. The cart's locking mechanism was in the out/unlocked position with the red dot indicating the cart was unlocked was showing. Three facility residents were observed to wheel themselves by the unattended treatment cart. A family member also

walked by the unattended cart. The wound care/treatment nurse was in room #9 providing care for a resident out of sight of the cart (door shut). Upon leaving the resident's room the nurse went to the resident community

bath/shower room next to room 16. The nurse

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES **FORM APPROVED** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED C 345316 B. WNG 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 431 Continued From page 24 F 431 did not lock the cart before during or after the care. From the bathroom the nurse went to the nurse's station out of sight of the cart then returned to the cart at 11:20 a.m. On 02/18/2013 at 1:15 p.m. an observation of the

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/08/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES **FORM APPROVED** STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING_ COMPLETED C 345316 B. WING NAME OF PROVIDER OR SUPPLIER 02/21/2013 STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION TAG (X5) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 431 Continued From page 25 F 431 walked down the hall leaving the treatment cart still unlocked and unattended from 2:10 p.m. -2:55 p.m. AT 3:00 p.m. the treatment nurse moved the cart between rooms 6 & 8 where it remained in the hallway till 3:35 p.m. unattended and unlocked. The locking mechanism was still in the out position and the red dot was displayed. The treatment nurse returned to the cart then moved it next to room 11 and went into the room and shut the door out of sight/supervision of the cart. The cart remained unlocked. Several residents were observed to move past the unlocked cart. A family member and a resident were also observed standing and sitting next to the unlocked cart talking and socializing. At 4:05 p.m. the cart was observed to be in the same hall with locking mechanism out and red dot showing indicating it was unlocked. The treatment nurse was not on the hall. On 02/19/2013 at 7:45 to 8:00 a.m. an observation was made of the facility's wound care/treatment cart. The cart was located in the main entrance hall between two of the facility's medication administration carts next the facility's day/activities room. A closer observation of the treatment/wound care cart revealed the carts locking mechanism was in the out position and the red dot visible indicating the cart was unlocked. The carts drawers were easily opened and still contained the prescription medications as noted previously. There were no nurses at the nurse's station and/or close proximity to the cart to be observing or using the cart. There was a female house keeping cleaning staff member in the hall in close proximity to the cart. On 02/20/13 at 10:55 a.m. an observation was

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

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STATEMENT	OF DEFICIENCIES	(VA) PROVINCES				OMB N	O. 0938-0391
AND PLAN C	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		E CONSTRUCTION		E SURVEY PLETED
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	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 2275 RUIN CREEK RD HENDERSON, NC 27536	1 02	72112013
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	wound care/treatment cart. The wound care observed to be unlock mechanism was in the dot displayed. The actreatment cart was su not in use/attended. In maintenance worker is knowledge if the locking broken or why the carnot locked. On 02/20/13 at 11:00 conducted with the worked with the worked the observations of the being left unattended nurse Stated, "I just no nurse indicated she with hall, leave it unattended included the 3 previous wound care nurse indicated she knew should care would lock. Thindicated she knew should care were proposed to the facility residents the treatment orders given the treatment orders given the treatment cart bein The DON indicated here	s administrator and of the facility's wound cated next to room 12. The inurse was not near the and treatment cart was sed and the locking out position with the red liministrator indicated the posed to be locked when The administrator and the indicated they had no ing mechanism was possibly it was left unattended and a.m. an interview was sound care nurse concerning to wound care/treatment cart canlocked. The wound care ever lock the cart." The bould move the cart in the ed and unlocked (which is days observations). The cated and demonstrated the wound care nurse in wound care nur	F	431			

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

AND PLAN	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(٧0) 1111	Tib) m		<u>OMB N</u>	O. 0938-0391
	O GONNEG HON	IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
NAME OF F	IDOMEST -	345316	B. WING				С
	ROVIDER OR SUPPLIER			22	EET ADDRESS, CITY, STATE, ZIP CODE 275 RUIN CREEK RD	02	2/21/2013
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		H	ENDERSON, NC 27536		
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F 431	page	ended the same on the	F	431		-	
F 456 SS=E	483.70(c)(2) ESSENT	TAL FOLLIPMENT CAFE	F.	456			
	The facility must main mechanical, electrical, equipment in safe ope	and nationt core			Freezer 1 and Freezer 2 has been serviced. All freezers have been operating at the proper		3-21-13
1	Based on observation interviews, the facility f dishwashing machine, and 1 of 3 laundry drye operating conditions.	is not met as evidenced s, record reviews, and staff failed to maintain 1 of 1 1 of 3 reach-in freezers, ers in safe and sanitary			temperatures. The dishwasher habeen serviced also and has been operating at proper levels. The laundry dryer trap door handle habeen repaired and all the dryer handles are in good condition. On a week for 60 days, the dietary	as	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Freezer #1 was +20 de degrees Fahrenheit in F Review of the Refrigera Log revealed no docum recorded in afternoon o During a kitchen observ 2:40pm, the internal ten freezer #2 was +22 deg freezer contained 1-ope which had a temperature asy to tear. The freeze	ator/Freezer Temperature pentation of temperatures r evening on this date. ration on 2/20/13 at reperature of Reach-in rees Fahrenheit. This reed box of beef patties e of 38 degrees es were soft, bendable, r also contained 1-bag of			manager will check the freezers a dishwasher to make sure it is at the proper temps. Once a quarter, for months, the administrator will check the dryer trap door handles to make sure they are in good condition. An egative findings from these checks/audits will be sent to the next quarterly QA meeting for reevaluation.	he r 9 ieck ike	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICARE &	MEDICAID SERVICES					RM APPROVED
SIATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	TIPLE	OMB NO. 0938-0391		
]		IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY MPLETED
				_		1	
NAME OF S		345316	B. WNG				C
I WAME OF P	ROVIDER OR SUPPLIER	-	<u> </u>	STR	EET ANDRESS CITY OFFICE	1 0	2/21/2013
SENIOR	CITIZENS HOME			22	EET ADDRESS, CITY, STATE, ZIP CODE 275 RUIN CREEK RD		
		·			ENDERSON, NC 27536		
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			 		DEP TOTE NOTY		
F 456	mada rioni paye	⊋ 28		456			
	Manager) stated the I	box of beef patties and the		450			
	nay or chicken pattles	Would be immediately					
	uiscarded and someo	ne would check the					
	freezer's temperature	•		- 1			
	During an intension -	0/04/40		ļ			
	Stated that the Refrige	n 2/21/13 at 9:40am, the DM erator repairman checked		İ			
	Reach-in freezers' #1	and #2 at 6:45pm an					
	2/20/13 and conclude	d that the drain on freezer					
	#2 was clogged, caus	ing the evangrator to freeze					
	nb. the rebailway col		ı				
	rreezer #2 was currer						
	martiel exhectation of	treezers' temperatures are					
	o degrees manrenneit	Of below. The DM revealed					
	recorded by distant at	hits were to be checked and					
,	night (approximately 8)	aff at 5:30am and again at :25pm) before dietary staff					
	closed the kitchen. The	e DM indicated that on		ı			
i	ruesday, 2/19/13 she	noticed that the					
	temperatures in the fre	Pezer was slowly riging (420					
į.	degrees Fahrenheit) a	nd called the Refrigeration					
	czehautusti MUO did UO	t come until the evening of				į.	
1	about the problem with	med the Administrator				İ	
.	apout the brobletti Mith	the freezer on 2/20/13.					
-							
1	2. During four observa	tions of the operation					
	uisiiwasning machine j	n the kitchen on 2/20/42					
į 1	110111 2:20pm to 2:32pm), the water temperatures					
1.	anning the tibse cycle t	anged from 155 degrees				1	
1	annennen to 175 dear	ees Fahrenheit				ļ	
14	he ripsed dishusers f	f were observed removing					
1,	ine mised dishware from	m the dishwashing					
;	Service, in the nlate wa	he items on the tray-line					
	shelves, ready for use.	rmer, and on the storage				ļ	
						ŀ	
1	During an interview on :	2/20/13 at 2:38pm, dietary					

STATEMENT	OF DEFICIENCIES	MEDICAID SERVICES			FC	TED: 03/08/20 PRM APPROVE NO, 0938-039
AND PLAN OF CORRESTIAN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
JAME OF D	DOM TO THE TOTAL OF THE TOTAL O	345316	B. WING			С
	ROVIDER OR SUPPLIER		227	ET ADDRESS, CITY, STATE, ZIP CODE 5 RUIN CREEK RD	(2/21/2013
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t t t t v tt v tt v tt v tt v tt v tt	staff revealed there wadishwashing machine' had been notified. Die the staff had been dire the button on the boos was repaired. During an interview on revealed the reset butt heats the water in the continuously cutting off repairman was notified staff were instructed to temperature. The DM stemperature of the dishnot fall below 180 degration happened the dishes made of the day shift laundry work the day shift laundry work the closing latch and had a pair of the closing latch and had the closing latch and had the day shift laundry work the day shift laundry work the day shift laundry work the day shift laundry work the laundry work the day shift laundry work the laundry work the laundry work the laundry work the lint traps were cleaned the lint traps were cleaned the lint traps were cleaned the lint traps were cleaned the lint traps were cleaned the staff traps were cleaned the staff traps were cleaned to the staff traps were cleaned t	as a problem with the sheater, and a repairman tary staff also indicated that seted to continuously reset after until the dishwasher 2/20/13 at 3:10pm, the DM on on the booster which dishwasher, began if the previous day. The and until he arrived the monitor rinse stated that the water washing machine should be Fahrenheit, but if it must be rewashed. a.m. the facility's laundry facility's administrator and worker. The facility's 3 e observed. The middle andle was observed to be andle was observed to be of vice-grip pliers holding andle onto the door. briker was interviewed on the indicated it was at least several after every load. The rated how she opened and trap door. It took the afterness to open and tempts to open and	F 456	DEFICIENCY)		

would rub against the door and not fully open

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 03/08/2013 FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 345316 C B. WING NAME OF PROVIDER OR SUPPLIER 02/21/2013 STREET ADDRESS, CITY, STATE, ZIP CODE SENIOR CITIZENS HOME 2275 RUIN CREEK RD HENDERSON, NC 27536 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 456 Continued From page 30 and/or close the door's latching mechanism. F 456 An interview was conducted with the administrator on 02/20/2013 at 10:15 a.m. The administrator could not state how long the drier's lint trap door handle and latch mechanism had been broken. On 02/20/13 at 10:30 a.m. interviews were made with the facility's administrator and the facility's maintenance worker. The administrator and maintenance worker were asked to explain the maintenance process when a broken item was identified that needed maintenance repair. The maintenance worker indicated the facility's process required a staff member to fill out a work order (located at the nurse's station) and place the work order in the nurse's station maintenance in box or tell the maintenance worker of the item in need of repair. The maintenance worker indicated he kept the work orders that were not yet completed and the completed work orders were kept by an administrative staff member in a binder. A review of the facility's maintenance work orders was conducted with the administrator and maintenance worker. The administrator and maintenance worker indicated they had no work orders for the broken handle on the middle drier's lint trap door.

STATEMEN	KS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	1	· IN SOUTH ONE N	
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENYIFICATION NUMBER:	A, OUILDING		ATE SURVEY DMPLETED
		345316	B, WING		3/08/2013
NAME OF F	PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	0,0072,070
SENIOR	CITIZENS HOME		,	2275 RUIN CREEK RD HENDERSON, NC 27536	•
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K 000	INITIAL COMMEN	rs	K 000		
K 056 SS≃D	sprinkled except for locks on the exit do 42 CFR 483,70 (a) NFPA 101 LIFE SA If there is an autom installed in accorda for the Installation of provide complete coulding. The syste accordance with NF Inspection, Testing, Water-Based Fire F supervised. There supply for the syste systems are equipped to the syst	atic sprinkler system, It is noe with NFPA 13, Standard of Sprinkler Systems, to overage for all portions of the in is properly maintained in FPA 25, Standard for the and Maintenance of Protection Systems, It is fully is a reliable, adequate water m. Required sprinkler ed with water flow and tamper electrically connected to the	K 058	Crawford Sprinkler has been contacted about the sprinkler system. They will connect a high and low air pressure alarm on the dry side of the system. Once a quarter, for 9 months, the administrator will check the high and low air pressure alarm on the sprinkler system. Any negative findings from these checks will be sent to the next quarterly QA meeting for reevaluation.	4-2-13
SS∺D	A. Based on obsert sprinkler system did pressure alarm on the 42 CFR 483.70 (a) NFPA 101 LIFE SAI Required automatic continuously maintal condition and are in	s not met as evidenced by: vation on 03/08/2013 the dry I not have a high and low air the dry bide of the system. FETY CODE STANDARD sprinkler systems are ined in reliable operating spected and tested 6, 4.6.12, NFPA 13, NFPA	K 062		
ABORATORY	ORECTOR'S OR PROVID	ervsupplier representative's sign	ATURE	A TITLE	(X6) DAYE
	- [at \ /]	Jv)	•		3-22-13

Any deficiency statement ending with an esterisk (*) 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.

FORM CMS-2587(02-99) Previous Vorsions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
(X1) PROVIDER/SUPPLIER/CLIA

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA	1		OMB N	<u>0. 0938-03</u>	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		345316	B. WING				
	PROVIDER OR SUPPLIER CITIZENS HOME		8	STREET ADDRESS, CITY, STATE, ZIP CO 2275 RUIN CREEK RD HENDERSON, NC 27536	DDE 03	3/08/2013	
(XA) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO	ISHOHID BE	COMPLETIC DATE	
	This STANDARD is A Based on obser- tamper alarm on the	STANDARD is not met as evidenced by: Based on observation on 03/08/2013 the per alarm on the wey system failed to alarm in the valve was closed.		Crawford Sprinkler has been contacted about the tamper alarm on the wet system. They will replace the tamper alarm so that when the valve is closed the alarm will sound.		4-2-13	
	TA DI (CAUDI) U (A)			Once a month, for 9 mont administrator will check to switch to ensure the alarm when the valve is closed. Any negative findings fro checks will be sent to the quarterly QA meeting for reevaluation.	hs, the he tamper o sounds m these	,	
	·	•					

	((02.01) Downton						