

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

6/26/13  
PRINTED: 06/17/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/12/2013
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING & REHABILITATION-HENDERSON			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DR HENDERSON, NC 27536	
(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 &amp; 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 record reviews the facility failed to ensure proper maintenance was conducted for 1 of 6 resident common use bathrooms. Findings include:</p> <p>On 06/10/2013 at 12:10 PM an observation of the resident community bathroom between resident rooms 149 &amp; 147 was made. The sink was found to be loose on the wall, the caulking between the sink and the wall was pulled away from the wall and the sink could be easily moved up and down 2-3 inches with 1 finger. Next to and to the right of the sink the wall was observed to have a crack approximately 1/4 inch wide and approximately 2 feet long.</p> <p>A second observation was made on 06/10/2013 at 2:30 PM. The sink was observed to still be loose on the wall and the wall had the same crack in it. There had been no repairs to the two areas.</p> <p>A third observation was made on 06/10/2013 at 4:35 PM. The sink was observed to still be loose on the wall and the wall had the same crack in it. There had been no repairs to the two areas.</p> <p>A fourth observation was made on 06/11/2013 at 8:15 AM. The sink was observed to still be loose on the wall and the wall had the same crack in it.</p>	F 253	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <ol style="list-style-type: none"> <li>Maintenance Director immediately placed resident community bathroom out of order once loose sink and crack was identified. Maintenance Director immediately performed maintenance audit on all sinks throughout facility to ensure sinks are secure to wall and not loose. No other sinks or notable cracks were found to be in similar condition.</li> <li>Maintenance Director repaired community bathroom sink between rooms 149 &amp; 147 and sealed crack in wall on 6/13/13.</li> <li>Maintenance Director in-serviced all staff on intra-facility maintenance requests.</li> <li>Maintenance Director will perform weekly inspections of all sinks throughout facility to ensure they are secure and not loose x 4 weeks: Maintenance Director will also inspect for significant cracks in bathrooms: thereafter, quarterly inspections per preventative maintenance program.</li> <li>Results of these inspections will be reviewed by the facility's Performance Improvement Committee monthly x 3 months.</li> </ol>	6/19/2013

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

*[Handwritten Signature]*

Executive Director 6/18/13

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.

D.K.H. ✓

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F 253	<p>Continued From page 1</p> <p>There had been no repairs to the two areas.</p> <p>A fifth observation was made on 06/11/2013 at 11:25 AM. The sink was observed to still be loose on the wall and the wall had the same crack in it. There had been no repairs to the two areas.</p> <p>A sixth observation was made on 06/11/2013 at 3:15 PM. The sink was observed to still be loose on the wall and the wall had the same crack in it. There had been no repairs to the two areas.</p> <p>A seventh observation was made on 06/12/2013 at 10:20 AM. The sink was observed to still be loose on the wall and the wall had the same crack in it. There had been no repairs to the two areas.</p> <p>An eighth observation was made on 06/12/2013 at 1:30 PM. The sink was observed to still be loose on the wall and the wall had the same crack in it. There had been no repairs to the two areas.</p> <p>On 06/12/2013 at 6:12 p.m., an interview with the facility's Maintenance Director, Todd Gill was conducted. The Maintenance Director was asked to explain the maintenance reporting and repair process at the facility. The Maintenance Director indicated there was a box on the wall at the 1/3 hall 's nurse's station where blank work order forms were kept. The Maintenance Director indicated the staff were supposed to fill out a maintenance request form (Intra-facility Request for Repair) any time they find something at the facility that is broken and/or in need of repair. The Maintenance Director indicated the staff would take the blank form from the box on the wall, fill it out, then return it to the box. The</p>	F 253			

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F 253	<p>Continued From page 2</p> <p>Maintenance Director stated, " I check the box several times daily Monday - Friday. Once I receive the filled out maintenance request form I look at the item, repair the item, or defer the item (if there is not a safety issue) and order the parts to repair the item. Once I complete the repair I then sign off the maintenance request form and it goes into the repaired logs file, but only if the item is repaired or replaced as it would stay as an open work request if it was not completed." The Maintenance Director indicated there was only 1 uncompleted maintenance form in his possession at this time.</p> <p>A review of the only uncompleted work order the Maintenance Director could provide indicated the requested work was to replace the padded arms for 2 wheelchairs. The Maintenance Director indicated he had no filled out or uncompleted work orders for any of the resident community bathrooms and stated, "To my knowledge there are no broken items or items in need of repair in any of the resident community bathrooms at this time." When asked if there was any other place a filled out but uncompleted work order may be that would indicate he knew about the resident community bathroom having the loose sink and crack in the wall the Maintenance Director stated, "No, the laundry may have something on her desk but other than that there are no other places we keep filled out but uncompleted work orders requesting maintenance. "</p> <p>On 06/12/2013 at 6:20 p.m., a ninth observation was made with the facility's Maintenance Director of the community bathroom between resident rooms 147 and 149. The Maintenance Director observed the sink to be loose on the wall and</p>	F 253			

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F 253	<p>Continued From page 3</p> <p>could be moved up and down with 1 finger. The Maintenance Director also observed the crack in the bathroom wall to the right of the sink. The Maintenance Director indicated he was unaware of the items observed (sink and wall) needing repair. The Maintenance Director indicated he did not have any maintenance work orders indicating a request for repair for either item. The Maintenance Director indicated that a lot of times the staff would just tell him when something was broken or needed repair, but he had not been told about either item.</p> <p>On 06/12/2013 at 8:05 p.m., an interview was conducted with medication nurse, Alicia Robinson LPN concerning her knowledge of the facility ' s maintenance repair procedures. The nurse was asked to explain the procedure she would do if she found a resident ' s bed or room door broken and needing repair. The nurse indicated she would go to the front nurse ' s station and get a blank work order form. Fill out the form and put it back in the box for Todd (Maintenance Director) to pick up and fix.</p> <p>On 06/12/2013 at 7:43 p.m. the facility's administrator provided a copy of the - Kindred Nursing, Mid- Atlantic Region, Quarterly Performance Improvement Committee Meeting Minutes - dated 05/30/2013. The document indicated in the - Environmental Rounds section - "Recent Reburb on shower room: 05/15/13: bathroom renovations in process:"</p> <p>There was no indication which community bathroom was renovated on the document (during initial tour the renovated bathroom was observed to be between resident rooms 132 and</p>	F 253			

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F 253	Continued From page 4 134), or which bathrooms were being renovated (there was no current renovation being conducted on any bathrooms that were closed due to renovations), or that the facility knew the sink was loose and there was a crack in the wall in the community bathroom between resident room 147 and 147.	F 253			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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RECEIVED  
PRINTED: 07/22/2013  
FORM APPROVED  
OMB NO. 0938-Q391  
JUL 26 2013  
DATE SURVEY COMPLETED  
CONSTRUCTION SECTION  
07/16/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345344	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING	(X3) DATE SURVEY COMPLETED 07/16/2013
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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING & REHABILITATION-HENDERSON	STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH BECKFORD DR HENDERSON, NC 27536
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K 000	INITIAL COMMENTS  This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system. Building census was 73 at the time of the survey.	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.  Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13  Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3  This STANDARD is not met as evidenced by:	K 074	074 It is the practice of the facility that draperies/curtains in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.  The draperies/curtains identified were immediately evaluated and removed that did not meet NFPA 701.  Immediate audit was conducted by Maintenance Director and Executive Director of all resident rooms, office areas, bath rooms and resident care areas. Any additional non-compliant curtains were removed.  Any curtains which are to be replaced will be replaced will be confirmed to meet NFPA 701.  Maintenance Director will monitor areas to ensure no further curtains have appeared x 2 weeks; then routinely to ensure curtains meet life safety code standards.  Notification will be provided to families to make them aware of expectations of any curtains or decorations added to resident rooms. Findings will be discussed during monthly Performance Improvement meeting x 3 months; then ongoing if further discussion required.	07/16/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *James R. Mitchell* TITLE *Executive Director* (X6) DATE *7/26/13*

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K 074	Continued From page 1 42 CFR 483.70(a) By observation on 7/16/13 at approximately noon the following draperies/curtains were non-compliant, specific findings include: A. Curtain in spa across from room 108 could not be confirmed to meet NFPA 701. B. Curtain in employee break room could not be confirmed to meet NFPA 701.	K 074		

*Jam*  
7/26/13