

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/02/2014
NAME OF PROVIDER OR SUPPLIER HILLSIDE NURSING CENTER OF WAK		STREET ADDRESS, CITY, STATE, ZIP CODE 968 EAST WAIT AVENUE WAKE FOREST, NC 27587	
(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 463 SS=D	<p>483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH</p> <p>The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to ensure a functioning call system using visual and/or audible signals for 1 (room 104) of 30 rooms assessed for a functioning system. Findings included:</p> <p>On 1/2/14 at 1:40 PM, the call lights for rooms 101 through 130 (unit 1) were assessed for either visual or auditory function. Room 104 was discovered with no visual or auditory function in the room and no visual function when the bathroom call system was tested.</p> <p>On 1/2/14 at 2:15 PM, the maintenance supervisor stated was not aware that the visual signal did not work for room 104 or the bathroom to room 104. He stated a part of the call system was recently replaced for nursing unit 1 and he thought the visual and auditory function had been restored.</p> <p>On 1/2/14 at 2:40 PM, the administrator stated his expectation that the system be functional and light be replaced for room 104 immediately.</p> <p>On 1/2/14 at 3:21 PM, NA #1 stated she was not aware that the call light was not working outside room 104. She stated the resident # 4 was capable of using her call light with her</p>	F 463	<p>F 463</p> <ol style="list-style-type: none"> 1. Corrective action has been accomplished for the deficient practice in regards to facility failed to provide a functioning call system. Resident #4 was noted to have a nonfunctioning call system on 01/02/14. Resident #4 call system was repaired to functioning condition on 01/02/14 2. All residents have the potential to be affected by the same alleged deficiency. The Maintenance Director completed an audit on all resident rooms to verify properly functioning call bells on 01/06/14. All call bells were found to be in working order. 3. The systemic changes that have been put into place to ensure the deficient practice will not occur include: Unit Managers and Nurse Supervisors will monitor call bell system daily for proper functioning until 100% compliance achieved, then monthly until 100% compliance achieved, and then quarterly thereafter by the QA nurse.

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

TITLE

(X6) DATE

[Signature]

Administrator

1/16/14

A 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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F 463	Continued From page 1 non-paralyzed hand but she had not voiced any complaints about it not working. On 1/2/14 at 4:55 PM, the resident #4 stated she was not aware of any problems with the call system. The call system was again tested at this time and found to have no visual function. On 1/2/14 at 5:10 PM, the unit manager (UM) confirmed resident #4 was capable of using her call light and she was unaware that the light was not working outside room 104. The UM stated she would let the maintenance supervisor know about the needed repair. On 1/2/14 at 5:30 PM, the administrator stated he would have expected the light to have been repaired with it was discovered non-functional.	F 463	4. This system will be monitored using a quality assurance tool to ensure proper functioning of the call bell system. Unit Managers and Nurse Supervisors will monitor call bell system daily for proper functioning until 100% compliance achieved, then monthly until 100% compliance achieved, and then quarterly thereafter by the QA nurse. 5. Completion Date 01/06/2014	1/6/14	