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

PRINTED: 09/16/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			COM	E SURVEY PLETED		
		345090	B. WING				28/2014		
NAME OF PROVIDER OR SUPPLIER				S	STREET ADDRESS, CITY, STATE, ZIP CODE				
WESTCHESTER MANOR AT PROVIDENCE PLACE				1795 WESTCHESTER DRIVE HIGH POINT, NC 27262					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIED TO THE APP			(X5) COMPLETION DATE		
F 254 SS=E	GOOD CONDITION  The facility must prolinens that are in go	ovide clean bed and bath ood condition.	F 2	254			9/12/14		
	by: Based on observatifamily interviews the enough linen in according residents on 6 of 6  On 8/25/14 at 11:00 there were 124 resing Review of the Mont dated 8/25/14, reversidents sheets: 286 Fitted sheets: 178 Pillowcases: 131 Towels: 417 Wash cloths: 1344 Gowns: 128 Pads: 63				Preparation and/or execution of this of Correction does not constitute an admission or agreement by the provide truth of the facts alleged or conclusions set forth on the Statemed Deficiencies. This Plan of Correction prepared and/or executed solely be required by the provisions of Health Safety Code Section 1280 and 42 C 405.1907	ider of ent of n is cause and .F.R.			
	revealed 8 dozen b wash cloths (480) of During an interview #1 indicated linen the first shift until 8 the 200 hall linen clothe shelf, a total of 3 was in good repair, thin. There were no cases.	s order dated 8/28/14, ath towels and 8 packs of			No individual resident was found to been affected by the deficient practic Linens were purchased on August 2 2014 and received in the facility on September 5, 2014. Additional linent were purchased on September 5, 20 and received in the facility on Septem 9, 2014. Once received these additional linent were provided to staff for use.  2. Corrective action will be accomple for those residents having potential that affected by the same deficient practic.	ce. 8, ns 014 mber ional ished to be ice:	(X6) DATE		

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

TITLE

**Electronically Signed** 

09/09/2014

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING		E SURVEY IPLETED
		345090	B. WING			C <b>28/2014</b>
NAME OF PROVIDER OR SUPPLIER  WESTCHESTER MANOR AT PROVIDENCE PLACE				STREET ADDRESS, CITY, STATE, ZIP CO.  1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	•	
(X4) ID PREFIX TAG			ID PREFIX TAG	EIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
F 254	Nurse #1 indicated quality thin and with enough towels an incontinent care at  During an interview laundry aide was a delivering linen. Sh 7:00 am, 10:00 am to check the condit she observed 2 this indicated the sheet to the floor. She rei Laundry aid indicat linen then document She asked for more manager when she During an interview family member indicated this and had holes wash cloths for her always enough available and the shelve empty. An aide known door asking for cloth coming out of the coming out of the coming out of the coming interview or #2 indicated the lace and puring interview or #2 indicated the lac	fitted sheets were of poor in holes. There were not d wash cloths to provide 7:00 am in the morning.  If on 8/26/14 at 10:19 am, it the 200 hall linen closet be indicated she rounded at and 12:20 pm. When asked in in it is should not have been taken turned them to the shelf in and holey sheets and its should not have been taken turned them to the shelf in ed she folded and counted inted the amount on a paper. It is linen from the laundry it is felt didn't have enough.  If on 8/27/14 at 10:30 am, it is at a transfer on the sheets were in the linen room were bocked on the laundry room thing protectors as they were dryer. Laundry Aide revealed us linen. All linen was in use, or	F 2	An audit of the physical conditinens was conducted by the Housekeeping/Laundry manabeginning on September 3, 2 completed September 5, 201 linens found to be in poor cordiscarded. An inventory of all good quality was completed of September 8, 2014. A PAR lewas established by the Housekeeping/Laundry manaresident to ensure that sufficing good quality are available at a Weekly linen inventory will be by Housekeeping/Laundry manaresident to ensure that sufficing good quality are available at a Weekly linen inventory will be by Housekeeping/Laundry manaytime the linen supply is be established PAR level it will be the Housekeeping/Laundry D Manager.  3. Measures will be put into paystemic changes made to enthe deficient practice will not be the deficient practice will not be condition of all linens along we discard damaged linens. Housekeeping/Laundry staff of that there is a sufficient quantavailable at all times and the securing additional linens.	ager 014 and 4. Any ndition were I linens of on evel of linens ager of 3 per ent linens of all times. e maintained anager. elow the e reported to istrict  blace or nsure that occur:  were ng/Laundry 014  s to hysical with when to were also or ensuring tity of linens process for	
	iirien.			4 Indicate how the facility wi	Il monitor ite	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '				PLETED
		345090	B. WING			08/2	28/2014
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE				17	TREET ADDRESS, CITY, STATE, ZIP CODE 795 WESTCHESTER DRIVE IGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 254	#3 indicated there is cases, and 7 of 15 She indicated resid and there were new she usually had to groom and get them On 8/27/14 at 12:24 inspected linen clost 1 of 7 wash cloths is clothing protectors. On 8/27/14 at 12:25 closet on hall 500 18 towels were stain closet. No clothing On 8/27/14 at 12:36 closet on hall 400 1 and removed, there sheets. No clothing On 8/27/14 at 12:36 closet on hall 300 1 stained and removed On 8/27/14 at 12:36 closet on hall 300 1 stained and removed holes and were removed holes and were removed the same was thin and left or pillow cases and not closet on hall 100 2 closet on hall 100 2	on 8/27/14 at 12:00 pm, Aide were no fitted sheets, no pillow wash cloths were stained. The stained were enough pillow cases and go downstairs to the laundry were enough pillow cases and go downstairs to the laundry were stained and discarded, Nowere stained and discarded, Nowere stained and discarded, Nowere stained and removed from the protectors  Opm, (LM) inspected linen of 8 wash cloths was stained as were no pillow cases or fitted	F 2	254	Performance:  Housekeeping/Laundry manager wreview linen inventory weekly for 6 to ensure there is sufficient linens of condition available for all shifts. Lir count tracking sheets will be maintaby the Housekeeping/Laundry man Periodic audits will be conducted by Housekeeping/Laundry District Mar on a monthly basis.  Results will be presented to the Qu Assurance team for recommendational follow up for 12 months.	months of good nen ained ager. y the nager ality	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345090	B. WING		30	C 8/28/2014	
	PROVIDER OR SUPPLIEI	PROVIDENCE PLACE		STREET ADDRESS, CITY, STATE, ZIP CC 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		SHOULD BE	(X5) COMPLETION DATE	
F 254	During an intervie indicated he was linen in June and aide counted liner amount. He replanew linen, which willinen was out on the dried. No linen was he was not aware linen per person).  During an observation of the daily of was too busy was demand of linen of shuffled through a indicated there were lined and the was aware there was aware there indicated last night were left for the through a indicated last night were left for the through a indicated last night were left for the through a indicated last night were left for the through an intervie indicated last night were left for the through an intervier land shift.  During an intervier the 3rd shift.  During an intervier land laundry corporate linen ordered.  During a telephonem, District Mana housekeeping/lauresidents were to	aware there wasn't enough July. He indicated the laundry in daily and recorded the aced the discarded linen with was locked in the closet. All the floor or being washed or as stored in the laundry room. It of a PAR level (the amount of action in the laundry room on in, the LM asked the laundry count sheet. She indicated she withing and drying to meet the floor, to count. The LM apile of papers on a shelf, and are no count sheets.  In won 8/28/14 at 7:30 am, and there were shortages of linen and the shift. The staff used the incloset until the next day. He had not been enough linen on a shelf in closet until the next day. He had not been enough linen on the shift of the housekeeping / office managed the amount of the interview 8/28/14 at 4:30	F 2	254			

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345090	B. WING			C / <b>28/2014</b>	
NAME OF PROVIDER OR SUPPLIER  WESTCHESTER MANOR AT PROVIDENCE PLACE				STREET ADDRESS, CITY, STATE, ZIP C 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262		/20/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 254	clothing protectors, pads. The laundry recount monthly to the that inventory countlinens.  The expectation wastaff in the linen clousing the PAR leverall shifts.  There was no laundend of the second sleave a cart of tower and fitted and pillow was to be tagged of stained, had holes, was no longer cour replaced by new lin During a telephone	ases, and flat and fitted sheets, wash cloths, towels and bed manager sent an inventory e corporate office, based on the corporate office sent as linen should be available to set, and the laundry room I and a surplus available for dry done on third shift, at the shift the laundry aide was els, wash cloths, sheets flat v cases, for each hall. Linen ut (taken out of use) if it was thin or unraveling. This linen atted in the PAR and was en.	F 2	54			