

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

PRINTED: 04/24/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345499</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LITCHFORD FALLS HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8200 LITCHFORD ROAD</b> <b>RALEIGH, NC 27615</b>	
(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
E 000	Initial Comments	E 000		
F 000	An unannounced recertification and complaint investigation survey was conducted on 03/18/24 through 03/21/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #3L1D11.  INITIAL COMMENTS	F 000		
F 584 SS=D	A recertification and complaint investigation survey were conducted from 03/18/24 through 03/21/24. Event ID# 3L1D11. The following intakes were investigated NC00207836, NC00209226, NC00214161, NC00214290, NC00214726, and NC00214804.  3 of the 27 complaint allegations resulted in deficiency. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F 584		4/18/24

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

TITLE

(X6) DATE

Electronically Signed

04/12/2024

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

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F 584	Continued From page 1  §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;  §483.10(i)(3) Clean bed and bath linens that are in good condition;  §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);  §483.10(i)(5) Adequate and comfortable lighting levels in all areas;  §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and  §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, residents and staff interviews, the facility failed to maintain an electrical outlet for room 304 and seal the gap around a wall heating and cooling unit for 2 of 2 rooms (rooms 221 and 306) reviewed for environment.  The findings included:  1a. Resident #44 was admitted to the facility on 7/1/22. Resident #44 minimum data set (MDS) assessment dated 1/2/24 indicated that resident was cognitively intact.  An observation was made on 3/18/24 at 11:57	F 584	This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged, or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirement under state and federal law and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.		

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F 584	<p>Continued From page 2</p> <p>am. Resident #44 (room 221) was not in her room. Resident #44 ' s in room vent unit, located under window, had an opening/gap on the right side of the unit. The opening/gap was approximately 12 inches long and an inch wide. The opening/gap on the side of the unit, allowed one to see through to the outside of the room. The bottom of the vent unit was covered with tiny black spots that had a powdery appearance. When surveyor placed the back of their hand in front of the gap, a light breeze of cold air was felt.</p> <p>An interview with Resident #44 was conducted on 3/19/24 at 9:58 am. Resident #44 indicated that her room gets cold air through the gap on the side of the vent. Resident #44 indicated she had informed staff about the cold air. Resident #44 could not recall the exact day she notified staff. Resident #44 indicated that staff had given her extra blankets to use while in bed or in her room.</p> <p>An observation was made on 3/19/24 at 9:58 am and 3/20/24 at 10:38 am with Resident #44 in the room. Resident #44 ' s in room vent unit, located under window, had an opening/gap on the right side of the unit. The opening/gap on the side of the unit, allowed one to see through to the outside of the room. The bottom of the vent unit was covered with tiny black spots that had a powdery appearance. When the surveyor placed the back of their hand in front of the gap, a light breeze of cold air was felt.</p> <p>On 3/20/24 at 12:05 pm, an interview was conducted with the facility Maintenance Director. The Maintenance Director indicated that all staff used the Maintenance request logbook to communicate any issues that need to be addressed. The Maintenance Director indicated</p>	F 584	<p><b>IMMEDIATE ACTION</b></p> <p>On 3/21/2024 in room 304, Maintenance Director repaired the electrical outlet and the wall heating and cooling unit (PTAC Unit) cover to straighten its appearance.</p> <p>On 3/21/2024 in room 221, Maintenance Director installed an insulating seal around the heating and cooling unit (PTAC Unit) to seal the room from the outside elements. No light could be seen, and no outside air could be felt.</p> <p>On 3/21/2024 in room 221, Maintenance Director cleaned the bottom of the vent unit with cleaner/disinfectant and painted area with a fresh coat of primer and paint.</p> <p>On 3/21/2024 in room 306, Maintenance Director installed an insulating seal around the heating and cooling unit (PTAC Unit) to seal the room from the outside elements. No light could be seen, and no outside air could be felt.</p> <p><b>IDENTIFICATION OF OTHERS</b></p> <p>All residents have the potential to be affected by this alleged deficient practice .</p> <p>On 3/21/2024, Housekeeping Director and Administrator audited all resident rooms for maintenance of electrical outlets. All outlets identified needing repair were repaired by Maintenance Director and inspected by Administrator for effective repair. These audit findings and</p>		

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F 584	<p>Continued From page 3</p> <p>that he checked the book every morning and several times during the day to ensure that all entries had been followed upon. The Maintenance Director further indicated that upon completion of each request, he would go back in the logbook and update the status of the request to "done"</p> <p>On 3/20/24 at 12:23 pm, an observation was conducted with the Maintenance Director present in Resident #44 ' s room (room 221). The Maintenance Director acknowledged that there was a gap on the right side of Resident #44 ' s vent unit. The Maintenance Director further indicated that he was able to see to see through the gap to the outside. The Maintenance Director indicated that he did not have any notification about the issue. The Maintenance Director indicated that the vent unit was supposed to have a complete seal all around with no gaps.</p> <p>b. An observation on 3/18/24 at 11:48 AM in Room 304 revealed the wall heating and cooling unit cover was crooked and the electrical outlet for the unit hung out of the wall with wires visible.</p> <p>A second observation of Room 304 on 3/19/24 at 11:16 AM revealed the wall heating and cooling unit cover was crooked and the electrical outlet for the unit hung out of the wall with wires visible.</p> <p>c. An observation on 3/18/24 at 12:44 PM in Room 306 revealed an opening on the wall to the left side of the heating and cooling unit. The opening was approximately one to two inches wide and light from the outside was visible in the resident's room.</p> <p>A second observation was conducted on 3/19/24</p>	F 584	<p>subsequent repairs were shared with the Survey Team on 3/21/2024.</p> <p>On 3/21/2024, Housekeeping Director and Administrator audited all resident rooms for heating and cooling units (PTAC Units) needing insulating seal from the outside elements. All PTACS identified needing a seal were repaired by Maintenance Director and inspected by Administrator for effective repair. These audit findings and subsequent repairs were shared with the Survey Team on 3/21/2024.</p> <p>On 3/21/2024, Housekeeping Director and Administrator audited all resident rooms for heating and cooling units (PTAC Units) with crooked appearance. All PTAC covers identified with crooked appearance were removed and reattached to straighten their appearance by Maintenance Director and inspected by Administrator. These audit findings and subsequent repairs were shared with the Survey Team on 3/21/2024.</p> <p><b>SYSTEMIC CHANGES</b></p> <p>By 4/18/2024, Administrator or designee will re-educate staff to record identified needed repairs in community Maintenance Repair Logs located at each nurse's station. Maintenance Director will review Maintenance Repair Logs located at each nurse's station each business day for planning, prioritization, supplies procurement, and repair.</p>		

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F 584	<p>Continued From page 4</p> <p>at 11:15 AM in Room 306. The observation revealed an opening on the wall to the left side of the heating and cooling unit. The opening was approximately one to two inches wide and a cold breeze from the outside could be felt coming through the opening.</p> <p>A review of the maintenance request log on 3/20/24 at 11:44 AM revealed no issues reported for the heating and cooling units or outlets in rooms 304 or 306.</p> <p>An interview with the Maintenance Director on 3/20/24 at 11:52 AM revealed he had been the Maintenance Director for close to six months. He stated that staff were able to enter maintenance requests in a logbook at the nursing desk. These requests were reviewed by Maintenance several times a day and depending on the need, Maintenance staff were able to order a needed part or complete the request. When completed, the request would be initiated by the Maintenance staff. He explained that verbal requests occurred, but he encouraged staff to document them, so the request was not forgotten.</p> <p>A facility tour with the Maintenance Director occurred on 3/20/24 at 12:09 PM. He was not aware of the opening on the wall next to the heating and cooling unit in Room 306 or the electrical outlet box in Room 304. He stated the electrical outlet box in Room 304 needed securing and the cover needed to be removed and reattached. The wall heating and cooling unit in room 306 needed to have the molding realigned and the gap sealed. The Maintenance Director had the expectation that the housekeeping and nursing staff would have reported these concerns as they are in the rooms</p>	F 584	<p>By 4/18/2024, Administrator or designee will re-educate Maintenance Director to audit resident areas at least weekly to self-identify needed repairs and enter identified needed repairs in community Maintenance Repair Logs located at each nurse station for planning, prioritization, supplies procurement, and repair.</p> <p>MONITORING PROCESS</p> <p>Effective 4/8/2024, Maintenance Director will audit all resident areas five times per week for 2-weeks, two times per week for 2- weeks, and and at least weekly for 2-months for maintenance of electrical outlets, heating and cooling units (PTAC Units) with crooked appearance or needing insulating seal from the outside elements. Any needed repairs will be made by Maintenance Director, inspected by Administrator, and identified in the Audit. Audits will be submitted to the Administrator weekly for review and inclusion in community's monthly Quality Assurance and Performance Improvement Committee meeting for 3-months or until the pattern of compliance is maintained. The QAPI committee can modify this plan to ensure the facility remains in substantial compliance.</p>		

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F 584	Continued From page 5 more. He stated that the Maintenance staff inspected a few rooms a day to make sure all environment needs were in working order.  An interview with the Administrator on 3/20/24 at 8:37 AM revealed he encouraged residents and staff to put maintenance requests in the logbook and he would often document in the logbook when folks had maintenance concerns. He indicated that he was not aware of the concerns, but the Maintenance staff had already corrected them.	F 584			