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

PRINTED: 11/09/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345054	B. WI	1G		09/1	4/2011
	ROVIDER OR SUPPLIER  AVEN NURS & ALZH			11	EET ADDRESS, CITY, STATE, ZIP CODE 50 PINE RUN DRIVE JMBERTON, NC 28358		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION E DATE
F 000	requirements of 42 Long Term Care F	ompliance with the 2 CFR Part 483, Subpart B for facilities (General Health tion and complaint investigation	F	0000			
ABORATORY	( DIRECTOR'S OD BROVA	DER/SUPPLIER REPRESENTATIVE'S SIGI	VATHIDE		TITLE		(X6) DATE

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.

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

The listed door has been fixed

by our maintenance department.

was harmed by this deficiency.

It is not necessary to add this

program since maintenance will

monitor the doors on a quarterly

ified as deficient.

to our quality assurance

basis. Completion date is

No other doors have been ident-

P.2/17

10/13/2011

(XS) COMPLETION

11-27-11

PRINTED: 10/17/2011 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED

No resident

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION 345054 NAME OF PROVIDER OR SUPPLIER

(X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER;

9106715705

A. BUILDING 01 - MAIN BUILDING 01

B. WING

11-27-11,

**WOODHAVEN NURS & ALZHEIMER'S C** 

(X4) ID

PREFIX

TAG

SS=E

STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE

PREFIX

TAG

K 018

LUMBERTON, NC 28358 PROVIDER'S PLAN OF CORRECTION

K 018 NFPA 101 LIFE SAFETY CODE STANDARD

> Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% Inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3,6,3,6 are permitted. 19,3,6,3

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

Roller latches are prohibited by CMS regulations in all health care facilities.

This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: door to dry storage room in kitchen would not close and latch.

42 CFR 483.70(a)

K 038 NFPA 101 LIFE SAFETY CODE STANDARD SS≒E

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

K 038 The doors exiting the courtyard back into the facility remain unlocked. No other exit doors have been identified as deficient. Staff have been educated on keep the exit doors to courtyard

LABOTOY/ORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Alty deficiency statement anding 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 disclossable 14 days following the dale these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## 9106715705

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		E & MEDICAID SERVICES				OMB NO. 0938-0
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345054			1	ULTIPLE LOING	CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DA'TE SURVEY COMPLETED
		B, WING		10/13/2011		
name of f	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·
наоом	AVEN NURS & ALZH	ieimer's c		1150	PINE RUN DRIVE BERTON, NC 28358	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLE
K 038	Continued From pa	age 1	K	be sh sh	locked at all times, en added to our daily eets to be maintained ift by our nurses. No harmed by this defice	check every resident
K 056 \$\$≃E	Surveyor: 27871 Based on observat approximately 8:30 items were noncon include: the doors of the facility were loc from pharmacy req open door to exit co 42 CFR483.70(a) NFPA 101 LIFE SA  If there is an autom installed in accorda for the Installation of provide complete of building. The syste accordance with Ni Inspection, Testing	is not met as evidenced by: lons and staff interview am onward, the following appliant, specific findings exiting from courtyard back into k on re-entry, also, both doors ulres two motion of hand to orridor.  AFETY CODE STANDARD  actic sprinkler system, it is ence with NFPA 13, Standard of Sprinkler Systems, to overage for all portions of the em is properly maintained in EPA 25, Standard for the and Maintenance of Protection Systems. It is fully	К 0	The asset of the control of the cont	is has been added to a surance program to be mees three months then 100% compliance is as appletion date is 11-2% as maintenance department of the process of purchasing at will only require at one and meet the phareds. No other deficiency been identified. No seen harmed by this is not necessary to a our quality assurance accemulation and latches the facility meet the guidapletion date is 11-27 as storage has been remon within 18 inches of	our quality ministry quarterly hieved11. 11-27 ent is in a lock single macy t doors resident deficiency, dd this program nsure all at come delines11. 11-27
	supervised. There supply for the syste systems are equipp switches, which are building fire alarm supply this STANDARD is Surveyor: 27871	pervised. There is a reliable, adequate water pply for the system. Required sprinkler stems are equipped with water flow and tamper itches, which are electrically connected to the ilding fire alarm system. 19.3.5		spr afi oth ide edu Thi qua PI thr 100	inkier head. No residential inkier head. No residential inkier deficient areas have the deficient areas have the staff have a suil be added to outlifty assurance programurse to monitor montive months, then quart 2 compliance is reach pletion date is 11-27.	ent was cy. No ve been ve been ncy. r m for our hly times erly if

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE S	
		IDENTIFICATION NOW BER,	A, BUILDI	NG 01 - MAIN BUILDING 01	COMPLE	:120
		345054	8. WING		10/1	3/2011
	PROVIDER OR SUPPLIER  AVEN NURS & ALZHE	EIMER'S C	İ	REEY ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	VLD BE	(X5) COMPLETION DATE
K 056	Continued From pa approximately 8;30	am onward, the following	K 056			
	include: closet by Ja	pliant, specific findings anitor/Solled linen in kitchen 18 Inches of sprinkler head.				
K 072 SS=F		FETY CODE STANDARD	K 072	The carts and boxes block exit have been removed.		
	of all obstructions or use in the case of fi- furnishings, decorat	e continuously maintained free rimpediments to full instant re or other emergency. No lons, or other objects obstruct ress from, or visibility of exits.		areas have been identified non-compliant. The staff been educated on keeping exits clear of storage and clutter. No resident was by the deficiency. This added to our Quality Assuprogram to be monitored mutimes three months then quantifications.	d as have all harmed will be trance tonthly tuarterly	
	Surveyor: 27871 Based on observation approximately 8:30 sitems were noncompared to the surveyor.	not met as evidenced by: ons and staff interview at am onward, the following ollant, specific findings and boxes are blocking exit ept.		if 100% compliance is not Completion date is 11-27-		11-27-11
	42 CFR 483.70(a) NFPA 101 LIFE SAF	FETY CODE STANDARD -	- K.144	(4 5 6-21		
	Generators are ince- under load for 30 mi accordance with NF	eeted weekly and exercised nutes per menth in PA 99 3,4,4,1,		wash bum per concers with Bordon on 10-24	ratin 1911. Coelin	
						And of the second secon

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE S COMPL	
 		345054	B. WNG_		10/1	3/2011
1	PROVIDER OR SUPPLIER  IAVEN NURS & ALZHI	EIMER'S C		RECT ADDRESS. CITY, STATE, ZIP CODI 1350 PINE RUN DRIVE LUMBERTON, NC 28358		TO A CONTRACT OF THE CONTRACT
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DAYE
K 144	Surveyor: 27871 Based on observation approximately 8:30 items were noncom	s not met as evidenced by: ons and staff interview at am onward, the following pliant, specific findings red on light fixtures in	K 144		extures other on checked by this een added e program times erly if d. The d on res clear	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/17/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 - BUILDING 2 B. WING 345054 10/13/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAYE, ZIP CODE 1160 PINE RUN DRIVE WOODHAVEN NURS & ALZHEIMER'S C LUMBERTON, NC 28358 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) NFPA 101 LIFE SAFETY CODE STANDARD K 018 K 018 The listed doors have been fixed \$\$=E by our maintenance department. Doors protecting corridor openings in other than No other doors have been required enclosures of vertical openings, exits, or identified as deficient. No hazardous areas are substantial doors, such as resident was harmed by this those constructed of 1% inch solid-bonded core deficiency. It is not necessary wood, or capable of resisting fire for at least 20 to add this to our Quality minutes. Doors in sprinklered buildings are only Assurance program since maintenance required to resist the passage of smoke. There is will monitor the doors on a no impediment to the closing of the doors. Doors quarterly basis. Completion date are provided with a means sultable for keeping is 11-27-11. 11-27-11 the door closed. Dutch doors meeting 19.3,6,3.6 are permitted. 19,3,6,3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: residents bedrooms doors 1101,1103. 1109 and 1110 would not close and latch for smoke tight seal. 42 CFR 483,70(a) NFPA 101 LIFE SAFETY CODE STANDARD K 045 K 045 SS≒E Illumination of means of egress, including exit discharge, is arranged so that fallure of any single

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 whather 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.

I-ORM CMS-2587(02-99) Previous Versions Obsolete

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

Event ID: D46O21

Facility ID: 923461

If continuation sheet Page 1 of 3

(X6) DAIL

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED; 10/17/2011 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPFLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG 02 - BUILDING 2	(X3) DATE S COMPL	
·		345054	B. WING		10/1	3/2011
	PROVIDER OR SUPPLIER	EIMER'S C		REET ADDRESS, CITY, STATE, 2IP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	COMPLETION DATE
K 045	lighting fixture (bulb darkness. (This do	ge 1 ) will not leave the area in es not refer to emergency ce with section 7.8.) 19.2.8	K 045	The lighting on the unifixed by maintenance to give continuous light. deficient areas have be identified. No residen harmed by the deficiency not necessary to add the	No other en t was y. It is is to our	
	Surveyor: 27871 Based on observation approximately 8;30 Items were noncom	ons and staff interview at am onward, the following pllant, specific findings a special care unit will leave as.		quality assurance progresur maintenance department on a quarter completion date is 11-2	ent will erly basi	5. 11⊷27⊷11
	Means of egress are of all obstructions or use in the case of fir furnishings, decorati exits, access to, egre 7.1.10  This STANDARD is Surveyor: 27871 Based on observation approximately 8:30 a items were noncompinelude; on 1100 hall boxes blocking exit effects of the state of	e continuously maintained free impediments to full instant re or other emergency. No ons, or other objects obstruct ess from, or visibility of exits.  Interview at a monward, the following objects, specific findings by A152 door storage of egress. B/P machines are on blocking exit egress.	K 072	The 1100 hall exit egres cleared of all storage. other deficient areas he identified. No resident harmed by this deficient have been educated on ke all exit corridors free This has been added to quality assurance programonitored every month tithree months then quarte 100% compliance is achie completion date is 11-27	No ave been t was ey. Staff eeping of clutt our am to be imes exly if	er. 11-27-11
	include: on 1100 hall boxes blocking exit e stored at nurse statio	by A152 door storage of egress. B/P machines are			A THE STATE OF THE	

P.8/17

OF DEFICIENCIES	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:			OMB NO	), 0938-03 SURVEY
	345054		VZ BUILDING 2		
	₹		STREET ADDRESS, CITY, STATE, ZIP CO		13/2011
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE	
·			:		
	OF DEFICIENCIES F CORRECTION  ROVIDER OR SUPPLIES AVEN NURS & ALZ SUMMARY S (EACH DEFICIEN REGULATORY OR	(XI) PROVIDER SUPPLIER (XI) PROVIDER SUPPLIER (XII) PROVIDER OR SUPPLIER AVEN NURS & ALZHEIMER'S C  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	OF DEFICIENCIES P CORRECTION  (X1) PROVIDER SUPPLIER  ROVIDER OR SUPPLIER  NVEN NURS & ALZHEIMER'S C  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG	OF DEFICIENCIES P CORRECTION  (X1) PROVIDER (X1) PROVIDER (X2) MULTIPLE CONSTRUCTION A BUILDING 02 - BUILDING 2 B. WING  STREET ADDRESS, CITY. STATE, ZIP CO. 1150 PINE RUM DRIVE LUMBERTON, NC 28358  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  DEFICIENCY)  DEFICIENCY)  (X2) MULTIPLE CONSTRUCTION A BUILDING 02 - BUILDING 2 B. WING  STREET ADDRESS, CITY. STATE, ZIP CO. 1150 PINE RUM DRIVE LUMBERTON, NC 28358  ID PREVIX (EACH CORRECTIVE ACTION DEFICIENCY)  DEFICIENCY)	OF OFFICIENCIES P CORRECTION  (X1) PROVIDER SUPPLIER  345054  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE 1150 PINE RUN DRIVE LUMBERTON, NC 28358  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  DEFICIENCY  (ACA) COORDECTIVE ACTORS HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)