DEPART	WENT OF HEALTH AN	ID HUMAN SERVICES	18/2	MAR 2 0 -2012	Charle State	FORM	APPROVED 0938-0391
STATEMENT C	S FOR MEDICARE & I OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X3) W	ULTIPLE CONSTRUCT	TON	(X3) DATE SURI COMPLETE	VEY
WID LEVI OF	·	345472	B. WIN	IG IV	<u></u>	03/01	/2012
NAME OF PR	OVIDER OR SUPPLIER				CITY, STATE, ZIP CODE		
	OOD NURSING AND RET	DEME		ł .	D DRIVE BOX 708		
SOUTHWO	OD MOKSING AND NET			CLINTON, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	EAC CROS	ROVIDER'S PLAN OF CORRECTIVE ACTION SH S-REFERENCED TO THE API DEFICIENCY)	OULD BE PROPRIATE	(X6) COMPLETION DATE
F 329 SS=D	483.25(I) DRUG REG UNNECESSARY DR	SIMEN IS FREE FROM UGS	Lla.	are not an a an agreeme	onts made on this plan dmission to and do no nt with the alleged de	ot constitute ficiencies.	-
	unnecessary drugs. drug when used in ex duplicate therapy); or without adequate mo indications for its use	regimen must be free from An unnecessary drug is any accessive dose (including for excessive duration; or nitoring; or without adequate ; or in the presence of es which indicate the dose discontinued; or any easons above.		state regula take the act correction. the facility that all alle	in compliance with all tions the facility has to ions set forth in this parties allegation of compliged deficiencies eited ected by the date or o	taken or will blan of on constitutes liance such lave been or	
·	resident, the facility n who have not used a given these drugs un therapy is necessary as diagnosed and do record; and residents	ensive assessment of a nust ensure that residents ntipsychotic drugs are not less antipsycholic drug to treat a specific condition ocumented in the clinical who use antipsychotic		Corrective The Zocor according to Corrective	Action for Resident for Resident #117 wa to physician order on Action for Residen	s discontinued 1/5/2012. t Potentially	January 5, 2012
,	behavioral interventic contraindicated, in a drugs.	n effort to discontinue these		by this pra- director of all resident reports tha was compl consultant	ts have the potential actice. On March 15, 2 nursing and support at charts for pharmacy thave not been implested by first reviewing reports for the last the	on the nurse audited consultant mented. This gethe summary ree months and to ensure	
	by: Based on record rev facility failed to ensu regimen was free fro of 10 residents (Res Findings included:	T is not met as evidenced view and staff interviews, the re that a resident's drug om an unnecessary drug for 1 ident #117).		physician a implement reports we medication resident. Additional reviewed a last 3 mon	nsult was addressed to and that any order char and that any order char the description of the all consultant reports the to ensure that con- by the attending physi-	anges had been consult sure that the e correct sultant written in the sults have been	
LAROPATORY	OIRECTOR'S OR PROVIDE	VSUPPLIER RÉPRESENTATIVE'S SIGNATU	JRE .		THLE		(X6) DATE

Facility ID: 923464

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.

	O FOR MICDIONING &		eVal I	ULTIPLE CONSTRUCTION	(X3) DATE SUR	VEY
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	DING .	COMPLETE	
		345472	B. WIN	G	03/01	1/2012
NAME OF PR	OVIDER OR SUPPLIER			STREET ADDRESS, CITY,	SYATE, ZIP CODE	
SOUTHWO	OOD NURSING AND RET	TREME		180 SOUTHWOOD DRI CLINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH COI CROSS-REFI	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329	admitted to the facility Review of the resider Sheet indicated the for Kidney Disease, Hyp Dysrhythmias, Osteo Rhinitus, Congestive Chronic Kidney Disea Review of the resider 11/15/2011 revealed 1. Norvasc 10 millity 2. Hydralazine HCI (tid) 3. Metoprolol Tartra (bid) 4. Cetirizine HCL 1 5. Lisinopril 2.5 mg 6. Aricept 5 mg qd 7. Tylenol 650 mg 8. Tramadol 50 mg 9. Coumadin 6 mg and Saturday 10. Coumadin 6 mg and Saturday 10. Coumadin 5 mg Friday and Sunday Review of a physicial at 1:00 PM indicated "Decrease Zocor to signed by Licensed F Review of the residen medication administr Zocor 10 mg was sta first dose given on 1	on 11/15/2011. It's Accumulative Diagnosis ollowing diagnoses: Chronic ertension, Cardiac arthritis, Dementia, Allergic Heart Failure, Bradycardia, ase, and Osteoarthritis. It's admission orders dated the following medications: grams (mg) every day (qd). 25 mg three times a day O mg at bedtime (hs) every morning. Every 4 hrs as needed (prn) q 4 hrs prn every Tuesday, Thursday every Monday, Wednesday, In's order dated 11/21/2011 an order that read on mg." The order was Practical Nurse (LPN) #2. Int's November 2011 ation record (MAR) revealed arted on 11/21/2011 with the 11/22/2011.	1.	reports were also medication chan resident. Any consults the post called to the post cal	the staff nurses. Consult of the checked to ensure that the ges were for the correct at have not been addressed will ohysician by the Director of ort Nurse and any orders implemented as appropriate.	March 19, 2012
	12/08/2011 revealed	"Consult on chart to reduce		director.		

PRINTED: 03/09/2012 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 03/01/2012 B. WING 345472 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 180 SOUTHWOOD DRIVE BOX 708 SOUTHWOOD NURSING AND RETIREME CLINTON, NC 28328 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX DATE (X4) ID CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG DEFICIENCY TAG This information has been integrated into the standard orientation training and in the required in-service refresher courses for all Continued From page 2 F 329 employees and will be reviewed by the Quality Zocor to 10 mg, however, this was to be sent on Assurance Process to verify that the change another resident. This occurred while the resident was at (other facility). The order had been voided has been sustained. there". The note was signed by the facility Quality Assurance The Director of Nursing will monitor this issue ongoing Pharmacy Consultant. using the "Survey QA Tool for Pharmacy Review of a fax dated 12/08/2011 Indicated under Consultant Reports". The monitoring will Presenting Concern and What Lead To Concern include checking all pharmacy consults for "Resident #117 is taking Zocor 10 mg from a 15,2012 consult that was on the wrong patient. This was non-routine events and following up on Initiated here on 11/2/2011. Can we discontinue nursing response to the issues. See attached monitoring tool. This will be done weekly or this order, no diagnosis of hyperlipidemia." The whenever the pharmacy consultant review fax was signed by LPN #1 and time stamped 12/08/2011. The fax was addressed to Physician medications for three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee Review of a physician progress note dated and corrective action initiated as appropriate. 12/21/2011 and signed by Physician #2, the resident's attending physician, revealed "She also The Pharmacy Consultant will monitor this has hypercholesterolemia, I reviewed issue using the "Survey QA Tool for Pharmacy medications and will make no changes at this Consultant Reports". The monitoring will include checking all pharmacy consults for time". non-routine events and following up on Review of a fex dated 12/08/2011 indicated under nursing response to the issues. See attached Presenting Concern and What Lead To Concern monitoring tool. This will be done weekly or "Resident #117 is taking Zocor 10 mg from a whenever the pharmacy consultant review consult that was on the wrong patient. This was medications for three months or until resolved initiated here on 11/2/2011. Can we discontinue by QOL/QA committee. Reports will be given this order, no diagnosis of hyperlipidemia." The to the weekly Quality of Life- QA committee fax was signed by Licensed Practical Nurse #1 and corrective action initiated as appropriate. (LPN #1) and time stamped 12/29/2011. The fax was addressed to Physician #2. Physician #2 wrote and order to discontinue Zocor on 12/30/2011. Physician # 1 wrote and order to discontinue Zocor on 01/04/2012. Review of physician orders indicated Zocor was discontinued on 01/05/2012.

If continuation sheet Page 3 of 10

DEPART	MEMI OF HEALTHA	MEDICAID SERVICES					0.0000 000 ·
CENTERS	S FOR MEDICARE &	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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		345472	B. WIN	G		03/01/2012	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 180 SOUTHWOOD DRIVE BOX 708			•	
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		ATEMENT OF DEFICIENCIES	ID	<u></u>	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO	TION HID BE	(X5) COMPLETION
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			 				:
F 329	Review of the reside	e 3 nt's MAR indicated Zocor 10 laily 11/22/2011 until doses throughout this period given, medication unavailable.	F	329			
	11:00 AM, she report approached by the who reported Residerror. Upon direction faxed the report to 12/08/2011 which it taking Zocor from a patient and asking discontinued on the which showed the Idagnosis which sunurse reported she facility Pharmacist also reported she Physician #2 on 12/08/2011. LPN # the resident continuent pharmacy Consultant to the taking it.	adicated Resident #117 was consult meant for another if the Zocor could be at basis along with information resident did not have a pported the use of Zocor. The faxed this information with the Consultant at her side. She refaxed the information to 2/29/2011 because no action the original fax sent on the original fax sent on the original fax sent on used receiving Zocor after the cant told her the resident should					
	interviewed on 02 indicated the origing while resident #11 further reported the name on it but was the other facility, ther. She further received 70000 W	acist Consultant was /29/2012 at 9:30 AM and nal consult for Zocor was done 17 was in a different facility and ne consult had the resident's as meant for another resident. a caught the error immediately at and the order was voided out by indicated Resident #117 never hile in the other facility. She also the did the drug regimen review			·		

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				CAN DATE SE		
STATEMENT (OF DEFICIENCIES	I(X1) PROVIDER/SUPPLIER/CLIA	(X2) ML	ULT	TPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	LDIN	NG	Ì		
		345472	B. WIN	IG_		03/	01/2012	
	OVIDER OR SUPPLIER		-, -	\$1	TREET ADDRESS, CITY, STATE, ZIP COD 180 SOUTHWOOD DRIVE BOX 708 CLINTON, NC 28328			
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F 329	for resident #117 on resident had been pour she indicated she with the error to her and physician. She reveloe better to fax the The Pharmacist individual while she faxed the needed to be handly pharmacist also included to solve turnaround in response took so long. The Form a pharmaceut concerns for a resident #117 had the use of Zocor. LPN #2 was interview AM and indicated order for Zocor fro indicated this considerated this considerated this considerated the continued to call the expectations were the doctor instead receiving Zocor in they could not look #117 with an order.	12/08/2011, she saw the ut on Zocor on 11/21/2012. Yent to LPN #1 and reported asked her to contact the aled LPN #1 reported it would information to the physician. Icated she stayed with LPN #1 information because it ed immediately. The licated there was usually good onse time to pharmacy and was not sure why this one pharmacist further reported ical standpoint, the side effect dent on Zocor was myopathies. The Pharmacist also reported in o diagnoses that supported it would not be located. In the facility Director of Nursing 012 at 10:54 AM, she reported adications in the past per to the nurse should have held mew it was ordered in error and the physician. In this case, my is the nurse should have called the faxing, as this resident was a error." The DON also reported that a consult sheet for Resident was a ferror." The DON also reported that a consult sheet for Resident was a ferror. The DON also reported that a consult sheet for Resident are for Zocor on 11/21/2011.	F	= 32	29			

CENTERS FOR MEDICARE & MEDICAID SERVICES OX19 PROVIDES AND PLAN OF CORRECTION A BOULDING 1, VINN SOUTHWOOD NURSING AND RETIREME SOUTHWOOD NURSING AND RETIREME SUMMY DAY OF CORRECTION SUMMY SAFFERD CORRECTION (CA) TO PROVIDE SHAP OF CORRECTION (CA) TO PRICE SH	DEPART	AIRIAI OLITEVEILLA	MEDICAID SERVICES				OWID NO.	
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CUNTON, NO. 28328 CONTINUED REPORTED TO THE PROPERTY TABLE OF THE PROPERTY OF DEPORTED STATES OF THE PROPERTY TABLE OF THE PROPERTY OF DEPORTED STATES OF THE PROPERTY TABLE OF THE PROPERTY OF THE PROPER		THE SECOND SECOND SERVICES			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES PROPAGES ALL OF CORRECTION PRETEX TAGE		•						
SUMMARY STATEMENT OF DEFICIENCY MAYS THE PRECEDED PT LIL RECOULTORY OR LOCATION) F 329 Continued From page 5 of his partners and the attending physician of Resident #117. He reported it was not unusual for consults to be sent to him on one of his partners patients. He indicated sometimes he contacted the facility and let them know it was not his patient, but he also indicated that at times, he addressed the faccility and let them know it was not his patient, but he also indicated in this case, he addressed the faccility and let them know it was not his patient, but he also indicated in this case, he addressed the faccility and let them know it was not his patient, but he also indicated in this case, he addressed the faccility and let them know it was not his patient, but he also indicated in this case, he addressed the faccility and let them know it was not his patient, but he also indicated in this case, he addressed the faccor issue when he got it, based on the information from the pharmacist. He further indicated, due to him having 2 offices in 2 towns, consult papers got backed up, so he very well may not have seen the consult until a month later. The resident's attending physician, Physician #2, was unavaliable for interview. F 371 183=E F 3729 Contrective Action for Resident Affected No residents were fidentified in the 2567 to be affected. On February 29, 2012 the distinction for the remainder of his shift and been compliant with the dress code policy with the directed All residents have the potential be affected. All residents have the potential to be affected. All residents have the potential by the fietary manager reviewed the dress code policy. No hairs or other pathogens were found in resident food. Systemic Changes F 371 An in-service was conducted on March 15, 2012- by the Dietary Manager for all dietary personnel. Any in-house staff member who did not receive the safety of the dress code policy. It is our responsibility to ensure foods prepared and served are safe to consume. This REQUI	SOUTHW	OOD NURSING AND RE	ETIREME				POTECTION:	(X5)
F 329 Continued From page 5 of his partners and the attending physician of Resident #171. He reported it was not unusual for consults to be sent to him on one of his partner's patients. He indicated sometimes he contacted the facility and let them know it was not his patient, but he also indicated that at times, he addressed the issue himself. He indicated in this case, he addressed the Zocor issue when he got it, based on the information from the pharmacist. He further indicated, due to him having 2 offices in 2 towns, consult papers got backed up, so he very well may not have seen the consult until a month later. The resident's attending physician, Physician #2, was unavailable for interview. 483.36(i) FOOD PROCURE. STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to ensure that staff wore hairnets during the tray line. Fightham and the dientified in the 2567 to be affected. On February 29, 2012 the dietary worker observed not wearing a hair net put a hair net on for the remainder of his shift and been compliant with the dress code policy since. Corrective Action for Resident Potentially Affected All residents have the potential to be affected and the dress code policy. No hairs or other pathogens were found in resident food. Systemic Changes F 3714 In n-service was conducted on March 15, 2012- by the Dietary Manager for all dietary personnel. Any in-house staff member who did not receive in-service training by March 19, 2012 will not be allowed to work until raining has been completed. The in-service topics include: potential hazards to food safety and the dress code policy. It is our responsibility to ensure foods prepared and served are safe to consume. Quality Assurance The Dietary Manager or d	PREFIX	I TO DESCRIPTION	ICY MUST BE PRECEDED BY FULL	PREF	FIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	COMPLETION
	F 329	of his partners and Resident #117. He for consults to be spartner's patients. It contacted the facilithis patient, but he addressed the issue case, he addressed it, based on the infile He further indicate in 2 towns, consultivery well may not month later. The resident's attewas unavailable for 483.35(i) FOOD F STORE/PREPAR The facility must - (1) Procure food for considered satisfa authorities; and (2) Store, prepare under sanitary contact the same considered satisfa authorities; and the same considered satis	the attending physician of reported it was not unusual ent to him on one of his He indicated sometimes he ty and let them know it was not also indicated that at times, he is himself. He indicated in this did the Zocor issue when he got formation from the pharmacist. It did not be him having 2 offices a papers got backed up, so he have seen the consult until a sending physician, Physician #2, for interview. PROCURE, E/SERVE - SANITARY From sources approved or factory by Federal, State or local enditions. JENT is not met as evidenced evation, record review and staff facility failed to ensure that staff uring the tray line.			No residents were identified is affected. On February 29, 20 worker observed not wearing nair net on for the remainder been compliant with the dress since. Corrective Action for Resid Affected All residents have the potentic by this practice. On February dietary manager reviewed the policy and monitored all staff dress code policy. No hairs were found in resident food. Systemic Changes An in-service was conducted 2012- by the Dietary Manage personnel. Any in-house staff dietary manager reviewed the policy will not be allowed the policy and monitored all staff dress code policy. In the policy were found in resident food. Systemic Changes An in-service was conducted to the policy of the presence of the presence of the policy of the policy. It is a policy of the weakly Onality of Life the presence of the policy of th	a the 2567 to be 12 the dietary a hair net put a of his shift and code policy lent Potentially lial to be affected 29, 2012 the de dress code f comply with the or other pathogens I on March 15, er for all dietary off member who aining by March I to work until The in-service lards to food safet it is our ds prepared and signee will monito y Dress Code aitoring will includ are wearing a hai code as indicated ol. This will be so or until resolved will be given to OA committee	7 Acia Feb. 29, 2013 19, 2013

DEI MIXIM	ENT OF DEALTH AL	ACDICAID SERVICES		_			<u>), 0930-039 (</u>	
	DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MD PEAN OF C	ORREGION	345472	B. WIN			03/01/2012		
	VIDER OR SUPPLIER			180	T ADDRESS, CITY, STATE, ZIP CODE SOUTHWOOD DRIVE BOX 708 NTON, NC 28328	E		
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F 371	02/20/2012 revealed	observation done on the following:	F	371				
	The lunch tray line is Staff #1 was position hair was observed to curly style. Dietary with a short beard, positioned over filler no lids. As each trained bent over the filler up each tray and placed each complete tray. He then pover which he stood placed each complete tray and placed each complete tray.	negan at 12:02 PM. Dietary ned at the end of the line. His to be a short to medium tight Staff #1 was also observed During the tray line, he was d beverage glasses which had any came to the end of the line, ed beverage glasses, picked acced a lid over the plate on laced filled beverage glasses, d, on each tray. He then eled tray on the meal cart. He ess until all trays were done.						
	interviewed and as	12:41 PM, Dietary Staff #1 was ked if he was supposed to ring the tray line. He have to wear a hair net s short."		•				
	DS-100 indicated covering all hair w	ary Services Program: Number under "Dress Code" Hair nets ill be worn by all dietary mes. Caps or nets shall be ployees according to the length						
F 42	interviewed on 02 indicated Dietary and a hair net wa further indicated i	y Manager Ashley was 1/29/2012 at 12:50 PM and Staff #1's hair was usually short, s not usually needed. She t had grown out, and he should during the tray line. REGIMEN REVIEW, REPORT		F 428	В			

PRINTED: 03/15/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SUF COMPLETI	
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		345472	B. WING		03/0	1/2012
	OVIDER OR SUPPLIER DOD NURSING AND RE	TIREME	S	TREET ADDRESS, CITY, STATE, ZIP CODE 180 SOUTHWOOD DRIVE BOX 708 CLINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 428		each resident must be	F 42	F 428 Corrective Action for Reside The Zocor for Resident #117 v		January 5,2012
•	pharmacist. The pharmacist mus	ce a month by a licensed t report any irregularities to an, and the director of		according to physician order o Corrective Action for Reside Affected All residents have the potentia	n 1/5/2012. Int Potentially I to be affected	March
		eports must be acted upon.		by this practice. On March 15, director of nursing and suppor all resident charts for pharmac reports that have not been imp was completed by first review consultant reports for the last t	t nurse audited y consultant lemented. This ing the summary	15 10 , 2012
	by: Based on record rev facility failed to act o	T is not met as evidenced view and staff interviews, the n a pharmacist 1 of 10 residents (Resident		then checking the medical rece that the consult was addressed physician and that any order c implemented by the staff nurse reports were also checked to e medication changes were for t resident.	by the attending hanges had been es. Consult nsure that the	
	Findings included: Record review indicadmitted to the facility	ated Resident #117 was ty on 11/15/2011.		Additionally, the pharmacy coreviewed all consultant reports last 3 months to ensure that coaddressed by the attending physical strengths.	s written in the nsults have been	and the second s
	Sheet indicated the Kidney Disease, Hy Dysrhythmias, Osteo Rhinitus, Congestive	ont's Accumulative Diagnosis following diagnoses: Chronic pertension, Cardiac parthritis, Dementia, Allergic Heart Failure, Bradycardia, pase, and Osteoarthritis.		implemented by the staff nursing reports were also checked to emedication changes were for the resident. Any consults that have not become called to the physician by the resident of the physician by the p	nsure that the he correct en addressed will	
	Review of the reside 11/15/2011 revealed 1. Norvasc 10 mill 2. Hydralazine HC (tid)	ent's admission orders dated I the following medications: igrams (mg) every day (qd) L 25 mg three times a day rate 100 mg two times a day	-	Nursing or Support Nurse and received will be implemented	any orders	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 923464

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	•	345472	B. WING_		03/0	1/2012
	ROVIDER OR SUPPLIER	TIREME	s	TREET ADDRESS, CITY, STATE, ZIP CODE 180 SOUTHWOOD DRIVE BOX 708 CLINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X6) COMPLETION DATE
F 428	5. Lisinopril 2.5 mg 6. Aricept 5 mg qd 7. Tylenol 650 mg 8. Tramadol 50 mg 9. Coumadin 6 mg and Saturday 10. Coumadin 5 mg Friday and Sunday Review of a physician at 1:00 PM indicated "Decrease Zocor to 1 signed by Licensed F Review of the resider medication administration	0 mg at bedtime (hs) every morning. every 4 hrs as needed (prn) q 4 hrs prn every Tuesday, Thursday every Monday, Wednesday, n's order dated 11/21/2011 an order that read 0 mg." The order was Practical Nurse (LPN) #2. nt's November 2011 ation record (MAR) revealed rted on 11/21/2011 with the 1/22/2011. ermacy Progress notes dated "Consult on chart to reduce ever, this was to be sent on s occurred while the resident The order had been voided signed by the facility	F 42	Systemic Changes 8 An in-service was conducted on The March 15, 2012 by Staff Developm Coordinator Nurse. All nurses atternand LPNs, FT, PT and PRN. Any nurse who did not receive in-service by Monday, March 19th, 2012 will allowed to work until training has completed. The in-service topics is following: 1. The difference between a routing consult report and a non-routine procession of the consultant report. A non-routine consultant report, allergic reaction item that might harm to the resident medication administration continues. 2. The proper procedure for handling routine pharmacy consultant report include calling the physician and it response by the end of the shift the or other nurse manager should be constructions. They will then advise what steps should be implemented the resident. This might include whold the medication or contact the director. This information has been integrate standard orientation training and in required in-service refresher course employees and will be reviewed by Assurance Process to verify that the has been sustained.	nent ended: RNs in-house the training not be been neluded the been neluded the epharmacy onsult is a corrother at if ed. In a non-time there is no on the DON contacted for the there to medical ed into the	

	S FOR MEDICARE & ! F DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) ML	LTIPLI	E CONSTRUCTION	(X3) DATE SUR\ COMPLETE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING			
		345472	B. WING			03/01	/2012
	OVIDER OR SUPPLIER	TIREME		186	ET ADDRESS, CITY, STATE, ZIP CODE 0 SOUTHWOOD DRIVE BOX 708 LINTON, NC 28328		
SOUTHWO	OOD NURSING AND RE				PROVIDER'S PLAN OF COR	RECTION	(X5) COMPLETION
(X4) ID PREFIX TAĞ	TACH DESIGNENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	DATE
	Review of a physicia 12/21/2011 and sign resident's attending has hypercholestero medications and will time". Review of a fax date Presenting Concern "Resident #117 is to consult that was on initiated here on 11 this order, no diagn fax was signed by L (LPN #1) and time was addressed to Fwrote and order to 12/30/2011. Physician orders in discontinued on 01 Review of the residing was scheduled 01/05/2012. Twelvier signed as no	an progress note dated and by Physician #2, the physician, revealed "She also blemia, I reviewed I make no changes at this and What Lead To Concern aking Zocor 10 mg from a the wrong patient. This was 1/2/2011. Can we discontinue osis of hyperlipidemia." The Licensed Practical Nurse #1 stamped 12/29/2011. The fax Physician #2. Physician #2 discontinue Zocor on the stamped 12/29/2012. Review of dicated Zocor was 1/05/2012. Review of dicated Zocor was 1/05/2012. Review of dicated Zocor was 1/05/2011. The graph is the stamped 12/29/2011 until 1/29/2011 un	<u> </u>	428	Quality Assurance The Director of Nursing will rusing the "Survey QA Tool for Consultant Reports". The morinclude checking all pharmacy non-routine events and follow nursing response to the issues, monitoring tool. This will be whenever the pharmacy consumedications for three months by QOL/QA committee. Report of the weekly Quality of Lifeand corrective action initiated. The Pharmacy Consultant will issue using the "Survey QA T Consultant Reports". The monitoring tool, This will be whenever the pharmacy consumonitoring tool. This will be whenever the pharmacy consumedications for three months by QOL/QA committee. Reports to the weekly Quality of Lifeand corrective action initiated.	nonitor this issue repharmacy nitoring will consults for ing up on See attached done weekly or altant review or until resolved orts will be giver QA committee as appropriate. Il monitor this cool for Pharmacy or until resolved or QA committee	15, 2012
	11:00 AM, she rep approached by the who reported Resi error. Upon direct faxed the report to 12/08/2011 which taking Zocor from potient and asking	n LPN #1 on 02/28/2012 at sorted on 12/08/2011, she was a facility Pharmacist Consultant ident #117 was on Zocor in ion from the consultant, she the Physician #1 on indicated Resident #117 was a consult meant for another if the Zocor could be not basis along with information					

STATEMENT C	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1		LE CONSTRUCTION	(X3) DATE SURV COMPLETED	
AND PLAN OF	CORRECTION		A. BUIL B. WIN			03/01/	2012
	OVIDER OR SUPPLIER	345472 TIREME		1	EET ADDRESS, CITY, STATE, ZIP CODE 80 SOUTHWOOD DRIVE BOX 708 LINTON, NC 28328		
(X4) ID PREFIX TAG	SUMMARY ST	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 431	controlled drugs in s accurate reconciliating records are in order controlled drugs is macconciled. Drugs and biological labeled in accordance professional principle appropriate accessor instructions, and the applicable. In accordance with facility must store a locked compartment controls, and perminal have access to the The facility must propermanently affixed controlled drugs list Comprehensive Drugs accept whe package drug distructions.	ufficient detail to enable an on; and determines that drug and that an account of all naintained and periodically Is used in the facility must be ce with currently accepted les, and include the ory and cautionary expiration date when State and Federal laws, the II drugs and biologicals in a under proper temperature to only authorized personnel to keys. Ovide separately locked, d compartments for storage of ted in Schedule II of the ug Abuse Prevention and a and other drugs subject to on the facility uses single unit ibution systems in which the minimal and a missing dose can	F	431	Corrective Action for Reside No residents were identified affected. The expired medication on March 1, 2012. Corrective Action for Residents have the potent by this practice. On March 1 of nursing reviewed all medication room for expirate March 14, 2012 the pharmac reviewed the medication room for expirate March 14, 2012 the pharmac reviewed the medication room edications. No expired medications. No expired medications. Systemic Changes An in-service was conducted 2012- by the Staff Development attended all RNs, and LPNs Any in-house staff member receive in-service training by will not be allowed to work been completed. The in-serincluded ensuring that any they utilize from the medicate expired.	in the 2567 to be ations were a room by DON dent Potentially ial to be affected, 2012 the director ications in the ion dates. On ey consultant om for expired edications were d on March 15, ment. Those who is, FT, PT, and PRN who did not by March 19, 2012 until training has revice topics medication that	March 19, 2012
	by: Based on observa	entrois not met as evidenced ation and staff interview, the sure that there were no expired a medication storage room. The					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION . A BUILDING		(X3) DATE SURVEY COMPLETED	
		345472	B. WING		03/0	1/2012 -
	ROVIDER OR SUPPLIER	TIREME	1	REET ADDRESS, CITY, STATE, ZIP CODE 80 SOUTHWOOD DRIVE BOX 708 CLINTON, NC 28328		. ,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 431	During an observation medication box located room on 03/01/12 at 250 mg. (milligram) to f 01/20/12 were four emergency box. The on the top of the box written on it. During an interview won 03/01/12 at 11:25 is checked by pharm on the box is the last are here all the time, expired drugs in the Director of Nursing witime she stated "I hapharmacy, I was wroexpiration dates of all emergency box and is about to expire. T	n of the emergency ed in the medication storage 11:15 AM, four Erythromycin ablets with an expiration date and in the lower drawer of the are was a hand written label that had the date 12/31/11 with the Director of Nursing AM it was revealed "the box acy once a month. The date time it was checked. They I don't know why there are box. At 11:35 AM the as interviewed again. At this	F 431	Currently pharmacy conducts an review to identify any expired m replaces them with current medicaddition to this review the central coordinator will review the medications are returned to phartimely manner. The central supplements are discussed and the process of the process and the required in-service refresher could employees and will be reviewed assurance. Quality Assurance The Director of Nursing will mousing the "Survey QA Tool Med Review". The monitoring will inchecking the medications are in the attached monitoring tool. This weekly for three months or until QA committee. Reports will be weekly Quality of Life - QA concorrective action initiated as approximated.	edications and cations. In I supply cation room expired macy in a oly coordinator s on March ated into the in the rses for all by the Quality the change ication Room include o ensure that e room. See will be done resolved by given to the inittee and	

Survey QA Tool for Pharmacy Consultant Reports

Instructions:

all recommendations and sum for non-routine pharmacy con recommendations.	macist has reviewed all charts and made re mary report are provided to the DON. The esults and follow up on nursing response to	pharmacy
All pharmacy recommendation completed from monthly pharmacy recompliance with pharmacy rein the monthly QOL record.	ons will be monitored until all recommendarmacist visit. A weekly review by the QA ecommendations will be completed for 3 m	tions have been team of onths and placed
Date of Report		
Person completing QA tool		
Date Pharmacist recommendations received by DON		
(Y/N) Any non-routine pharmacy consults received?		
Non-routine pharmacy consults completed in a timely manner?		
(Y/N) All MD consults completed from pharmacy recommendations?		
(Y/N) All Staff recommendations completed from pharmacy recommendations?		
Pharmacy Consultant Revie	ewed QA Tool	
Initials:		
Date:		
Problems indicated:		

SOUTHWOOD NURSING & RETIREMENT CENTER

DIETARY Dress Code Policy QA AUDIT

WEEK OF_

DATE.		
1140		_
All Staff in Proper Uniform		
All Ctaff was ring bair note covering all hair		
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Survey QA Tool Medication Room Review

Ir.	ıs	tr	u	c	ti	0	n	S	:

The medication room will be reviewed by the Supply Clerk or designee on a weekly basis. Any medications or therapeutic items found to be expired will be removed from the medication room and reported to the DON.

This will be completed weekly for 3 months and placed in the monthly QOL record.

Date of Review		
(Y/N) Medication room reviewed for expired medications.		
(Y/N) Any medications found to be expired?		
Initials of person inspecting room for		-

Pharmacy Consultant Review	ed QA Tool
Initials:	
Date:	_
Problems indicated:	

PRINTEO: 03/23/2012

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			e i di pilipini mende anima	OMB NO. 0	938-0391
CENTER	S FOR MEDICARE	& MEDICAID SERVICES	Tavasta			(X3) DATE SUP	VEY
STATEMENT	of deficiencies F correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		and the second control of the second control	COMPLEX	<u>×</u> ∪
	•	345472 ′	B. WII			03/20/	2012
NAME OF P	ROVIDER OR SUPPLIER			STRI 18	EET AUDRESS, CITY, STATE, ZIP CODE 10 SOUTHWOOD DRIVE BOX 708		
SOUTHW	OOD.NURSING AND	RETIREME .		С	LINTON, NC 28328	TION	(X5)
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K 000	conducted as per at 42CFR 483.70(a Care section of the publications. This is	ode(LSC) survey was The Code of Pederal Register (a); using the Existing Health (a) LSC and its referenced (b) building is Type III(211) (c) Story, with a complete	. к	000	The statements made on this plan of are not an admission to and do not an agreement with the alleged defiremain in compliance with all federegulations the facility has taken of the actions set forth in this plan of The plan of correction constitutes allegation of compliance such that deficiencies cited have been or will corrected by the date or dates indicated and another than the statement of	constitute ciencies. To and state will take correction. the facility's all alleged, all be	•
K 029 SS=F	The deficiencies dare as follows: NFPA 101 LIFE Some hour fire rater fire-rated doors) of extinguishing systems and/or 19.3.5.4 pm the approved autoopilon is used, the other spaces by some some field-applied protes.	etermined during the survey AFETY CODE STANDARD d construction (with ¾ hour or an approved automatic fire em in accordance with 8.4.1 colects hazardous areas. When matic fire extinguishing system e areas are separated from moke resisting partitions and self-closing and non-rated or clive plates that do not exceed e bottom of the door are		029	K029 Corrective Action for Deficient on 3/28/2012 the three doors iden room, clean utility room and dry s in the dictary department had self mechanisms installed. Identify other issues having potenties frect residents by the same prace All facility doors attached to room stored hazardous materials have be inspected for a self closing mechandoor and in working order. Systemic Changes The administrator and maintenance will ensure doors attached to roor stored hazardous materials have s	Practice diffied: boiler torage room closing ential to etice as with een mism on the	March 28, 2017
	Based on observed; 30 PM the follows: 1) The door to the the staff exit is not clean utilities. 2) The clean utilities: 3) The dry storage closing.	e boller room located next to t self-closing. by room is not self-closing. be room in the kitchen is not self			mechanisms. Quality Assurance The administrator and maintenance will monitor door closing mechan weekly environmental rounds. K038 Corrective Action for Deficient On March 28, 2012 the Smitha H Garden gate received a caster on the gate to allow for easy opening 2012 concrete was layed from the Harc Memorial Garden walk way	Practice (are Memorialle bottom con April) e main Smith	17 4,2010 4, 18
LABORATO	RY AIRECTOR'S ON PRO	VIDER/SUPPLIER REPRESENTATIVE'S SIG	NAYUR	E	for exit purposesse.	.r 11	MELM
V.	teren	P Sollar			Administration	<u> </u>	winert that

Any deliciency steament ending with an asterisk (*) denotes a delictency which the institution may be excused from correcting providing it is determined that other safeguards frovide 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. If conlinuation sheet Page 1 of 4

Event 10:000021



PRINTED: 03/23/2012 FORM APPROVED OMB NO. 0938-0391

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STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		OLE CONSTRUCTION OL MAIN BUILDING 01	(X3) DATE SUR COMPLETE	VEY O
		345472	8. WI			03/20/	2012
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	ROVIDER OR SUPPLIER YOOD NURSING AND	REYIREME		18	IO SOUTHWOOD DRIVE BOX 708		
\$001 nvi	AOOD MOKSING MIC				LINTON, NC 28328	ArioN .	NS)
(X4) IÒ PREFIX TAG	JEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREP TAG	}	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	KOPRIATE .	(X5) COMPLETION DATE
K 038	NFPA 101 LIFE SA	AFETY CODE STANDARD	K		Identify other issues having pot affect residents by the same pra All exits were assessed and found	ctice	
\$\$=D	Exil access is arrain accessible at all tin	nged so that exits are readily has in accordance with section in			accessible. Systemic Changes The administrator and maintenan will ensure exits are easily access accordance to life safety codes.	ce director	,
	Based on observa 4:30 PM the follow 1) In the Smitha H	are Memorial Garden there is			Quality Assurance The administrator and maintenan will monitor exit doors and gates environmental rounds. K045 Corrective Action for Deficient On April 3, 2012 a double light freecured above the door of the Sm	on weekly Practice	April 3,
	 2) The gate in the required more that is dragging on the gate to be opened 				Memorial Garden connected to the power. Identify other issues having polarfect residents by the same practically other emergency lights outside.	e emergency : iential to ictice	
K 045 SS=D	Illumination of mea discharge, is arran single lighting fixtu	are year of egress, including exilence of egress, including exilence of any larged so that failure of any large (bulb) will not leave the area does not refer to emergency ince with section 7.8.) 19.2.8		045	were inspected for compliance. Systemic Changes The administrator and maintenan will ensure emergency lights are working properly during weekly environmental rounds. Quality Assurance The administrator and maintenan will monitor emergency lights or environmental rounds.	affixed and	
	Based on observa 4;30 PM the follow 1) Additional illumi	inalion connected to is need in the Smitha Hare			K056 Corrective Action for Deficient By April 26, 2012 the sprinkler I the carport will be replaced by th system contractor. By April 11, source connected to the facility e power system will be ran to the s room and supplemental heat soun By April 26, 2012 the sprinklers	leads under e sprinkler 2012 a power mergency prinkler riser toe connected.	,

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COMPLETED STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE SURVEY	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				UIVID INO. C	
STREET ADDRESS, CITY, STATE, 2IP CODE 180 SOUTHWOOD DRIVE BOX 708	STATEMENT	r of deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	1				
STREET ADDRESS, CITY, STATE, 2P CODE 180 SOUTHWOOD DRIVE BOX 708 CLINTON, NC 28328 CLINTON, NC 28328 PROVIDERS PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PROVIDERS PLAN OF CORRECTION CONTROL OF THE APPROPRIATE DATE OF THE APPROPRIAT	,		345472				03/20	/2012
SUMMARY STANDARD is not met as evidenced by: Based on observation on between 12:30 PM and 4:30 PM the following was noted: This STANDARD is not met as evidenced by: Based on observation on the glass bulbs and are not maintained in good condition. 2 Pacility (bit of not have spare sprinkler heads under the carport have paint on the glass bulbs and are not maintained in good condition. EX 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 046 K 045 Continued From page 2 42 CFR 483.70(a) K 046 K 045 Continued From page 2 42 CFR 483.70(a) K 046 K 045 Continued From page 2 42 CFR 483.70(a) K 046 Continued From page 2 42 CFR 483.70(a) K 046 Continued From page 2 42 CFR 483.70(a) K 047 Continued From page 2 42 CFR 483.70(a) K 046 Continued From page 2 42 CFR 483.70(a) K 047 Continued From page 2 42 CFR 483.70(a) K 046 Continued From page 2 42 CFR 483.70(a) K 047 Continued From page 2 42 CFR 483.70(a) K 046 Continued From page 2 42 CFR 483.70(a) K 047 Continued From page 2 42 CFR 483.70(a) K 046 Continued From page 2 42 CFR 483.70(a) K 047 Continued From page 2 42 CFR 483.70(a) K 046 Continued From page 2 42 CFR 483.70(a) K 046 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From page 2 42 CFR 483.70(a) K 045 Continued From sad a minimum of three 155 degree sprinkler heads and a minimum of three 155 degree sprinkle	Į.			.)	11	30 SOUTHWOOD DRIVE BOX 708		
degree sprinkler heads and a minimum of three 155 degree sprinkler heads and a minimum of three 156 degree sprinkler heads and a minimum of three 156 degree sprinkler heads and a minimum of three 157 degree sprinkler heads and a minimum of three 157 degree sprinkler heads and a minimum of three 158 degree sprinkler heads and a wrench for replacement purposes. Identify of the risues having potential to affect residents by the same practice. All facility sprinkler heads were checked by the maintenance director and administrator. The supply of supplemental heat, sprinkler heads and a wrench or prejuted in accordance with NFPA 25, Standard for the inspection, Te supply of supplemental heat, sprinkler heads and wrench will remain the sprinkler riser room. Systemic Changes The administrator and maintenance director will monitor sprinkler heads for replacement. Quality Assurance The administrator and maintenance director will monitor sprinkler heads for replacement. Quality Assurance The administrator and maintenance director will monitor sprinkler heads and wrench will remain the sp	PREFIX	I (EACH DESIGISHE)	MIST BE PRECEDED BY FULL	PREF	ıx	PROVIDER'S PLAN OF CORREC (EACH CORRECYIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ROPRIATE	DAYE
and wrench in the sprinkler riser room. 3) Supplemental heat connected to emergency power was not provided for in the sprinkler riser room. 42 CFR 483.70(a) K 069 NFPA 101 LIFE SAFETY CODE STANDARD SS=D Cooking facililles are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96	К 045 К 056 SS=D	Conlinued From pay 42 CFR 483.70(a) NFPA 101 LIFE SA if there is an autom installed in accordate for the Installation provide complete com	AFETY CODE STANDARD Patic sprinkler system, it is since with NFPA 13, Standard of Sprinkler Systems, to overage for all portions of the em is properly maintained in FPA 25, Standard for the and Maintenance of Protection Systems. It is fully is a reliable, adequate water end with water flow and tamper are electrically connected to the system. 19.3.5 It is not met as evidenced by: Ition on between 12:30 PM and ing was noted: Pads under the carport have bulbs and are not maintained thave spare sprinkler heads sprinkler riser room. Real connected to emergency wided for in the sprinkler riser AFETY CODE STANDARD	K		contractor will supply a minimum degree sprinkler heads and a mini 155 degree sprinkler heads and a mini 155 degree sprinkler heads along wrench for replacement purposes. Identify other issues having potentially a supplementation of the same pray All facility sprinkler heads were by the maintenance director and administrator. The supply of supplemental heat, sprinkler heads wrench will remain in the spring room. Systemic Changes The administrator and maintenance director will ensure the supply of heads, wrench and supplemental heads, wrench and supplemental in supply are maintained in the spring room. On weekly environmental maintenance director will inspect heads for repairs or replacement. Quality Assurance The administrator and maintenance will monitor sprinkler riser room sprinkler head maintenance. K069 Corrective Action for Deficient On March 28, 2012 the kitchen envas serviced by an outside contratex haust fan motor was replaced for negative air pressure. Identify other issues having potenties of the facility were as of the facility were as	mum of three with a ential to ctice ee checked d eads and akler riser eating akler riser rounds the sprinkler supplies and Practice khaust fan ctor. The ixing the eential to actice essessed for	Morch 28, 2012

PRINTED: 03/23/2012 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 093<u>8-0391</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA SYATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. HUILDING 01 - MAIN BUILDING 01 B. WING 03/20/2012 345472 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 180 SOUTHWOOD DRIVE BOX 708 SOUTHWOOD NURSING AND RETIREME CLINTON, NC 28328 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE: SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Systemic Changes The administrator and maintenance director K 069 K 069 Continued From page 3 will ensure negative air pressure is not experienced in other locations of the facility. This STANDARD is not met as evidenced by: Quality Assurance Based on observation on between 12:30 PM and The administrator and maintenance director 4:30 PM the following was noted: will monitor the air pressure on weekly 1) Based upon observation at the time of the environmental rounds. survey the kitchen was experiencing a sever negative pressure. KX04 NFPA 96 (Standard for Ventilation Control and Corrective Action for Deficient Practice Fire Protection of Commercial Cooking On April 2, 2012 the smoke damper located in ટ્રેગર Operations 1998 Edition) the fire wall in the attic was repaired to close Section 5-3* Replacement Air. - "Replacement upon activation of the fire alarm system. air quantity shall be adequate to prevent negative Identify other issues baying potential to pressures in the commercial cooking area(s) affect residents by the same practice from exceeding 0.02 in. water column (4.98 kPa). All facility smoke dampers within fire walls of the attic were inspected and repaired if necessary. 42 CFR 483.70(a) K 104 Systemic Changes K 104 NFPA 101 LIFE SAFETY CODE STANDARD The maintenance director will ensure all SS=F facility smoke dampers located in the attic are Penetrations of smoke barriers by ducts are inspected on a monthly basis. protected in accordance with 8.3.6. Quality Assurance The maintenance director will inspect the smoke dampers located within the fire wall of the attic on a monthly basis. This STANDARD is not met as evidenced by: Based on observation on between 12:30 PM and 4:30 PM the following was noted: 1) The smoke dampers located in the smoke wall on T-Hall in the attic smoke wall did not close upon activation of the fire alarm system. 42 CFR 483.70(a)