STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345481	A. BUILDING _____ B. WING _____	07/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS NURSING & REHABILITATION CENTER	400 PELT DRIVE FAYETTEVILLE, NC 28301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).	F 000		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345481	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS NURSING & REHABILITATION CENTER	400 PELT DRIVE FAYETTEVILLE, NC 28301

SEP 04 2012

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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	Woodlands Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as written allegation of compliance. The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Woodlands Nursing and Rehabilitation Center. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/16/12 at approximately noon the following building construction was non-compliant, specific findings include; penetrations in the ceiling at the 100 hall nurses station.	K 012	K012 The penetration in the ceiling at the 100 hall nurses station was repaired. An audit of the ceiling throughout the facility was completed and any penetrations were repaired. The maintenance director or designee will conduct a monthly audit of the facility ceilings to identify and repair any penetrations.	9-4-12 9-4-12
K 014 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2	K 014		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Elizabeth England	Administrator	8-30-12

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DLW

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345481	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS NURSING & REHABILITATION CENTER	400 PELT DRIVE FAYETTEVILLE, NC 28301

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K 014	Continued From page 1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/16/12 at approximately noon the following corridor walls were non-compliant, specific findings include; penetrations in the corridor walls in the following areas: Between rooms 110 & 112, between rooms 108 & 106, near 100 hall dining.	K 014	Results of the audit will be reviewed at the Quality Assurance meeting monthly x 3 months, then quarterly x3 quarters. K014 The penetrations in the corridor Walls in the following areas: Between Rooms 110 & 112, between rooms 108 & 106, near 100 hall dining were repaired.	9-4-12
K 015 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2	K 015	An audit of all corridor walls was completed and any penetrations were repaired. The maintenance director or designee will conduct a monthly audit of the corridor walls to identify and repair any penetrations.	9-4-12
K 018 SS=D	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/16/12 at approximately noon the following interior wall was non-compliant, specific findings include; wall removed and under repair in the storage room next to room 207. 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 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only	K 018	Results of the audit will be reviewed at the Quality Assurance meeting monthly x 3 months, then quarterly x3 quarters. K015 The wall in the storage room next to room 207 was replaced and sealed.	9-7-12

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K 018	Continued From page 2 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 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	An audit of all storage rooms was completed to ensure all walls are intact. The maintenance director or designee will conduct a monthly audit of all storage rooms to ensure walls are intact and repairs are made timely. Results of the audit will be reviewed in the monthly Quality Assurance meeting x 3 months, then quarterly x 3 quarters.	9-7-12
	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/16/12 at approximately noon the following corridor doors were non-compliant, specific findings include; A. The door to storage room next to room 207 did not close and latch properly B. The door hardware to the new public restroom across from 100 hall dining room was missing.		K018 The door to the storage room next to room 207 was adjusted to latch properly. The door hardware to the new public restroom across from 100 hall dining was installed.	9-7-12 9-7-12
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by:	K 062	An audit was conducted on all doors in the facility to ensure they latch properly and have appropriate hardware. The maintenance director or designee will conduct a monthly audit of all facility doors to ensure proper latching and hardware.	9-7-12

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K 062	Continued From page 3 42 CFR 483.70(a) By observation on 8/16/12 at approximately noon the following automatic sprinkler system was non-compliant, specific findings include; A. The sprinkler escutcheon plate for the refrigerator was not fastened properly. B. There was storage within eighteen inches of the sprinkler head in the freezer.	K 062	Results of the audit will be reviewed in the monthly Quality Assurance meeting x 3 months, then quarterly x 3 quarters. K062 The sprinkler escutcheon plate for the refrigerator was fastened properly. the storage in the freezer was moved below eighteen inches of the sprinkler head. An audit of the escutcheon plates was completed on all sprinkler heads in the facility to ensure proper fastening. The maintenance director or designee will Conduct a monthly audit of the sprinkler escutcheon plates throughout the facility to ensure proper fastening. The maintenance director or designee will conduct a monthly audit of the freezer to ensure all products are stored below eighteen inches of the sprinkler head. Results of the audit will be reviewed in the monthly Quality Assurance meeting x 3 months, then quarterly x 3 quarters.	9-4-12 9-4-12