

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/05/2015
NAME OF PROVIDER OR SUPPLIER WARSAW HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 LANEFIELD ROAD WARSAW, NC 28398		
(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	F 000			
F 463 SS=E	<p>483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH</p> <p>The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to maintain functioning call bells for 7 of 29 call bells checked for active residents.</p> <p>Findings included:</p> <p>Resident #28 was admitted to the facility on 8/1/2013. The resident's cumulative diagnoses included Aphonia (defined by Webster dictionary as loss of voice and all but whispered speech).</p> <p>On 3/2/2015 at 10:30 AM, room of resident #28 was entered. The resident was observed seated in his wheelchair beside his bed. The resident's call light was observed lying atop the bed covers within reach of the resident. The call bell was turned on to check for function. Observation outside the resident's door revealed the light did not come on when the call bell was activated manually by this writer. No sounds were heard, no light came on outside the resident's door, and no call lights lit up on the call light board at the nursing station. When the resident</p>	F 463	<p>Submission of this response and Plan of Correction is not a legal admission that a deficiency was cited. It is not to be construed as an admission of interest against the facility, the Administrator, Director of Nursing or any employee, agent or other individuals who draft or may be discussed in this response of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged nor the correction of any conclusions set forth in this allegation by the survey agency. For the the deficiencies cited during this survey this facility has developed and implemented a facility wide system to assure correction and continued compliance with regulations.</p> <p>This facility will provide a complete copy of the deficiency list to the QAA Committee for review and appropriate actions. We would like you to accept this POC as our credible allegations of compliance.</p>	3/27/15	

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

TITLE

(X6) DATE

Electronically Signed

03/27/2015

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 463	<p>Continued From page 1</p> <p>was asked if facility staff knew his call bell was not working, the resident shook his head yes.</p> <p>On 3/3/2015, call bells were randomly checked at 10:45 AM on all resident units. Call bells were not functional when checked for the following occupied beds: 8A, 20A, 28A, 31A, 65A, 65B and 70A.</p> <p>An interview was conducted with the Maintenance Director on 3/4/2015 at 2:00 PM. He reported any staff member who found any problem with equipment was supposed to write it on the clipboard located on the back unit nursing station. He stated " I check the clipboard as soon as I come in every day and every time I walk past it, and I check it before I leave every day. We go the first of the month and do checks on random rooms for any issue including call bells. We don't have a system for just checking call bells randomly. The Maintenance Director also stated he learned of nonfunctioning call bells yesterday, and before that time, he had no reports or knowledge of any call bells that were not functioning. He also stated an electrician was on site today, and the issue was a wiring problem, which he stated was now fixed for all rooms affected.</p> <p>The facility Administrator was interviewed on 3/4/2015 at 3:00 PM. She stated the expectation was staff should report nonfunctioning call bells to maintenance immediately. The Administrator further stated all call bells were functioning as of 3/4/2015.</p>	F 463	<p>Credible Allegation of Compliance</p> <p>A. Corrective action has been accomplished for those residents found to have been affected as described in the following:</p> <p>1. Call lights 8A, 20A,28A,31A,65A,65B The call lights system was repaired by an outside contractor and all call lights are now working.</p> <p>B. The facility Administrator held an all staff inservice on March 26,27, 2015 reminding staff per Policy and Procedure that maintenance forms will be completed on all shifts if any call light is not working . For a communication tool, QA team will follow up follow- up on QA rounds.</p> <p>C. The Maintenance Director wil do preventive measures weekly on call lights starting the first week of each month 1A-17, week two of each month 20A-33B, week three of each month 51A- 68A, week four 68B-76B to ensure that this issue does not recur.</p> <p>D. The facility plans to monitor its performance to maintain compliance and preventive measures. Maintenance Director, DON and Administrator- all data collected will be reviewed in the weekly QA meeting to maintain compliance. Facility will be in substatial compliance by March 27,2015</p>		