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

PRINTED: 07/14/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG			E SURVEY PLETED		
		345000	B. WING				C 11/2015	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209				
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	The facility must promaintenance service sanitary, orderly, and This REQUIREMENT by: Based on observate facility failed to main of six halls. The find On 6/8/15 at 12:05 AM, tour of the 100 conducted. The whomas 106, 110, 40 506A, and 505 were dusty. The frames dried food particles On 6/8/15 at 12:09/201's wheelchair was dust the towel clothes ta front of the wheelch were wappearance. On 6/8/15 at 12:30/202's wheelchair reframe had a film of of the wheelchair. On 6/8/15 at 12:30/204's wheelchair reframe had a film of of the chair had a film of other chair had a film of o	exvices ovide housekeeping and ees necessary to maintain a and comfortable interior. NT is not met as evidenced ion and staff interviews, the ntain clean wheelchairs on five dings included: PM and on 6/9/15 at 10:10 , 400 and 500 halls was neelchairs of the residents in 3A, 403B, 406B, 502A, 502B, e observed to be dirty and were covered with dust and	F 2	Wheelchair Cleaning Po On 6/11/15 State surveyor wheelchairs that had dust particles on them. Survey that they were not being appropriately. Survey teasuggested implementing cleaning schedule. Wheeleaning cleaned prior to the entering the facility and colleaned throughout the was Corrective action put in primmediately affected by the practice: Wheelchairs that the survidentified as dirty were imcleaned by Housekeeping Housekeeping staff on 6/10 wheelchairs include: 100 Hall: 106A, 108A, 108A	ors observed, dirt, or for team concleaned malso a wheelchelchairs were survey to ontinued to reek. Ilace for the deficient of the deficient	ood ncluded nair ere eam o be ose nt and ese 110 211A 403B, 623,	6/11/15	

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

Electronically Signed

07/04/2015

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		345000	B. WING			C 11/2015	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE				STREET ADDRESS, CITY, STATE, ZIP CO 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 253	On 6/8/15 at 3:29P 401A's wheelchair particles over the from 6/8/15 at 3:30P 402A's wheelchair food particles cove wheelchair. On 6/8/15 at 4:09P 206's wheelchair reframe of the wheelchair and wheels was codirt particles. On 6/8/15 at 5:00P 211A's wheelchair and wheels was codirt particles. On 6/9/15 at 9:26A 211A's wheelchair and wheels was codirt particles. On 6/9/15 at 9:30A 402A's wheelchair food particles cove wheelchair. On 6/9/15 at 9:32A 201's wheelchair rewheelchair was dust the towel clothes ta front of the wheelch be attached were vappearance. On 6/9/15 at 9:35A	M, an observation of room revealed a film of dust and dirt rame of the chair. M, an observation of room revealed a film of dust, dirt and ring the frame of the M, an observation of room evealed a film of dust on the	F 2	affected by the same deficier A room roster was printed off wheelchairs in the entire facicleaned by Housekeeping Di Housekeeping Staff and Adm 6/10/15-6/11/15. These wheelinclude: 101, 102, 103, 104, 105A, 1017, 108A, 108B, 109A, 109112, 114, 201, 202, 203, 204, 208, 209B, 210B, 211A, 211B, 302, 303, 304, 305, 306, 307, 311A, 312B, 314, 401A, 401B, 406A, 406B, 407B, 408B, 40, 410A, 410B, 411B, 412A, 415, 501B, 502A, 502B, 503A, 50, 505B, 506A, 506B, 507A, 50, 509A, 510A, 510B, 512A, 51, 514B, 516, 601, 602, 603, 60, 607, 610, 611, 614, 615, 616, 619, 620, 621, 622, 623, 624 Measures put in place or systemages made to ensure the practice will not occur: A wheelchair cleaning sched implemented on 6/11/2015. are cleaned on a regular sch not limited to the following performed to the following	f and all lity were irector, ninistrator on elchairs 06A, 106B, B, 110, 111, 205, 206, B, 212A, 214, 7, 308, 310B, B, 402A, 5A, 405B, 9A, 409B, 2B, 501A, 4B, 505A, 7B, 508A, 2B, 514A, 04, 605, 606, 617, 618, 625. Stemic edeficient ule was Wheelchairs edule by, but ersonnel: keepers dd Assistant I by g staff, ntenance staff		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345000	B. WING				1/2015
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE				40	TREET ADDRESS, CITY, STATE, ZIP CODE 01 LAMBERT ROAD P O BOX 708 ISCOE, NC 27209	1 007	11/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPED DEFICIENCY)) BE	(X5) COMPLETION DATE
F 253	of the chair had a fi food particles. On 6/9/15 at 9:40Al 202's wheelchair re frame had a film of of the wheelchair. On 6/9/15 at 9:43Al 401A's wheelchair in particles over the from 6/9/15 at 9:46Al 401B's wheelchair was dust the frame/ wheels of the wheelchair was dust the frame of the wheelchair reframe of the wheelchair in had a film of dust, of covering the frame. On 6/9/15 at 10:22/108B's wheelchair in had a film of dust, of covering the frame. On 6/9/15 at 10:40/109B's wheelchair in and dirty with food in the wheelchair. On 06/10/2015 at 3 supervisor stated in repair requisition for cleaning and staff wash area for clear used to have a rout.	Im of dust, dirt and multiple M, an observation of room vealed that the wheelchair dust/ dirty areas on the frame M, an observation of room revealed a film of dust and dirt ame of the chair. M, an observation of room revealed the frame of the rety and had food particles on of the chair. M, an observation of room revealed a film of dust on the	F 2	253	reporting dirty wheelchairs. Facility plans to monitor its perform to ensure solutions are sustained: 1. Housekeeping Director, Mainto Director or Administrator will inspesign off on the wheelchair schedule ensure all wheelchairs for that week been cleaned. Cleaning schedule initiated on 6/11/15. This will be coindefinitely. 2. Weekly audit will be turned into Administrator after Housekeeping Director, Maintenance Director or Administrator has completed inspective indefinitely. 3. Administrator or Director of Nowill complete a weekly audit for a rand then every month for 3 months. 4. Audits and POC will be review Quality Assurance Committee. An of continued concern will be broug to the QA committee by the Admin for further action plan. Dates corrective action will be come 6/11/2015	enance ct and e to ek have was mpleted ction. ection. ersing month s. ed by y area ht back istrator	

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F 253	schedule about three there was a lot of e housekeeping. At thousekeeping. At thousekeeping is to clean the wheeld out of the chair on thousekeeping super the second shift hoo is the second of what were cleaned. On 6/10/2015 at 4:0 requisitions from Ja 2015 were reviewed had been submitted. On 6/10/15 at 4:09f conducted with the interpretation in the state of the wheeld 100 hall-room 106 200 hall-room 201, 400 hall-room 201, 400 hall-401A, 4014 409A 500 hall-502A, 502 600 hall-601,603, 600 no 106/10/2015 at 4 stated he worked 3 sometimes he clear the wheelchair was there was not a school the wheelchairs. On 06/10/2015 at 4 stated she had worked s	be to four months ago because of the time, the two second shift opp-11:00PM) were supposed thairs after the resident was the evening shift and he (the ervisor) would clean the ones usekeepers did not clean. Supervisor stated he did not then and what wheelchairs OOPM, the maintenance anuary 2015 through June d and revealed three requests d for wheelchair cleaning. PM, a tour of the facility was housekeeping supervisor. Ichairs were noted to have enticles and/or dirt on the chair: 108A, 108B, 109B, 110 202,204,206,211A B, 402A, 403A, 403B, 406B,	F 2	53			

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F 253	stated there was not of the wheelchairs. supervisor informed needed to be clean there had never betwheelchair cleaning wheelchairs were completed there was a maintenance audit (no set date) once a 2015 indicated the washed and the wholeaned. The audit and there was no dwheelchairs had be staff #1 stated if the the audit sheet, it diwasn't cleaned. He the wheelchair was by the maintenance	of a schedule for the cleaning. She stated the housekeeping of them of the wheelchairs that ed. Housekeeper #2 stated en a schedule for routine grand most of the time, the leaned on first shift. PM, Administrative staff #1 wheelchair/gerichair done monthly by maintenance a month. The audit for April wheelchair in room 102 was eelchair in room 312A was for May 2015 was reviewed ocumentation that any en washed. Administrative ere was not a check mark on id not mean the wheelchair e stated it could indicate that clean when it was observed e staff. Administrative staff #1 system in place but a better	F 25	53			