

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345416	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2015
NAME OF PROVIDER OR SUPPLIER BERMUDA VILLAGE RETIREMENT CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 142 BERMUDA VILLAGE DRIVE BERMUDA RUN, NC 27006		
(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 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to repair 2 of 2 dining room doors, 2 of 2 recreation room doors and 2 of 2 doors between the dining room and the recreation room with broken laminate and chipped wood at the bottom of the doors and failed to maintain wallpaper that was in good condition. Wallpaper was peeling, torn and had pulled away from the wall in 2 of 3 halls in the Health Center.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Broken laminate and chipped wood at the bottom of the doors in dining room: Observations on 08/20/15 at 11:53 AM and 12:31 PM and on 08/21/15 at 3:48 PM revealed double doors to the residents' main dining room. The doors had broken laminate and chipped wood at the bottom of the doors next to the metal kick plates. There were rough edges at the hinge side below the door handle down to the floor level. Broken laminate and chipped wood at the bottom of the doors in recreation room: Observations on 08/20/15 at 11:53 AM and 12:31 PM and on 08/21/15 at 3:48 PM revealed double doors to the residents' recreation dining room. The doors had broken laminate and chipped wood at the bottom of the doors next to the metal 	F 253	<ol style="list-style-type: none"> Repairs completed on interior doors from hallway to dining room, from hallway to recreation room and the doors between dining and recreation rooms. Broken laminate and chipped wood were sanded down, smoothed out over rough edges on all double doors. Plastic guards put on all repaired surfaces. The strips completely cover the edges of the doors allowing traffic in and out of rooms to eliminate potential knicks and splintering. <p>Housekeeping and Nursing personel will report to the Maintenance Department any areas of concern observed. The Maintenance record keeper generates a work order for dispatch of maintenance employees to repair said concerns.</p> <p>The Maintenance Director assures a weekly walkthrough where doors, lighting and safety concerns are addressed. Logs are maintained by the Maintenance Department. Continuing efforts in observation and repair to maintain a desired appearance will be integrated into the QA system and presented quarterly.</p> <ol style="list-style-type: none"> The peeling and torn wallpaper was resealed, reglued and repaired. 	9/1/15	

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

TITLE

(X6) DATE

Electronically Signed

09/10/2015

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 253	<p>Continued From page 1</p> <p>kick plates. There were rough edges at the hinge side below the door handle down to the floor level.</p> <p>3. Double doors between dining room and recreation room: Observation on 08/20/15 at 12:31 PM and 2:33 PM and on 08/21/15 at 3:48 PM revealed the double doors between the dining room and recreation room had broken laminate at the bottom of the edges.</p> <p>4. Peeling and torn wallpaper in Health Center: Observations on 08/20/15 at 12:31 PM and 2:33 PM and on 08/21/15 at 3:48 PM revealed peeling and torn wallpaper pulled away from the wall in the Health Center.</p> <p>Interview on 08/21/15 at 4:35 PM with the maintenance secretary revealed a review of the maintenance notebook and no requests were identified for repairs of broken laminate on the double doors in dining room and double doors in recreation room and peeled and torn wallpaper in the Health Center.</p> <p>On 08/21/15 at 4:46 PM a telephone interview was conducted with the Maintenance Director. He stated maintenance issues were reported by staff. During the interview, he acknowledge the identified concerns related to the repairs. He stated there was no written plan for repairs of the doors and peeled torn wallpaper.</p> <p>On 08/21/15 at 5:02 PM an observation and walk through of the facility was conducted with the Director of Nursing (DON). The DON indicated all of the repairs observed during the walk through</p>	F 253	<p>Housekeeping and nursing personel will report similar observations in Health Center to Maintenance Department of reoccurrence. The maintenance secretary generates a work order and repairs are made. Ongoing observation made directly by Maintenance Department in their weekly walk through.</p> <p>Deficient practice of poor repair and any efforts to improve the environment to make the facility more homelike will be an ongoing discussion and integrated into the quarterly assurance system.</p>		

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

PRINTED: 09/11/2015
FORM APPROVED
OMB NO. 0938-0391

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F 253	Continued From page 2 needed to be repaired or replaced. The DON stated staff were encouraged to fill out maintenance requests when they identified things that needed to be repaired. She further stated the expectation was for the maintenance director to do regular rounds and repair any doors or wallpaper damage. Additionally, she added she desired for the appearance of the rooms and the facility to look homelike.	F 253		