STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345150	A. BUILDING _____ B. WING _____	C 02/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENANSVILLE HEALTH & REHABILITATION CENTER	209 BEASLEY STREET KENANSVILLE, NC 28349

(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 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and	F 584		3/9/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/22/2018

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F 584	Continued From page 1 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to address a foul urine odor on 1 of 3 halls observed. The Findings Included: During an observation on 02/05/18 at 6:05 p.m., a strong urine odor was present on the 200 Hall near Rooms 211 and 212. An observation of the bathroom between Rooms 211 and 212 on 02/05/18 at 6:30 p.m. revealed a foul urine odor. During an interview with the Housekeeping Manager (HM) on 02/08/18 at 9:50 a.m., the HM stated residents' rooms and bathrooms are cleaned daily and included mopping the floors. The HM stated she was aware of the strong urine odor in the bathroom between Rooms 211 and 212 and stated she had been unable to remove the urine odor. The HM stated she thought the odor was coming from the tiles in the bathroom floor and stated she had made the Administrator aware of the strong urine odor on many occasions. The HM stated the Administrator told her he would consider changing the tiles in the bathroom. During an interview with the Administrator on 02/08/18 at 10:35 a.m., the Administrator stated the bathroom between Rooms 211 and 212 did not have a tile floor but a vinyl floor which could not be taken up. The Administrator stated they had an issue with a resident in Room 211	F 584	1. On February 4, 2018, around 1:30 PM, the restroom shared by room 211 and 212 was flooded by a stopped up commode. This commode is shared by six dually certified beds. When it was recognized, the Maintenance Director unstopped the commode and dried out the area by removing the water. He then mopped the area using our disinfectant solution mop water. Maintenance finalized clean up by spraying the bathroom floor with Destroy, an enzymatic cleaner as he said, it would prevent an odor from reoccurring. The bathroom was not reviewed again further until Monday, when housekeeping operations entered the bathroom for daily cleaning. Housekeeping operations did not report there was a lingering odor issue that needed to be addressed. 2. For the identified bathroom, the toilet will be removed to inspect the plumbing flange and wax seal, and /or repair as needed. Existing flooring and cove base will be removed to inspect and clean subfloor as needed. Walls to be inspected and repaired as needed. New flooring, new cove base to be installed. Toilet to be reinstalled with a new wax ring and caulking placed around base of toilet to seal to new flooring. Walls will be repainted. 3. On February 5, 2018, Administrator	

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F 584	Continued From page 2 urinating all over the room and it was his expectation nursing staff place residents like this on a toileting program. An observation of the bathroom between Rooms 211 and 212 on 02/08/18 at 10:50 a.m. revealed the bathroom floor had just been mopped and the urine odor remained. During an interview with a housekeeper (HK) on 02/08/18 at 10:51 a.m., the HK stated the urine odor returned after the mopped floor had dried. During an interview with the Maintenance Supervisor (MS) on 02/08/18 at 11:28 a.m., the MS stated had noticed a strong urine odor in the bathroom between Rooms 211 and 212 when he had been weekend manager on duty recently. The MS stated the urine odor was caused by some of the male residents in Rooms 211 and 212 who had a hard time finding the toilet when they urinated. The MS stated he had attempted to use enzymatic chemicals on the floor in the bathroom to try to eliminate the urine odor in the bathroom. During an interview with the Administrator on 02/09/18 at 1:15 p.m., the Administrator stated it was his expectation of staff to communicate and address lingering odors in the facility.	F 584	inspected all resident rooms and bathrooms for the presence of lingering odors. No other room or bathroom was identified. 4. Facility staff will be reeducated to notify housekeeping of any odors encountered during their rounds or daily duties. Housekeeping will be reeducated to notify Administrator of any odors that cannot be eliminated through general housekeeping cleaning and disinfecting for further intervention and corrective action. Resident Ambassadors will be reeducated to immediately report any odors found during their daily rounds to Housekeeping who will address timely. Housekeeping will follow daily bathroom cleaning procedures and report any bathroom with lingering odors that cannot be removed through general housekeeping cleaning and disinfecting. Any rooms identified with lingering odors that cannot be removed will be reported to Administrator for further intervention and corrective action. 5. Administrator or designee to inspect four random resident bathrooms and identified bathroom once per day, five days per week for two weeks. Thereafter Administrator will inspect two random resident bathrooms and identified bathroom once a day, five times per week for four weeks. Any odors will be immediately corrected via housekeeping and re-inspected to ensure compliance. Administrator is responsible for implementing this plan of correction. Any	

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F 584	Continued From page 3	F 584	rooms identified with lingering odors that cannot be removed will be reported to Administrator for further intervention and corrective action. Administrator will review findings in monthly Quality Assurance Performance Improvement meeting for two months and make necessary changes to ensure compliance with F584. Date of Compliance: March 9, 2018	