

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

PRINTED: 04/17/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345458	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/25/2018
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NAME OF PROVIDER OR SUPPLIER TREYBURN REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2059 TORREDGE ROAD DURHAM, NC 27712
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F 584 SS=B	<p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§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.</p> <p>The facility must provide-</p> <p>§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.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§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</p>	F 584		3/19/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/13/2018
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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 584	<p>Continued From page 1</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident, family and staff interviews it was determined that the facility failed to eliminate strong urine odors on the 200 and 400 hall as evidenced by:</p> <p>Findings included:</p> <p>Interview with a resident on the 500 hall at 3:42 PM revealed that there is an odor on the hall when people are being changed otherwise its ok.</p> <p>2/25/18 Interview with an alert and oriented resident at 4:03 PM revealed that it smelled terrible all the time especially going up towards the nurse's desk. Interview with the family member of a resident on the 400 hall at 4:05 PM revealed that it smelled like urine as soon as she turned the corner from the nurses' desk. She stated she visited her Dad at the facility a few times a week.</p> <p>2/25/18 Observation at 4:08 PM revealed a large stain on the carpet at the entrance to the 400 hall and a strong odor of urine around room 405 and at the nurses' station. Observation at 4:09 revealed an immediate odor of urine upon entrance to the 200 Hall.</p> <p>Interview with a family member on 2/25/18 at 4:10 revealed that it smelled like urine when you entered the hallway daily. She stated the mattress on the other bed (vacant no sheets) in her mothers' room smelled like urine. She stated that she sprayed the mattress more than once and the smell still comes back. She stated that she told one of the nursing assistants and they</p>	F 584	<p>F584</p> <p>Preparation and execution of this plan of correction does not constitute admission or agreement of the facts alleged or conclusion set forth in this statement of deficiencies.</p> <p>The plan of correction is prepared and / or executed solely because it is required by both Federal and State laws.</p> <p>The carpets were cleaned on the 200 and the 400 halls on 2/26/18 to eliminate the odors. Also, all rooms were on the 200 and 400 halls were deep cleaned and the personal laundry was washed on 2/26/18 to 3/2/18 . Root cause was determined to be lack of a routine carpet cleaning schedule and malfunction of the carpet cleaning machine. Carpets are now on a routine cleaning schedule and access to renting a machine has been established in the event the current machine malfunctions.</p> <p>The Administrator, along with the maintenance and housekeeping directors, completed environmental rounds on 3/5/18 to determine if there any other odor issues and developed a plan for elimination, if an issue was identified.</p> <p>The nursing staff was in-serviced by the Director of Nursing (DON)</p>		

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F 584	<p>Continued From page 2</p> <p>were supposed to wipe it down.</p> <p>Interview with an alert and oriented resident on the 200 hall at 4:13 PM on 2/25/18 revealed there is sometimes a bad odor on the hall when you first enter every now and then.</p> <p>Observation on 2/25/18 at 4:25 PM at the nurses' station between the 200 and 400 hall revealed an odor of air freshener and urine odor.</p> <p>During interview with a staff member on 2/25/18 at 4:25 PM she reported that the odor was there all the time on weekends.</p> <p>Observation of 400 hall on 2/25/18 at 4:28 PM revealed a smell of urine.</p> <p>Observation of strong urine odor upon entry to 200 hall around room 202 at 5:16 PM.</p> <p>Interview with the Director of Nurses (DON) at 5:17 PM on 2/25/18 revealed that she thought the odor on the hall was a smell of urine. She stated that the carpets were being cleaned in the 200 and 400 hall on Monday, February 26, 2018.</p> <p>Review of an email received by facility staff 2/22/18 revealed that the facility scheduled carpet cleaning for 2/25/18.</p> <p>Observation on the 400 Hall at 5:40 PM, 2/25/18 revealed a bad odor upon entry thru the hallway doors.</p> <p>During interview with a family member on the 500 Hall at 5:45 PM on 2/25/18 the family member stated the odor meets you when the laundry cart is in the hallway. This typically happens after lunch at 1:15 PM.</p>	F 584	<p>3/12/18-3/19/18 regarding reporting odors, proper disposal of soiled linens and briefs, emptying trash cans, bagging soiled linens and briefs, spraying after incontinence care if needed, and not leaving trash or soiled linen in the residents' rooms.</p> <p>A maintenance log is kept at each nurses' station to report environmental issues and for the Maintenance department to sign off at completion. Routine rounds will be conducted by the Administrator and/or designee with the Maintenance and Housekeeping Departments to identify and address any ongoing environmental concerns.</p> <p>The Administrator and/or designee with the Maintenance and Housekeeping Departments will conduct environmental rounds weekly for four weeks and then at least monthly for two additional months</p>		

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