AND PLAN OF CORRECTION IDENTIFICATIO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED C 08/15/2018	
		345468					
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY	•		
				121 RACINE DRIVE	, OTATE, ZIL OODE		
LIBERTY COMMONS REHABILITATION CENTER				WILMINGTON, NC 28403			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH COF	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 921 SS=D	Safe/Functional/Sa CFR(s): 483.90(i)	nitary/Comfortable Environ	FS	21		9/4/18	
	 §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to remove black greenish substance from tile grout and caulking around toilets on 1 of 4 skilled nursing halls (10 bathrooms). 			deep cleaned in those bathroom	nrooms on 200 Hall were ncluding and all areas in is were re-caulked where		
	12:00 PM in Reside that caulking at the	ed: s conducted on 08/12/18 at ent #3's restroom revealing base of the toilet was black ared rotted with missing		discolored. Hou re-educated reg following cleaning p All resident bath throughout the f as needed and Resident bathro	n to break down or was usekeeping staff garding the importance of ng procedure and procedure and schedule. nrooms were inspected facility and deep-cleaned re-caulked as needed. pooms will be audited for		
	room #204's bathro The bathroom locat strong musty smell, of the toilet was dar entire base of the to on 08/13/18 at 10:0 PM in 10 of 15 resid	s conducted in the Resident om on 08/12/18 at 12:00 PM. ed on the 200 hall revealed a and the caulking at the base k black greenish around the bilet. Additional observations 0 AM and 08/13/18 at 4:40 dent bathrooms on the 200 g odors and toilets with black round their toilets.		weekly x 4 weel and monthly x 1 reported at Mon Meetings for the September and results will be for reported on the resolved. The administrat	appropriate caulking ks, bi-weekly x 4 weeks I month. Results will be athly QA Committee e months of August, October, 2018. Negative ocus for follow up and following month until for is responsible for ne acceptable plan of		
	9:25 AM. He stated the 200 hall needed toilets re-caulked.	onducted with the rices Director on 08/13/18 at d the toilets and bathrooms on d to be deep cleaned and the He stated the residents' 00 hall should have been					

09/05/2018

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.

Electronically Signed

	-	ID HUMAN SERVICES MEDICAID SERVICES				PRINTED: 09/19/2 FORM APPRO OMB NO. 0938-0	VED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		-	(X3) DATE SURVEY COMPLETED		
		345468	B. WING			C 08/15/2018		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, S	TATE, ZIP CODE	00,10,2010		
LIBERTY COMMONS REHABILITATION CENTER				121 RACINE DRIVE WILMINGTON, NC 28403				
			ID		S PLAN OF CORRECTION	(X5)		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRE	ECTIVE ACTION SHOULD BI ENCED TO THE APPROPRIA DEFICIENCY)	COMPLET		
F 921	921 Continued From page 1 cleaned daily, and deep cleaned monthly, and they had not been.		F 9	21				
	An interview was conducted with the Director of Nursing (DON) on 08/13/18 at 10:10 AM. She							
	204, and 209. She ex	t bathrooms in rooms 202, xpected the resident) hall to be clean and odor						
		grout around the base of all						
	Administrator on 08/1 it was his expectation on the 200 hall would	ducted with the facility 3/18 at 4:40 PM. He stated that the resident bathrooms be cleaned daily, caulking needed, and deep cleaned						
	monthly.							

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 943308

If continuation sheet Page 2 of 2