

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

PRINTED: 07/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/02/2019
NAME OF PROVIDER OR SUPPLIER BERMUDA COMMONS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 316 NC HIGHWAY 801 SOUTH ADVANCE, 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 000	INITIAL COMMENTS	F 000		
F 584 SS=E	<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- §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>	F 584		7/24/19

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

TITLE

(X6) DATE

Electronically Signed

07/24/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2019
NAME OF PROVIDER OR SUPPLIER BERMUDA COMMONS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 316 NC HIGHWAY 801 SOUTH ADVANCE, 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 584	<p>Continued From page 1</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> <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 observations and staff interviews the facility failed to repair metal strips at the thresholds of resident doorways that were bent with sharp edges or loose for 3 resident rooms (#400, #505 and #507) on 2 of 6 resident hallways and failed to repair a door protector that was torn and bent outward with sharp edges on 1 of 2 shower doors on the 300 hall (shower door #1). The facility also failed to repair caulk around the base of toilets in 3 resident bathrooms (#201, #203 and #314) on 2 of 6 resident hallways.</p> <p>Findings included:</p> <p>1. a. Observations on 07/01/19 at 8:43 AM in front of resident room #400 revealed a metal strip on the floor across the threshold of the doorway. The observations further revealed the left side of the metal strip was bent upward with sharp edges to the touch.</p> <p>Observations on 07/01/19 at 12.:03 PM in front of resident room #400 revealed a metal strip was on the floor across the threshold of the doorway. The observations further revealed the left side of the metal strip was bent upward with sharp edges to the touch.</p>	F 584	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>1. On July 7, 2019 the thresholds for rooms 400, 404, 505 & 507 were repaired by Maintenance Director. On July 2, 2019 the door protector on shower room door #1 was trimmed by Maintenance Director to remove sharp edge. On July 17 & 18, 2019 the caulking around toilet in rooms 201/203 and 314 was repaired by Maintenance Director.</p> <p>2. On July 3, 2019 Maintenance Director & Environmental Services Director audited all resident rooms to identify</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2019
NAME OF PROVIDER OR SUPPLIER BERMUDA COMMONS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 316 NC HIGHWAY 801 SOUTH ADVANCE, 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 584	Continued From page 2 Observations on 07/02/19 at 10:03 AM in front of resident room #400 revealed a metal strip was on the floor across the threshold of the doorway. The observations further revealed the left side of the metal strip was bent upward with sharp edges to the touch. b. Observations on 07/01/19 at 8:47 AM in front of resident room #505 revealed a metal strip was on the floor across the threshold of the doorway. The observations further revealed the left side of the metal strip was bent upward with sharp edges to the touch. Observations on 07/01/19 at 12:38 PM in front of resident room #505 revealed a metal strip was on the floor across the threshold of the doorway. The observations further revealed the left side of the metal strip was bent upward with sharp edges to the touch. Observations on 07/02/19 at 10:13 AM in front of resident room #505 revealed a metal strip was on the floor across the threshold of the doorway. The observations further revealed the left side of the metal strip was bent upward with sharp edges to the touch. c. Observations on 07/01/19 at 12:24 PM in front of resident room #507 revealed a metal strip was on the floor across the threshold of the doorway. The observations further revealed the metal threshold strip was not attached to floor and sprang up from the floor when stepped on. Observations on 07/01/19 at 2.:03 PM in front of resident room #507 revealed a metal strip was on the floor across the threshold of the doorway.	F 584	thresholds in need of repair and three thresholds found were repaired by Maintenance Director. On July 22, 2019 all shower room doors were audited by the Maintenance Director and Environmental Services Director to identify shower room door protectors in need of repair. No other shower room door protectors were found to be in need of repair. On July 9 ,2019 the Maintenance Director & Environmental Services Director audited all resident bathroom toilets to identify caulking to be replaced and/or repaired. Multiple bathrooms were found to be in need of repair or replacement of caulking around toilet. On July 24, 2019 a schedule was put into place by Administrator & Environmental Services Director to continue repairing and replacing caulk around the toilets on each hall over the next 3 months (10/24/19). 3. On July 17, 2019 Environmental Services Director re-educated Maintenance Director to assure thresholds, door protectors and caulking around toilets should remain in good repair. Environmental Services Director and/or Administrator will audit door thresholds, shower room door protectors and caulking around toilets on completed halls in resident bathrooms at random 4 x weekly x 4 weeks then 3 x monthly x 1 month then 1 x monthly x 1 month. 4. Maintenance Director will present findings of audits for review and to		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2019
NAME OF PROVIDER OR SUPPLIER BERMUDA COMMONS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 316 NC HIGHWAY 801 SOUTH ADVANCE, 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 584	<p>Continued From page 3</p> <p>The observations further revealed the metal threshold strip was not attached to floor and sprang up from the floor when stepped on.</p> <p>Observations on 07/02/19 at 10:05 AM in front of resident room #507 revealed a metal strip was on the floor across the threshold of the doorway. The observations further revealed the metal threshold strip was not attached to floor and sprang up from the floor when stepped on.</p> <p>2. a. Observations on 07/01/19 at 12:18 PM revealed shower room #1 on the 300 hall had a door protector that was torn under the door handle and was sticking outward with sharp edges to the touch.</p> <p>Observations on 07/01/19 at 2:18 PM revealed shower room #1 on the 300 hall had a door protector that was torn under the door handle and was sticking outward with sharp edges to the touch.</p> <p>Observations on 07/02/19 at 9:18 AM revealed shower room #1 on the 300 hall had a door protector that was torn under the door handle and was sticking outward with sharp edges to the touch.</p> <p>3. a. Observations on 07/01/19 at 8:12 AM in the bathroom of resident room #201 revealed dark brown stains around the base of the toilet and the room had a stale urine odor.</p> <p>Observations on 07/01/19 at 12:35 PM in the bathroom of resident room #201 revealed dark brown stains around the base of the toilet and the room had a stale urine odor.</p>	F 584	<p>address ongoing concerns to QA committee monthly x 3 months and ongoing as needed. Administrator is responsible for implementing and ensuring this plan of correction.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2019
NAME OF PROVIDER OR SUPPLIER BERMUDA COMMONS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 316 NC HIGHWAY 801 SOUTH ADVANCE, 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 584	<p>Continued From page 4</p> <p>Observation on 07/02/19 at 8:32 AM in the bathroom of resident room #201 revealed dark brown stains around the base of the toilet and the room had a stale urine odor.</p> <p>b. Observation on 07/01/19 at 8:15 AM in the bathroom of resident room #203 revealed dark brown stains around the base of the toilet.</p> <p>Observation on 07/01/19 at 12:41 PM in the bathroom of resident room #203 revealed dark brown stains around the base of the toilet.</p> <p>Observation on 07/02/19 at 8:40 AM in the bathroom of resident room #201 revealed dark brown stains around the base of the toilet.</p> <p>c. Observation on 07/01/19 at 11:39 AM in the bathroom of resident room #314 revealed dark brown stains around base of toilet and the room had a stale, musty odor.</p> <p>Observation on 07/01/19 at 2:39 PM in the bathroom of resident room #314 revealed dark brown stains around base of toilet and the room had a stale, musty odor.</p> <p>Observation on 07/02/19 at 8:49 AM in the bathroom of resident room #314 revealed dark brown stains around base of toilet and the room had a stale, musty odor.</p> <p>Interviews and an environment tour was conducted on 07/02/19 at 11:50 AM with the Environmental Services (EVS) Director and the facility Maintenance Director. The EVS Director explained he was responsible for overall maintenance in 3 facilities. He confirmed the facility had a work order system and staff were</p>	F 584			

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

PRINTED: 07/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2019
NAME OF PROVIDER OR SUPPLIER BERMUDA COMMONS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 316 NC HIGHWAY 801 SOUTH ADVANCE, 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 584	<p>Continued From page 5</p> <p>supposed to fill out a form when repairs needed to be made. He stated most of the time staff just stopped the Maintenance Director in the hallway to report repairs but he encouraged them to write it down so they would not forget. The EVS Director confirmed the metal thresholds in the doorways of resident room #400 and #505 needed to be replaced. He explained the screws had pulled out of the threshold in the doorway of resident room #507 and it should have been reported. He stated he kept plenty of the metal thresholds in stock and it was his expectations for all staff to report when the thresholds were loose or damaged, so he could replace them. He explained the door protector on shower room #1 on the 300 hall had been damaged and it should have been reported and repaired. He stated he also kept door protectors in stock and replaced them as needed. The EVS Director and facility Maintenance Director both confirmed the caulk around the base of the toilets in resident bathrooms #201 and #203 needed to be re-caulked. He stated it was his expectation for housekeeping to report to the maintenance staff when caulk was stained or needed to be replaced. He confirmed the caulk also needed to be replaced and the bathroom floor needed to be stripped and cleaned in resident bathroom #314.</p> <p>An interview on 07/02/19 at 12:11 PM with the Administrator revealed she was new to the facility but it was her expectation for staff to utilize the work order system and she expected for staff to report repairs that needed to be made. She further stated she expected for staff to report anything they saw that needed repair.</p>	F 584			