<table>
<thead>
<tr>
<th>Statement of Deficiencies and Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>(11) Provider/Supplier/Clinic Identification Number: 346185</td>
</tr>
<tr>
<td>(12) Multiple Construction</td>
</tr>
<tr>
<td>A. Building</td>
</tr>
<tr>
<td>B. Wing</td>
</tr>
<tr>
<td>(13) Date Survey Completed: 05/17/2012</td>
</tr>
</tbody>
</table>

**Name of Provider or Supplier:** Premier Living and Rehab Center

**Street Address, City, State, Zip Code:**
105 Cameron Street, LAKE WACCAMAW, NC 28450

<table>
<thead>
<tr>
<th>(4) ID Prefix Tag</th>
<th>(5) Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LSC identifying information)</th>
<th>(6) ID Prefix Tag</th>
<th>(7) Provider's Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency)</th>
<th>(8) Signature and Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 253 SS=D 483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</td>
<td>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to ensure that resident 1's personal care equipment was labeled and properly stored for 2 of 4 halls observed (Rooms 109/111, 110/112, 201/203, 202/204, 206/208 and 211). The findings include: 1. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: &quot;1. This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: washbasin. Guidelines: 2. Admitting CNA (Certified Nursing Assistant) will mark each with the resident's name. 3. These are stored in the resident's bedside stand.&quot; On 05/15/12 at 11:14 AM an observation of the bathroom shared by 2 residents in rooms 109 and 111 revealed an unlabeled wash basin stored on the back of the commode. On 05/17/12 at 11:30 AM an unlabeled wash basin was observed on the back of the commode shared by the 2 residents in rooms 109 and 111. Nursing Assistant #1 stated in an interview on 05/17/12 at 11:35 AM that wash basins should be</td>
<td>F 253</td>
<td>DISCLAIMER: Submission of this response and Plan of Correction is not to be construed as an admission against interest by the facility, the Administrator or any employee, agent or other individuals who draft or may be discussed the response and Plan of Correction. In addition, preparation and submission of these Plans of correction does not constitute an admission or agreement of any kind by the facility of any conclusions set for the in this allegation. The submission of this time frame should in no way be considered or construed as agreement with the allegations of noncompliance or admissions by the facility. All areas identified: 109/111, 110/112, 201/203, 202/204, 206/208, and 211 have been corrected by labeling bedpans and basins and placing personal items in plastic bags and stored in individual resident nightstands. All other areas with the potential to be affected by the same practice were reviewed to ensure compliance. No other deficiencies were noted.</td>
<td>Administrator 5-29-12</td>
</tr>
</tbody>
</table>

**Laboratory Director's of Provider/Supplier Representative's Signature:**

**Form CMS-2567(02-99) Previous Versions Obsolete**
Event ID: 06PN11
Facility ID: 923915
If continuation sheet Page 1 of 8
<table>
<thead>
<tr>
<th>ID</th>
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<th>TAG</th>
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<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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</table>
| F253 |         |     | Continued From page 1 labeled and placed in a plastic bag and stored in the resident’s bedside table. Nursing Assistant (NA) #2 stated in an interview on 05/17/12 at 11:40 AM that wash basins were supposed to be labeled and put in a plastic bag and stored on the top shelf of the resident’s bedside table. The NA stated that they were not supposed to be left in the bathroom. The Director of Nursing (DON) stated in an interview on 05/17/12 at 11:50 AM that wash basins were supposed to be labeled and placed in a plastic bag and stored in the bathroom. The Administrator stated in an interview on 05/17/12 at 1:44 PM that wash basins should be labeled and stored in the resident’s nightstand. 2. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: "1. This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: westbasin. Guidelines: 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident’s name. 3. These are stored in the resident’s bedside stand."
|     |         |     | Directed inservicing began on 5/18/12 with all nursing and nurse aides staff and were provided with a current copy of the policy and procedure entitled: “Infection Control: Bedside Equipment-Sanitation Policy”. Education will be completed by 6/1/12.
|     |         |     | Systemic Changes Include:
|     |         |     | Effective 5/21/12, all new hires in the nursing department will receive a copy of the policy and procedure as part of our ongoing orientation process.
|     |         |     | Focused Rounding Sheets, addressing specifically, storage of bedpans, bath basins, and toothbrushes were implemented on 5/21/12. Random audits will occur on each hall weekly for 4 weeks to ensure compliance by administrative nursing staff and issues addressed immediately if noted. This policy will be integrated as part of the annual ongoing education process related to infection control.
|     |         |     | Results of random audits will be forwarded to QA for further recommendations.
|     |         |     | Director of Nursing is responsible. |
Nursing Assistant #1 stated in an interview on 05/17/12 at 11:35 AM that wash basins should be labeled and placed in a plastic bag and stored in the resident’s bedside table.

Nursing Assistant (NA) #2 stated in an interview on 05/17/12 at 11:40 AM that wash basins were supposed to be labeled and put in a plastic bag and stored on the top shelf of the resident’s bedside table. The NA stated that they were not supposed to be left in the bathroom.

The Director of Nursing (DON) stated in an interview on 05/17/12 at 11:50 AM that wash basins were supposed to be labeled and placed in a plastic bag and stored in the bathroom.

The Administrator stated in an interview on 05/17/12 at 1:44 PM that wash basins should be labeled and stored in the resident’s nightstand.

3. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: "1. This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: wash basin, bedpan as required. 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident’s name. 3. These are stored in the resident’s bedside stand. b. Bedpans are to be wrapped in a clean towel or bag and stored on the bottom of the bedside stand."

On 05/15/12 at 10:44 AM an observation of the bathroom shared by the 4 residents in rooms 201 and 203 revealed 3 unlabeled wash basins.
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<tr>
<th>(X4) ID PREFIX TAG</th>
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<th>(X6) COMPLETION DATE</th>
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</table>
| F 253             | Continued From page 3  
stacked in one another on the floor to the right of  
the sink. To the right of the commode were two  
unlabeled bed pans sitting beside each other on  
the floor. One of the bed pans contained a wash  
basin with “203" written on it.  
On 05/17/12 at 11:26 the bathroom shared by the  
residents in rooms 201 and 203 revealed 3  
unlabeled wash basins stacked in one another on  
the floor to the right of the sink. To the right of  
the commode were two unlabeled bed pans sitting  
beside each other on the floor. One of the bed  
pans contained a wash basin with “203" written  
on it.  
Nursing Assistant #1 stated in an interview on  
05/17/12 at 11:40 AM that wash basins and bed  
pans should be labeled and placed in a plastic  
bag and stored in the resident’s bedside table.  
Nursing Assistant (NA) #2 stated in an interview  
on 05/17/12 at 11:40 AM that  
Wash basins were supposed to be stored in a  
plastic bag on the top shelf of the resident’s  
side table and that bed pans were to be in a  
plastic bag and stored on the bottom shelf of the  
resident’s bedside table. The NA stated that the  
items were not supposed to be left in the  
bathroom.  
The Director of Nursing (DON) stated in an  
interview on 05/17/12 at 11:50 AM that bed pans  
and wash basins were supposed to be labeled and  
placed in a plastic bag and stored in the  
bathroom.  
The Administrator stated in an interview on  
05/17/12 at 1:44 PM that bed pans and wash  
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<td>F 253</td>
<td>Continued From page 4 basins should be labeled and stored in the resident's nightstand. 4. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: &quot; 1. This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: washbasin, bedpan as required. 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident's name. 3. These are stored in the resident’s bedside stand. b. Bedpans are to be wrapped in a clean towel or bag and stored on the bottom of the bedside stand.&quot;</td>
<td>F 253</td>
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</table>

On 05/15/12 at 10:49 AM an observation of the bathroom shared by 3 residents in rooms 202 and 204 revealed 2 unlabeled wash basins on the floor to the right of the sink. There was one unlabeled wash basin on the floor to the right of the commode and a wash basin labeled “ 204B ” on the back of the commode that contained an unlabeled bed pan.

On 05/17/12 at 11:28 AM an observation of the bathroom shared by the residents in rooms 202 and 204 revealed 2 unlabeled wash basins on the floor to the right of the sink. There was one unlabeled wash basin on the floor to the right of the commode and a wash basin labeled “ 204B ” on the back of the commode that contained an unlabeled bed pan.

Nursing Assistant #1 stated in an interview on 05/17/12 at 11:40 AM that wash basins and bedpans should be labeled and placed in a plastic bag and stored in the resident’s bedside table.
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<tbody>
<tr>
<td>F 253</td>
<td>Continued From page 6</td>
<td>F 253</td>
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Nursing Assistant (NA) #2 stated in an interview on 05/17/12 at 11:40 AM that wash basins were supposed to be stored in a plastic bag on the top shelf of the resident’s bedside table and that bed pans were to be in a plastic bag and stored on the bottom shelf of the resident’s bedside table. The NA stated that the items were not supposed to be left in the bathroom.

The Director of Nursing (DON) stated in an interview on 05/17/12 at 11:50 AM that bed pans and wash basins were supposed to be labeled and placed in a plastic bag and stored in the bathroom.

The Administrator stated in an interview on 05/17/12 at 1:44 PM that bed pans and wash basins should be labeled and stored in the resident’s nightstand.

5. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: "1. This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: washbasin, bedpan as required. 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident’s name. 3. These are stored in the resident’s bedside stand. b. Bedpans are to be wrapped in a clean towel or bag and stored on the bottom of the bedside stand."

On 05/15/12 at 11:04 AM an observation of the bathroom shared by 4 residents in rooms 205 and 208 revealed an unlabeled bed pan in a plastic bag on the floor to the right of the sink. There
<table>
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</thead>
</table>
| F 253         | Continued From page 6 were 2 unlabeled wash basins stacked together and stored in the bed pan on top of the plastic bag. On 05/16/12 at 8:50 AM one unlabeled bed pan was observed in a plastic bag on the floor in the bathroom. There was one unlabeled wash basin stored in the bed pan on top of the plastic bag. Nursing Assistant #1 stated in an interview on 05/17/12 at 11:40 AM that wash basins and bed pans should be labeled and placed in a plastic bag and stored in the resident's bedside table. Nursing Assistant (NA) #2 stated in an interview on 05/17/12 at 11:40 AM that wash basins were supposed to be stored in a plastic bag on the top shelf of the resident's bedside table and that bed pans were to be in a plastic bag and stored on the bottom shelf of the resident's bedside table. The NA stated that the items were not supposed to be left in the bathroom. The Director of Nursing (DON) stated in an interview on 05/17/12 at 11:50 AM that bed pans and wash basins were supposed to be labeled and placed in a plastic bag and stored in the bathroom. The Administrator stated in an interview on 05/17/12 at 1:44 PM that bed pans and wash basins should be labeled and stored in the resident's nightstand. 6. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: "1. This facility recommends the procurement and utilization of disposable...
<table>
<thead>
<tr>
<th>F 253</th>
<th>Continued from page 7</th>
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<td></td>
<td>individually provided bedside equipment or utensils. 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident 's name. 3a. Emesis basins are to store the mouth care items (toothbrush) and rested inside the washbasin and stored on the top shelf of the cupboard.</td>
</tr>
</tbody>
</table>

On 05/15/12 at 11:08 AM an observation of the bathroom shared by the 3 residents in room 211 revealed 2 unlabeled white toothbrushes on the metal shelf over the sink.

On 05/16/12 at 9:25 AM there were 2 unlabeled white toothbrushes observed on the metal shelf over the sink in the bathroom in room 211.

The Director of Nursing stated in an interview on 05/17/12 at 11:50 AM that toothbrushes should be stored in the top drawer of the resident 's bedside table.
K 000

INITIAL COMMENTS

This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

NFPA 101 LIFE SAFETY CODE STANDARD

Building construction type and height meets one of the following, 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.6.1

This STANDARD is not met as evidenced by:
42 CFR 483.70(a)
By observation on 8/16/12 at approximately noon the following building construction was non-compliant, specific findings include; penetrations in the ceiling in the following areas: generator room, laundry room, outside storage room, riser room.

K 012

SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9, 19.2.9.1.

This STANDARD is not met as evidenced by:
42 CFR 483.70(a)
By observation on 8/16/12 at approximately noon the area noted to be noncompliant within the ceiling areas in the generator room, laundry room, outside storage and riser room have been repaired with fire-rated materials.

All other areas that have the potential to be affected by the same practice have been observed via visual inspection and no other areas noted to be deficient.

M - F Daily Preventive Maintenance QA (DPMQA) rounding sheets will be updated to include inspection of ceilings and other areas that may be affected by the same practice and any areas identified will be repaired immediately. Maintenance personnel will be informed and made aware of updated DPMQA form.

DPMQA forms will be forwarded to monthly QA meetings for review and recommendations as necessary x's 1 quarter, for further recommendations.

Maintenance Director will be responsible.

Corrective Action Completed: 08/30/2012

K 046

SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Glow in the dark paint was obtained from the local hardware store and applied to the inside handles of the doors located in the walk-in cooler and freezer as soon as it was available. Additionally, Glow-In-The-Dark tape has been ordered to reinforce the painted areas to ensure this deficient practice does not recur.

After reviewing facility layout and physical walkthrough of building, it was determined that there are no other areas within the facility that were noncompliant.
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<tr>
<td>K046</td>
<td>Continued From page 1 the following emergency lighting was non-compliant, specific findings include, the method of operation for the door latch to the walk-in cooler and freezer was not obvious under all lighting conditions, the light was not on emergency power.</td>
<td>K046</td>
<td>Areas will be monitored through the facilities' Quarterly Preventive Maintenance QA reviews to ensure that paint/tape remains intact and is functioning properly.</td>
</tr>
<tr>
<td></td>
<td>K047 NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</td>
<td>K047</td>
<td>QPMQA forms will be forwarded to quarterly QA meetings for review and recommendations as necessary x's 1 quarter, for further recommendations.</td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/16/12 at approximately noon the following exit and directional sign was non-compliant, specific findings include, exit light located in dietary was not functioning properly.</td>
<td></td>
<td>Maintenance Director is responsible Corrective Action Completed: 08/30/2012</td>
</tr>
</tbody>
</table>

K047 The exit/directional sign located in the dietary kitchen was replaced on 8/22/12.

All other exit/directional signs were observed and no other areas noted to be noncompliant.

Exit signs will be monitored for continuous illumination and noted on the Daily Preventive Maintenance QA forms. Corrective actions will be taken immediately if sign is found to be out in compliance.

DPMQA forms will be forwarded to QA committee x's 1 month for further recommendations.

Maintenance Director will be responsible.

Corrective Action Completed: 08/30/2012