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	of deficiencies Correction	(X1) PROVIDENSUPPLIENCUA IDENTIFICATION NUMBER;	(X2) MULTI	G	(X3) DATE SUP COMPLETO	ED
		346298	8. WNG _		09/24	D/2012
NAME OF PR	OVIDER OR SUPPLIER	428 444	AT	REET ADDRESS, CITY, STATE, ZIP CODE	OBIZA	JIKU I K
HUNTING	TON HEALTH CARE		;	111 8 CAMPRELL SY BURGAW, NC 28426		
(X4) ID PREFIX YAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIEB Y MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX YAG	Providers Plan of Corre (Each Corrective action 8h) Cross-Referenced to the App Deficiency)	DULO 8E	(X5) COMPLETION DATE
F 164 6S=G	PRIVACY/CONFIDE  The resident has the confidentiality of his communications, permeetings of family and does not require the coom for each resident release of personal and individual outside the confident is transferred institution; or record in the facility must keep contained in the resident is required by healthcare institution; contract; or the resident institution; contract in the resident in the resident institution; contract in the resident in the resident in the resident in the	right to personal privacy and or her personal and clinical places accommodations, alten and telephone and care, visits, and of resident groups, but this facility to provide a private of.  I paregraph (e)(3) of this may approve or refuse the od clinical records to any facility.  I refuse release of personal oes not apply when the elease is required by law. I confidential all information lent's records, regardless of sethods, except when transfer to another law; third party payment and.  Is not met as evidenced lew, observation and alled to provide full visual and direct care for 1 of 3	F164	Preparation and submission of this plan in response to the CMS Form 2567 from survey. It does not constitute an agreem admission by Huntington Health Care of facts alleged or of the correctness of the stated on the statement of deficiency. Treserves all rights to contest the deficiency conclusions and actions of the Agency. Correction (and the attached documents as the facility's credible allegation of corresident #47:  The CNA who failed to proceed the resident #47 in compliance and regulatory standards we on 9/15/12 followed by term employment on 9/21/12.  The social services director resident #47 to assure his neutrost timely and to resident satisfaction.  A body audit was done on read assess for excoriation and breakdown and also assesse resident's catheter. This was on 9/19/12.  For resident #47 and all other incresidents and new admissions: In-servicing for all RN's, Li CNA's began on 9/17/12 the providing privacy and main dignity during administration.	the 9/20/12 ent or the touth of the conclusions he facility cles, findings, This Plan of also functions in pliance, wide care to with facility is suspended alination of spoke with teeds were #47's esident #47 lifor skin d was the is completed in included taining	
		47) observed racelving				

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

Any descrity statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is datarmined that 'Other ealequards provide sufficient protection to the patients. (See instructions.) Except for number shows, 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 confinued program participation.

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	OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIP	LE CONSTRUCTION	(X3) DATE SUF	
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F 184	Findings include:  A review of the facility Perineal Care " date in part, " 8. Fold the of the body. Cover it 8. Reise the gown or unnecessary exposur Resident #47 was ad 10/29/11 with diagnor benign prostatic hype cancer, congestive he hypothyroidism.  Record review of the quarterly Minimum Di dated 7/1/12 and ann revealed on his brief (BIMS) he scored a 1 oriented and was interequired extensive as had a catheter for util obstructive uropathy.  Review of Resident # Assessment (CAA) as reveled he required e activities of daily living involved in his persor of bowel and hed a u obstructive uropathy, toileting needs, howe easist him, he would incontinent episode.	y policy for Quality of life - " d September 15, 2011 read sheet down to the lower part he upper torso with a sheet. Tower the pajamas. Avoid re of the resident 's body."  mitted to the facility on hes of hypertension, anemia, heplasia (BPH), prostate her faiture, and  resident's most recent has Sat (MDS) assessment has MDS deted 4/2/12 Interview for mental status 2 meaning he was alert and herviewable. Resident #47 histance for tollet use and her elimination due to  47's Care Area hummary dated 4/18/12 xtensive assistance with g (ADL). Resident #47 was had care and was incontinent had could alert staff of her could alert staff of her could alert staff of her when staff went into	II.		Preparation and submission of this plan of in response to the CMS Form 2567 from it survey. It does not constitute an agreemen admission by Huntington Health Care of these alleged or of the correctness of the costeted on the statement of deficiency. The reserves all rights to contest the deficiency. The reserves all rights to contest the deficiency. To Correction (and the attached documents) as the facility's credible allegation of compersonal care, provision of care timely manner to assure that a needs are met, foley catheter maintenance, provision of ear timely manner, appropriate an reporting of abnormal finding correct procedures for handling intensection.  Based on most recent MDS as a listing of ADL dependent reand residents with catheters we compiled. MDS coordinator supply list to the DON. This divided into intenviewable an interviewable residents for incan appropriate audit form. The charge on each unit will comportion.  Daily audits will be performed resident interviews and observe assure that care is provided in to comply with facility and restandards related to privacy dipersonal, timeliness of inconticare, catheter care, and proper	no 9/20/12 nt or no touth of the colusions facility res, findings, his Plan of two functions historicons historicons ce in a nesident's e in a nd timely s, and hist dirty sessments sidents, hill be did non- clusion on he nurse in helete this d through vations to a manner gulatory uring inence	

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	NOMBER OR GUPPLIER	*		3.	EET ADDRESS, CITY, STATE, ZIP CODE 11 S CAMPBELL ST URGAW, NC 28425		
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F 164	revealed he required ADL care. An interve #47 every 2 hours to and well positioned a all tolleting needs.  On 9/19/12 at 4:08 probserved in his room Resident #47 was as atted he was. The re (NA#1) was observed room. Resident #47 to back and NA#1 was resident is gown to be covers down exposing his legs. NA#1 was resident a front include wash cloth and then resident with a towel, observed knocking of entering the resident wash cloth and then resident exposing his lags. Other facility standown the hall while the was observed helping his right side to clear his bottom and rineer not have enough was walking out of the rewas opened and facility attends to the was observed resent with the resident remutit the resident remutities and remutities of the resident remutities and remutities and remutities are remutited and remutities are remutited as a remutities of the resident remutities and remutities are remutities.	extensive assistance with chilon was to check Resident ensure he was comfortable and to provide assistance for the Resident #47 was with a strong urine odor. It was dry and he resident a nursing assistant of entering the resident a nursing assistant of entering the resident and pulling on his observed pulling up the also cheat and pulling the significant area down to observed cleaning the sing his genital area down to observed cleaning the sing his genital area with a rinsing and drying the Nursing Assistant #2 was in the door and immediately a room at 4:19 pm. When NA #1 did not cover the genital area down to his aff were observed walking the door was opened. NA #2 g NA#1 roll the resident on a his bottom. NA#1 washed thim. NA #1 stated she did she cloths and was observed sident are observed. NA#1 washed door was opened. NA#1 aring the resident room.	F	164	Proparation and submission of this plan of in response to the CMS Form 2567 from the puryoy. It does not constitute an agreement admission by Huntington Health Care of the facts alloged or of the correctness of the constitute on the statement of deficiency. The reserves all rights to contest the deficiencie conclusions and actions of the Agoney. The Correction (and the attached documents) at as the facility's credible allogation of comp of dirty linens. Audits will be among all shifts to assure 100' identified residents are assessed until the QA committee determines and the facility policies related to proving the policies related to proving policies related to proving policies related to proving policies, and safe he of dirty linens.  All ADL dependent residents catheter residents will be audit monitor compliance. Audits will performed by the nurse in chain medication nurses, and treatminess. The social services diperform a % of inter-viewable audits on his/her scheduled we This will be in addition to the audits. These audits will be a the QA process for the facility audits will be conducted week monthly, and then quarterly the until the QA committee feels a have been meet.	e 9/20/12 to the control of the cont	

	OF DEFICIENCIES CORRECTION	(X1) PROVIOEN/BUPPLIEN/CLIA IDENTIFICATION NUMBER:	Ι' ΄	TIPLE CONSTRUCTION	(X3) DATE BUI COMPLET	
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	OMDER OR BUPPLIER		9	TREET ADDRESS, CITY, STATE, ZIP CODE 311 9 CAMPBELL 8Y BURGAW, NC 28426		
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F 164	when she left the roo the room.  During an interview of Resident #47 stated, to be exposed to so of During an interview of Director of Nursing (I staff to maintain paties providing care, a to svoid unnecessary body.  During an interview of stated he knew to provide unnecessary body.  During an interview of stated he knew to provide unnecessary body.  During an interview of stated he knew to provide unnecessary body.  During an interview of stated he knew to provide unnecessary body.  A resident who did not he resident.  483.25(a)(3) ADL CADEPENDENT RESID A resident who is unadally living receives the maintain good nutritic and oral hygiens.  This REQUIREMENT by: Based on record revinterviews the facility	m and when NA #2 entered  n 9/20/12 at 9:05 am, "It was quite embarrassing nany people."  n 9/20/12 9:36 am, the DON) stated she expected ent privacy. Whenever staff resident should be covered exposure of the resident 's  n 9/21/12 at 9:30 am, NA#2 evide privacy when entering re so many staff coming in eve time to cover the DENTS  able to carry out activities of the necessary services to on, grooming, and personal I is not met as evidenced lew, observation and failed to provide personal 2 residents (Resident #47)	F 16	edmission by Hunthgton Houlth Care facts alleged or of the opercenses oft stated on the statement of deficiency, reserves all rights to contest the defici conclusions and actions of the Agenc Correction (and the uttached documer as the facility's credible allegation of  Daily during M-F mornin nurse in charge will discu audits. Areas of concern identified and appropriate taken, e.g., 1 on 1 in-serv employee counseling etc.  Once the QA committee to direction of the Adminish determines that substantia has been obtained on-goin will be determined by the	om the 9/20/12 cment or of the truth of the he conclusions The facility cencies, findings, y. This Plan of his) olso functions compliance.  g meetings the ss results of will be interventions icing, ander the rator d compliance ig monitoring committee to	- APPR-1-10000001

F 312 Continued From page 4  Resident #47 was admitted to the facility on  FAG Preparation as landau in response to the CMSQRFB i	STATEMENT OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) M A, 8UI		LE CONSTRUCTION	(X3) DATE SUP COMPLETE	
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HUNTINGTON HEALTH CARE  (X4) 10 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LEC IDENTIFYING INFORMATION)  F 312 Continued From page 4 Resident #47 was admitted to the facility on  311 8 CAMPBELL, 9T BURGAW, NC 26425  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CO	NAME OF PROVI	DER OR SUPPLIER		i	ата	IEET ADDRESS, CITY, STATE, ZIP CODE	1 08121	UZUTZ
PREFIX TAG REGULATORY OR LEC IDENTIFYING INFORMATION)  FREFIX REGULATORY OR LEC IDENTIFYING INFORMATION)  FREFIX TAG Preparation of the CONSCRIPTION SHOULD BE TAG Preparation of the CONSCRIPTION of the Preparation of the Constitute on agreement or admission by Huntington Health Care of the touth of the F 312 facts alloged or of the correctness of the conclusions stated on the statement of deficiency. The facility on	HUNTINGTON	N HEALTH CARE			] 3	11 8 Campbell St		
F 312 Continued From page 4  Resident #47 was admitted to the facility on  F 312 facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF	ix	[Preparation confidence of the control of the contr	LD BE sorpoption is to 9/20/12	O(8) COMPLETION DATE
benign prostatic hyperplasia (BPH), prostete cancer, congestive heart failure, and hypothyroldism.  Record review of the Resident's most recent quarterly Minimum Date Set (MDS) assessment dated 7/11/2 and annual MDS dated 4/2/12 revealed on his brief interview for mental status he accred a 12 meaning he was elert and oriented and was interviewable. Resident #47 required extensive assistance for toilel use and had a catheter for urine elimination due to obstructive uropathy.  Review of Resident # 47's Care Area Assassment (CAA) summary dated 4/16/12 revealed he required extensive assistance with activities of daily iting (ADL). Resident #47 was inconlinent of bowel and had a urinary catheter in place for obstructive uropathy. He could alert staff of toileting needs, however when staff went into assist him, he would have slready had an inconlinent opisode.  A review of the resident care plan dated 4/23/12 revealed he required extensive assistance with ADL care. An intervention was to check Resident #47 very? Abours to ensure he was comfortable and well positioned and to provide assistance for all tolleting needs.  On 8/18/12 at 4:08 pm Resident #47 was observed in his room with a strong urine odor. The resident and actions of the Agency. This Ylan of Correction (and ections of the Agency. This Ylan of Correction (and ections of the Agency. This Ylan of Correction (and ections of the Agency. This Ylan of Correction (and ections of the Agency. This Ylan of Correction (and ections of the Agency. This Ylan of Correction (and ections of the Agency. This Ylan of Correction (and the atteched documents) also thretions are healthy as the haltly? The corl at each of the CMDA was subjected to resident #47:  The CNA who falled to provide care to resident #47:  The CNA who falled to provide care to resident #47:  The CNA who falled to provide care to resident #47:  The CNA who falled to provide care to resident #47:  The CNA who falled to provide and regulators was suspended on 91/5/12 followed by termination of employment on	Ref. 100 become high control of the	esident #47 was add 2/29/11 with diagnosenign prostatic hyperancer, congestive has proceed a very control of the parterly Minimum Drated 7/1/12 and annovealed on his brief is accred a 12 mean riented and was interested and was interested and was interested and was interested for uring the parter of Resident # seassament (CAA) at a catheler for uring the parter of deily tiving volved in his person is bowel and had a catheler for uring the parter of the required a catructive uropathy. It is a person is bowel and had a catheler for uring the parter of the resident process of the required and had a catheler for uring the parter of the resident in his person is a parter of the resident and well positioned a little ting needs.  It olletting needs.  In 9/19/12 at 4:08 proposerved in his room	mitted to the facility on see of hypertension, anemia, rplacia (BPH), prostete eart failure, and  Resident's most recent ata Set (MDS) assessment ual MDS dated 4/2/12 interview for mental statusing he was alert and reviewable. Resident #47 elatance for toilet use and ne elimination due to  47's Care Area ammary dated 4/16/12 interview assistance with graph and care and was incontinent erinary catheter in place for the could alert staff of ver when staff went into have already had an entered assistance with ention was to check Resident ensure he was comfortable and to provide assistance for m. Resident #47 was with a strong urine odor.	F312	2	sorvoy. It does not constitute an agreement admission by Huntington Houlth Care of the facts alloged or of the correctness of the constitute alloged or of the correctness of the constitute on the statement of deficiency. The reserves all rights to contest the deficiencie conclusions and actions of the Agency. The Correction (and the attached documents) at as the facility's credible allogation of complex the facility's credible allogation of care the facility and the facility and regulatory standards was a con 9/15/12 followed by termine the content for the social services director spresident flat to assure his necession for a cassess for excoriation and/or breakdown and also assessed resident's catheter. This was on 9/19/12.  For resident flat and all other inheresidents and new admissions:  In-servicing for all RN's, LPN CNA's began on 9/17/12 that providing privacy and maintaidignly during administration personal care, provision of catheren the facility of the facility	tor- le truth of the nelusions fhelity set, findings, its Plan of so functions sitance.  de care to th facility suspended nation of boke with ds were 47's ident #47 or skin was the completed ouse N's, and Included ining of re in a	•

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

F312 Continued From page 6 #47 was observed lying on his back and NA#1 removed a yellow stained towel from the resident's groin area and placed the solled towel on the floor, NA#1 was observed cleaning the resident's froin including his genital area with a wesh cloth and then rinsing and drying the resident with a towel. Nursing Assistant #2 was observed entering the resident's enough the resident was observed being turned on his left side and a solled pad under the resident's shoulders to midway his highs was observed with a large dark yellow brown ring that included the entire pad, with a strong urine odor. The solled linen roam.  During an observation on 9/19/12 at 4:25 pm, Nurse #1 entered the solled linen roam. During an observation on 9/19/12 at 4:25 pm, Nurse #1 entered the solled linen roam. During an interview on 9/19/12 at 4:25 pm, Nurse #1 entered the solled linen roam. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the soiled linen pad from Resident #47's bottom, stated the pad was asturated with urine and there was a strong urine odor. when entering Resident #47's room. She stated she thought steff had spilled some urine on the floor when emplying the resident's catheter. NA#1	NAME OF PROVIDER OR SUPPLIER  #UNITINGTON HEALTH CARE  ### WAS OBSERVED TO BE INCIDENTED BY FULL REGULATORY OR LSG IDEATH PINKIN INFORMATION)  #### TAD  ### Continued From page 6  #### WAS observed lying on his back and NA#1 removed a yellow stained towel from the resident's groin increa and placed the solided towel on the floor. NA#1 was observed cleaning the resident's front including his positial area with a week cloth and then rimaing and drying the resident with a towel. Nursing Assistant ##2 was observed entering the resident's room at 4:19 pm. NA ##2 was observed helping turned on his left side and a solided pad under the resident's shoulders to midway his bitight was observed willt a large dark yellow brown right that included the entific pad, with a strong urine odor. The solled linen room.  ### During an observation on 9/19/12 at 4:25 pm, Nurse ## entered the solied linen pad was saturated with urine and there was a dark yellow brown circle from the top of the pad to the bottom of the pad. Site stated there was a strong urine odor.  #### During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the solied linen pad was saturated with urine and there was a dark yellow brown circle from the top of the pad to the bottom of the pad. Site stated there was a strong urine odor when entering Redident ##77 sroom. She elated eithe thought staff had a plited a song urine odor when entering and highed some or urine on the floor  #### During an interview on 9/19/12 at 4:55 pm nn/4/1  #### stated whe did smell a strong urine odor when entering and highed some urine on the floor  #### During an interview on 9/19/12 at 4:55 pm nn/4/1  ### stated whe did smell a strong urine odor when ent	CENTER	S FUR WEULCARE &	MEDICAID SERVICES				T	
NAME OF PROVIDER OR SUPPLIER HUNTINGTON HEALTH CARE  KIAID REGION TO BEFIDIENCIES REGIONATORY OR LSO IDENTIFYING INFORMATION)  F 312 Combinued From page 5 #47 was observed lyling on his back and NA#1 removed a yellow stained towel from the resident's front including his genital aree with a wesh cich and then rhaning and drying the resident with a towel. Nursing Assistant #2 was observed entering the resident's corn at 4:19 pm. NA#2 was observed helping NA#1 roll the resident with a towel. Nursing Assistant #2 was observed othering the resident's corn at 4:19 pm. NA#2 was observed helping NA#1 roll the resident with a towel form the solided linen was baged and taken to the solled inen room.  During an observetton on 9/19/12 at 4:25 pm, Nurse #1 entered the solled linen room. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the eolded linen room. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the eolded linen room. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the eolded linen room. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the eolded linen room. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the eolded linen room. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the eolded linen room. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the eolded linen room. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the eolded linen room. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the eolded linen room. During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the resident's explanation to the foot of the pad to the bottom	NAME OF PROVIDER OR SUPPLIER  #UNTINGTON HEALTH CARE  #UNDAMY STATEMENT OF DUPLEMBERS  #EAUTION OR 1.50 IDENTIFYING INFORMATION)  F 312  Continued From page 6  #47 Was observed lying on his back and NA#1 removed a yellow stained towel from the resident's front including his genital sines with a wash cloth and then rinsing and drying the resident with a towel. Nursing Assistant #2 was observed entering the resident's crown at 4.19 pm. NA #2 was observed helping NA#1 roll the resident with a towel, Nursing Assistant #2 was observed entering the resident's roll the resident on his right side to clean his bottom. Resident Aff was observed being turned on his left side and a solled pad under the resident's shouldars to midway his higher was observed with a large dark yellow brown ring that Included the entire pad, with a strong wirne door. The solled pad was placed in a plastic bag on the floor. The solled linen room.  During an interview on 8/19/12 at 4:25 pm, Nursa #1 entered the solled linen room to 100 uring an interview on 8/19/12 at 4:25 pm, Nursa #1, after observing the solled linen room to the pad, She stated there was a dark yellow browt circle from the top of the pad to the bottom of the pad, She stated there was a stong urine odor.  During an interview on 8/19/12 at 4:25 pm, Nursa #1, after observing the solled linen pad from Resident #47** bottom, stated the pad was actuated with urine and there was a dark yellow browt circle from the top of the pad to the bottom of the pad, She stated there was a stong urine odor.  During an interview on 8/19/12 at 4:250 pm Na#1 strated she did small a strong urine odor.  During an interview on 8/19/12 at 4:250 pm Na#1 strated she did made at strong urine odor.  During have been a strong urine odor, when septiment to the pad was placed in a grang urine of odors when septiment to the pad was placed in the solled interview and begin the solled urine of the solled interview and observations to assure that care is provided in a manner to comply with facility and reputatory							COMPLETE	D
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Figure TAG  Figure From Page 6  #47 was observed lying on his back and NA#1 removed a yellow steined towel from the resident's front including his genital area with exact the resident's front including his genital area with exact the resident with a towel. Nursing Assistant #2 was observed enlaing the resident with a towel. Nursing Assistant #2 was observed enlaing the resident with a towel. Nursing Assistant #2 was observed enlaing the resident with a towel. Nursing Assistant #2 was observed enlaing the resident with a towel. Nursing Assistant #2 was observed enlaing the resident with a towel. Nursing Assistant #2 was observed enlaing the resident with a towel. Nursing Assistant #2 was observed enlaing the resident with a towel. Nursing Assistant #2 was observed enlaing the resident with a large dark yellow brown ring that included the entire pad, with a strong urine odor. The solled linen room.  During an observation on 9/19/12 at 4:25 pm, Nurse #1 entered the solled linen room.  During an observation on 9/19/12 at 4:25 pm, Nurse #1 entered the solled linen room.  During an observation on 9/19/12 at 4:25 pm, Nurse #1, after observing the solled linen pad from Resident #47's bottom, stated the pad was eaturated with urine and there was a strong urine odor.  During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the solled linen pad from Resident #47's bottom, stated the pad was eaturated with urine and there was a strong urine odor.  During an interview on 9/19/12 at 4:25 pm, Nurse #1, after observing the solled linen pad from Resident #47's bottom, stated the pad was eaturated with urine and there was a strong urine odor. When enlaining Resident #47's room. She stated ehe thought staff had epilled aomo urine on interviewen enlaining Resident #47's room. She stated ehe thought staff had epilled aomo urine on interviewe enry and observations to assure that care is provided in a manner to comply with facility and regulatory standards related to privacy during personal, timeliness of incontinence ca	F 312 Continued From page 6 #47 was observed lying on his back and NA#1 removed a yellow steined towel from the resident's groin area and placed the solled towel on the floor. NA#1 was observed clearing the resident's from larea and placed the solled towel on the floor. NA#1 was observed clearing the resident's from larea and placed the solled towel on the floor. NA#1 was observed clearing the resident's from larea and placed the solled towel on the floor. NA#1 was observed clearing the resident's from larea and placed the solled towel on the floor. NA#1 was observed clearing the resident's from larea with a wash cloth and then rinxing and drying the resident with a towel. Nursing Assistant #2 was observed ontering the resident's shoulders to midway his thight was observed with a large dafk yellow brown ring that included the entire pad, with a livrong urine odor. The solled linen room.  During an observation on 9/19/12 at 4/:25 pm, Nursa #1 entered the solled linen room. During an interview on 9/19/12 at 4/:25 pm, Nursa #1 entered the solled linen room.  During an observation on 9/19/12 at 4/:50 pm, Nursa #1, after observing the solled linen room of the pad. She steted the did have a cathefer and she did not entering Resident "#7" is room. She stated she throught steff had spilled some union on the floor when amplying the resident's catheder. Na#1 stated she had bean he Resident "#47" is room. She stated she had bean he Resident's 47" a room saveral times during her shift and this was the first time she had found him to be wet with urine. She stated he did have a cathefer and she did not					3	11 8 CAMPBELL SY		
several times during her shift and this was the substantial compliance.  One time she had found him to be wet with udno.	She slated he did have a catheter and she did not	(X4) ID PREFIX PAG	Continued From pag #47 was observed ly removed a yellow sta resident's groin area on the floor. NA#1 w resident's front include wash cloth and then resident with a towel observed entering th NA #2 was observed resident on his right Resident #47 was ob left side and a solled shoulders to midway a large dark yellow to entire pad, with a str pad was placed in a solled linen was bag linen room.  During an observation Nurse #1 entered th an interview on 9/16 after observing the se wrine and there was from the top of the p She stated she did smell entering Resident # thought staff had ep when amplying the stated she had been several times during first time she had for	MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)  6 6  Ing on his back and NA#1 sined towel from the and placed the solled towel was observed cleaning the ding his genital area with a rinsing and drying the . Nureing Assistant #2 was a resident's room at 4:19 pm. I helping NA#1 roll the side to clean his bottom. Deserved being turned on his I pad under the resident's I his thighs was observed with brown ring that included the rong urine odor. The solled plastic bag on the floor. The ged and taken to the solled  on on 9/19/12 at 4:25 pm, to solled linen room. During la 4:25 pm, Nurse #1, solled linen pad from Resident I the pad was saturated with a dark yellow brown circle and to the bottom of the pad. Is a strong urine odor.  on 9/19/12 at 4:50 pm NA#1 I a strong urine odor when 47's room. She stated she silled some urine on the floor resident's catheter. NA#1 In Resident #47 's room I her shift and this was the bound him to be wet with urine.	PREF	IX X	PROVIDER'S PLAN OF CORRECT (PACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOPARATION AS A DISTRIBUTION OF CORRECT (PACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOPARATION OF CORSENT OF THE APPROPOPARATION OF THE APPROPOPARATI	INDUST INDUSTRIANTS I Correction is the SYZOVIZ Into or the truth of the onclusions of the first into or the truth of the onclusions of the first into or the truth of the plan of timely gs, and ing dirty  I seessments esidents, will be will be will list will be not non-accusion on the nurse in plete this ed through reations to in a manner ogulatory during tinence or handling the divided 0% of sed weekly	COMPUNION

10/12/2012 14:17

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

	of Deficiencies Correction	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
			A BUILO	NG		,
		345298	B. WING		1	)/2012
	OVIDER OR SUPPLIER		8	Treet address, city, state. 21p code 311 & Campbell St Burgaw, NC 28423		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST SE PRECEDED BY FULL LEC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDEN'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	DULD BE	DAYE COMPLETION (X8)
F 441 SS=D	During an Interview of Director of Nursing (expectations for the soaked pad would be ever happened. The the resident was also use his call bell to be DON further stated in rounds were done e had a catheter and fevery two hours. Not pad to make sure it 463.65 INFECTION SPREAD, LINENS  The facility must est infection Control Prosafe; sanitary and color in the facility must est infection Control Program under which of disease and infection Control The facility must est Program under which in the facility; (2) Decides what program under which in the facility; (2) Decides what program in the facility; (2) Decides what program in the facility; (2) Decides what program is a reconciled to in the facility of the special determines that a reconciled to the spread isolate the resident.	on 9/20/12 9:35am, the DON) stated her Resident #47 having a urine a that that should not have a DON stated NA#1 told her at and oriented and he did not at her know he was wet. The NA#1 knew that incentinent very two hours. Resident #47 he should have been checked A#1 should have checked the was dry.  CONTROL, PREVENT  ablish and maintain an agram designed to provide a comfortable environment and development and transmission stion.  Program tablish an infection Control ch it - harole, and prevents infections occiders, such as isolation, an individual resident; and ori incidents and corrective fections.  ad of infection longram ostident needs isolation to of infection, the facility must	F 44	Preparation and submission of this plan in response to the CMS Form 2567 from survey. It does not consultate an agreed admission by Huntington Health Care of facts alleged or of the correctness of the stated on the statement of delicioney. To reserves all rights to contest the deficient conceisions and actions of the Agency. Correction (and the attached documents as the facility's credible allegation of contract the deficient of the Agency correction (and the attached documents as the facility's credible allegation of contract of facility policies related to privacy during personal cameintaining dignity, timelicate of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting problems, and satisfact of foley catheters to in reporting personal catheters are foley catheters to in reporting personal catheters are foley catheters and satisfact of foley catheters are foley catheters and satisfact of foley catheters are foley catheters are foley catheters and satisfact of foley catheters are foley	the 9/20/12 cent or I the with of the conclusions the facility celes, findings, This Plan of ) also functions impliance.  This nd roviding Te, cess of care, clude Te handling this and didted to ts will be charge, timent to director will ble resident work days. the nursing e a part of lity. The eekly, then y thereafter	

	of deficiencies Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		LE CONSTRUCTION	(X3) DATE SUI COMPLET	
		346298	B. WIN	la			C 0/2012
	OVIDER OR SUPPLIER	<u>, , , , , , , , , , , , , , , , , , , </u>	1	3	EET ADDRESS, CITY, STATE, ZIP CODE 11 9 CAMPBELL ST IURGAW, NC 20425	00/2	UZUIZ
(X4) ID PREFIX TAG	(EACH DEFICIENC	Atement of deficiencies y must be preceded by full LBC identifying information)	PREF TAC	į. ĮX	PROVIDER'S PLAN OF CORRECTI LEACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) Preparation and submission of this plan of a	.D BE Priate	CXS) COMPLETION DATE
F 441	communicable diseas from direct contact wil direct contact will trar (3) The facility must re hands after each dire hand washing is indice professional practice, (c) Linens Personnel must hand transport linens so as infection.	se or infected skin lastons lth residents or their food, if namit the disease. equire staff to wash their ct resident contact for which sated by accepted	F.		n response to the CMS Form 2567 from the nersonse to the CMS Form 2567 from the survey. It does not constitute an agreement admission by Huntington Health Care of the facts alleged or of the correctness of the contacted on the statement of deficiency. The reserves ell rights to contest the deficiency. The conclusions and actions of the Agency. The Correction (and the attached documents) also the facility's credible allegation of composite in charge will discuss reaudits. Areas of concern will identified and appropriate intestaken, e.g., I on I in-servicing employee counseling etc.  Once the QA committee under determines that substantial cordered.	c 9/20/12 or c truth of the nelusions shollay s, findings, is Plan of so functions liance. settings the sults of be rventions	
by: Bas staff sant Inco line; (Rer	Based on observation staff interviews, the fasanitary removal of earth incontinence care by	ons, facility policy review and acility falled to ensure the colled linens after providing staff leaving urine solled r 1 of 3 sampled residents			has been obtained on-going monitoring will be determined by the committee include frequency and % of residents be audited	onitoring milttee to	10/12/12
•	Control Guidelines for dated January 24, 20 Discard solled towels plactic bag to be taken On 9/19/12 at 4:08 provide incontinence removing a yellow ste	, wash cloth, etc., in the on to solled linen room."  n, Nursing Assistant (NA#1)  ng Resident #47 ' a room to care. NA#1 was observed					

PRINTED: 09/24/2012 FORM APPROVED OMB NO. 0938-0391

P.010/013

	of Oeficiencies Correction	(X1) PROMDEN/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(XX) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		345298	B, WING_		(	
NAME OF PR	OMDER OR SUPPLIER			APPT ADDRESS AND STORY HIS STORY	1 09/20	0/2012
	TON HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 311 6 CAMPHELL ST BURGAW, NC 28425			
(X4) ID PREFIX TAG	(EACH DEFICIEN	BTATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT  (EACH CORRECTIVE ACTION SHOW  CROSS-REFERENCED TO THE APPRO  DEFICIENCY)	LD BE	COMPLETION DATE
F 441	floor. After NA#1 cl the towel and wash the right side of the NA#2 was observed room and assisting resident on his right She washed his bot the towel she had p the resident's botte towel and wash clot Assistant #2 was ob taking the soiled limi the soiled towels an bag.  During an interview stated she did place on the floor and wip she had placed on t reason was becaus not thinking.  During an interview Director of Nursing expectations for NA placed the soiled lin stated NA#1 should from the floor and d  During an interview stated he was not a not be placed on the kept plastic bags wi linen on the floor an bag.	the resident 's bad onto the saned the resident, she took cloth and dropped them on resident 's bed onto the floor, if entering the resident 's NA#1. NA#1 rolled the safe to clean his bottom. Itom and rinsed him. She took laced on the floor and wiped om. She then placed the she on the floor and placing the one of the floor end placing and wash cloths into the plactic on 9/19/12 at 4:60 pm, NA#1 of the towels and wash cloths and the resident with a towel the floor. She stated the she was nervous and was on 9/20/12.9:35 em, the (DON) stated her #1 was for her to have never ten on the floor. The DON never had taken the towel ried the resident.  on 9/21/12 at 9:30 sm, NA#2 ware that solled linens could a floor. He stated he always th him and saw the solled de placed them in the plastic	F441	·	he 9/20/12 nt or lie truth of the conclusions c facility los, findings, his Plan of also functions pliance.  ide care to rith facility suspended mation of poke with lds were 47's sident #47 or skin was the completed t included tining of are in a	
	Cotting an interview	on 9/21/12 et 1:20 pm, the		needs are met, foley catheter		•

		AND HUMAN SERVICES				FORM	0: 00/24/2012 NAPPROVED
STATEMENT	S FOR MEDICARE ( OF DEFICIENCIES F CORRECTION	MÉDICAJO SERVICES (X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			OMB NO. 0938-039 (X3) DATE BURVEY COMPLETED	
	•	345298	B. WIN			C	
NAME OF PE	NOVIDER OR SUPPLIER	440,200		orn	FOY ADDRESS AND SYLYP TIO BODY	1 09/20	0/2012
	YON HEALTH CARE			31	eet address, city, state, zip code 11 8 Campbell 9T Urgaw, nc 28425		
(X4) ID PREFIX TAG	(EACH DEFICIEN	Stayement of Deficiencies RCY Must be preceded by full R LSG (Dentifying Information)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(XE) GONFLIMMON DATE
F 441	to always have a pl soiled linens in. Th	ere trained during orientation estic bag on them to piece ey ere instructed to transport ne solled linen room and	F		Preparation and submission of this plan of in response to the CMS Form 2567 from the survey. It does not constitute an agreement admission by Huntington Health Care of it facts alleged or of the correctness of the constitute on the statement of deficiency. The reserves all rights to contest the deficiencie conclusions and actions of the Agency. To Correction (and the attached documents) as the facility's credible allegation of care timely manner, appropriate an reporting of abnormal finding correct procedures for handling correct procedures with catheters we compiled. MDS coordinator supply list to the DON. This divided into inter-viewable as interviewable residents for in an appropriate audit form. The charge on each unit will comportion.  Daily audits will be performed resident interviews and obsert assure that care is provided in to comply with facility and restandards related to privacy depersonal, timeliness of incontext, catheter care, and prope of dirty linens. Audits will be	ne 9/20/12 at or to truth of the or truth of or in a and timely or in a and timely or and or dirty or seessments or in a or dirty or seessments or in truth or truth	

Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 9/20/12 survey. It does not constitute an agreement or admission by Huntington Health Caro of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) niso functions as the facility's credible allegation of compilance.

- among all shifts to assure 100% of identified residents are assessed weekly until the QA committee determines substantial compliance.
- Orientation for new hires within the nursing dept, will continue to include discussions of resident's rights and facility policies related to providing privacy during personal care, maintaining dignity, timeliness of care, care of foley catheters to include reporting problems, and safe handling of dirty linens.
- All ADL dependent residents and eatheter residents will be audited to monitor compliance. Audits will be performed by the nurse in charge, medication nurses, and treatment nurses. The social services director will perform a % of inter-viewable resident audits on his/her scheduled work days. This will be in addition to the nursing audits.

Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 9/20/12 survey. It does not constitute an agreement or admission by Hundington Hunlith Care of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of defletency. The facility reserves all rights to contest the deficiencies, sindings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance.

These audits will be a part of the QA process for the facility. The audits will be conducted weekly, then monthly, and then quarterly thereafter until the QA committee feels our goals have been meet.

- Daily during M-F morning moetings the nurse in charge will discuss results of audits. Areas of concern will be identified and appropriate interventions taken, e.g., 1 on 1 in-servicing, employee counseling etc.
- Once the QA committee under the direction of the Administrator determines that substantial compliance has been obtained on-going monitoring will be determined by the committee to include frequency and % of residents to be audited

10/12/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 10 DAICHIUE NIAM - 10 B. WING 11/01/2012 34529B STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 311 8 CAMPBELL ST HUNTINGTON HEALTH CARE BURGAW, NC 28425 PROVIDEN'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) DATE COMPLETION (XP) **BUMMARY STATEMENT OF DEFICIENCIES** (X4) ID **FACH DEFICIENCY MUST BE PRECEDED BY FULL** PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DAT Preparation and submission of this plan of correction is in response to the CMS Form 7667 from the \$1/01/12 survey. It does not constitute INITIAL COMMENTS K 000 an agreement or admission by Huntington Health Care of the fruit of the facts alleged or of the correctness of the conclusions stated on the statement of deliciency. The facility receives all rights to contact the Surveyor: 27871 deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the anached documents) also functions as the This Life Safety Code(LSC) survey was facility's credible allegation of compliance, conducted as per The Code of Federal Register at 42 CFR 493,70(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: 11/14/12 For 400 Hail Fire Doore K 027 NFPA 101 LIFE SAFETY CODE STANDARD K 027 erbleog bevorgge ACA oft fisterbet if w toonigno constablem eff latching motherism to cross confider doors going into 400 half. SS=E "Monthly checks of all the doors will be included in the maintenance Door openings in smoke barriers have at least a annineers Maintenance Quality Assurance Round Shash. 20-minute fire protection rating or are at least Tag KO27 shall be discussed in the next CA mooting and quarterly 1%-inch thick solld bonded wood core. Non-rated "Factify maintenance department will be in-serviced by the protective plates that do not exceed 48 inches Administrator/Designes by 11/08/12. from the bottom of the door are permitted. COMPELETION DATE: NOVEMBER 14, 2012 Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19,2,2,2,6. Swinging doors are not required to swing with egrees and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Surveyor, 27871 Based on observations and staff interview at approximately 3:30 pm onward, the following ltems were noncompliant, specific findings include; cross corridor doors on going into 400 half were not positive latching. 42 CFR 483.70(a) (Xa) DATE TITLE PROUPPLIER BEPRESENTATIVES SIGNATURE LABORATORY DIRECTORS OF SHO

Any deficiency altioment ending with an asistisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sufeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings elated above are disclosuble 40 days following the date of survey whether or not a plan of correction is provided. For numbing 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.

Facility ID: 933278

	r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(XS) WAL	TIPLE CONSTRUCTION  NO 01 - MAIN BUILDING 01	(X3) DATE S	
		345298	B, WING		11/0	1/2012
	ROMDER OR SUPPLIER GYON HEALTH CARE	3		REET ADDRESS, CHY, STATE, ZIP CC 311 B CAMPBELL 3T BURGAW, NC 28425	DE	
(X4) ID PREFIX TAG	(EACH DEPICIENC)	Ayement of Deficiencies y must se preceded by full sc identifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	BHOULD BE	COMPLETIO COMPLETIO
K 062 89¤E	Required automatic continuously meint condition and are in periodically. 19.7 26, 9.7.6  This STANDARD Surveyor: 27871 Based on observat approximately 3;30 items were nonconinclude: 1. sprinkler heads inourishment room(orifice. 2. facility could not that aprinkler systems, 3 year full flow		K 082	Preparation and submission of this plan of act to the CMS Form 2587 from the 11/01/2012. Constitute an opresent or admission by Huthe brith of the facts alloged or of the constitution in the truth of the facts alloged or of the constitutions stated on the statement of deficiencies and actions of the Agency. This Plan of Constitutions as the facth of the Administration of compilance.  Por Laundry Room and Noudahment Room is Removed tent from sprinter heads.  Facility inclinisemence department will be in-Administrated/besignes by 11/02/12.  Weekly checks of apprinter heads and will be inclined, of all sprintler heads and the next Quiterafter.  COMPLETED 11/1/12  For Sprintler its stam  a) doesn't apply, building doesn't have dry a bit the administration has contracted with our Studend' to perform a five year obstuction of the contracted with our cardied. The seriest date that this procedure date is the seriest date that this procedure fire perfection of the system will be cardied.  COMPLETION OAYE: NOVEMBER 28,2012	survey. It does not this plan Health Carn of ness of the ency. The facility findings, conclusions wotten (and the city's credible 100 hail)  serviced by the fay from and Monthly uded in the fifty Assurance Round in meeting and quarterly on and flow test. This note 126, 2012. This re can be scheduled, and and ended and desired, inspected and desired, inspected and	11/20/12
K 064 8S≒F	Portable lire exting health care occupa 9.7.4.1. 19.3.5.8 This STANDARD 1 Surveyor: 27871	LIFETY CODE STANDARD  ulshers are provided in all ncles in accordance with NFPA 10  s not met as evidenced by:	<b>K</b> 084	All facility Fire Extinguisher's are current for the haspection. Our next obtains annual inspection exhedded for becamber 2012.  The institutioning onlying will obeck each importing to assure that each shows proper gauge window. A card currently maiding an extinguisher will continue to be ightered by a soppraser at the time of inspection. The admips and cards a Monthly checks of the extinguishers will be a maintenance engineer's Quality Assurance "Facility maintenance department with he insert Administrator/Designee by 11/16/12  Tag Kosa wit be discussed in the next QA phereance.  COMPLETION DATC: NOVEMBER 8, 2012	is routinely fire extingulation thange in the indication of dated on each the maintenance infatrator will to assure compliance, andeded in the Round Sheet, enfoced by the	11/08/12

AND PLAN OF CORRECTION		(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01			COMPLETED	
	345298		B. WING			11/01/2012	
	ROMDER ON SUPPLIER STON HEALTH CARE		•	3'	LEET ADDRESS, CITY, STATE, ZIP CODE 11 B CAMPBELL ST BURGAW, NC 28425		
(X4) 10 PREFIX TAG	Bummary Statement of Deficiencies (Each Deficiency Must be preceded by Full Regulatory or LBC Identifying Information)		ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CONRECTIVE ACTION SHO CROBS-REFERENCED TO THE APPR DEFICIENCY)	SHOULD BE COMPLETION	
K 084	Continued From page 2 approximately 3:30 pm onward, the following items were noncompliant, specific findings include: all portable fire extingulater in facility were not up to current date.		K 084		Preparetion and submission of this plan of correction to the CMS Form 2807 from the 11/01/1/2 survey. It constitutes an agreement or admission by Huttigothia units of the facts effect of of the correctness of stated on the signament of deficiency. The facility to contest the deficiencies, findings, conclusions and Agency. The Plan of Correction (and the altached diffunctions as the facility's credible altegation of complete	ray, it does not ungles the conclusions of the conclusions of the conclusions of the colons of the ched documents) also ched documents) also	
K 144 88≓E			K1	144	For Generator Tosting  "Maintenance angineer will check the generator oper which times to essure that the transfer is less than 2 times weakly and then weakly.  "Upon consultation with generator service provider" the maintenance angineer was able to identify the a nacessary to control transfer time. The switch now mailmum transfer time in seconds". The generator bides and transfer time were under 10 excepts both "Facility maintenance of controlled to increased AdministrationDesignous by 11/08/12.  "Camerator checks of Micro weekly and then weakly with the maintenance ancineer's Maintenance Qual Round Sheet.  "Tag K 144 will be discussed in the next QA mooting therefore.  COMLETION DATE: NOYE/MBER 8,2012.	10 records  Gregory Pools*; which which shall lis* that been tosted times, by tha will be included try Assurance	11/6/12
	Surveyor: 27871 Based on observation approximately 3:30 plants were noncompleted	riot met as evidenced by: ons and staff interview at orn onward, the following ollant, specific findings ild not crank and transfer in sted.		- Andrew Control of the Control of t			
-				- 1			1