DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/04/2012 FORM APPROVED OMB NO. 0938-0391

| CENTERS FOR MEDICARE & MEDICAID SERVICES | | | 1 | 0.0000-0001 | | |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ' ' | | E CONSTRUCTION / OCT 17 2002 | (X3) DATE SUR COMPLETE | |
| | 345240 | B. WN | G | | 09/2 | 0/2012 |
| NAME OF PROVIDER OR SUPPLIER | | | | 4 | | |
| WARREN HILLS A PERSONAL CARE | | ·. | l | | | |
| EFICIENCY | MUST BE PRECEDED BY FULL | | | (EACH CORRECTIVE ACTION SHOUL | LD BE | (X5) COMPLETION DATE |
| HOUSER CE SER ust proviservices rly, and EMENT servation lity record oper many was containly selection at the shower record at 12: at 12: at 12: at 12: at 12: at at 13: at committee selection and a dark selection at a dark selection | KEEPING & VICES Ide housekeeping and a necessary to maintain a comfortable interior. Is not met as evidenced ans, staff interviews and add, the facility failed to intenance and anducted on 2 of 4 resident ower rooms (central bath or room and central bath for room and central bath for muse central shower/bath on the 600 hall. The ang and maintenance issues amon use central bathroom cross from rooms 623 & substance on all sides of the | F25 | 253 | Warren Hills Nursing Center acknowle submitted as a written allegation of corproposes this plan of corrections to the that the summary of finding is factual and in order to maintain compliance wapplicable rules and provisions of qua of residents. The Plan of Corrections submitted as a written allegation of compliance. Warren Hills Nursing Center's respons statement of deficiencies and plan of does not denote agreement with the of deficiencies nor does it constitute a admission that any deficiency is accur Furthermore, Warren Hills reserves to refute any deficiency on this stater of deficiencies through informal Disputes of deficiencies through informal Disputes of deficiencies through informal Disputes of Legal Procedures. The facility shall ensure the programintain proper cleaning of combath/shower and central bath and the blue shower room across from 623 & 624 the floor threshold pl | edges and compliance, the extent ly correct with ditty of care is see to this correction statement and the right ment little over shall amon-use rea clean. | 9/21/12 |
| ower. I shower hole - dr. d where I the han com that Id come e entry e | stall with a missing drain ain in floor) and had 1 screw drain cover was broken off. d rail in commode area of was loose on wall and when approximately 1 inch from and. | | | handrails in commode area of th room has been tightened. Bath faucet that was running is fixed. 15- 1x1 ceramic tiles missing froi by bathtub in the yellow shower between 609 & 610 have been r | ne shower tub . The m floor room | (X6) DATE |
| | MARY STA EFICIENCY ORY OR L HOUSER USE PROVI SERVATION INTERPREDICTION OPER MAS CO bath/sho e shower for the shower for the shower for the sekeeping a dark so d plate volume. Sekeeping a dark so d plate volume. Shower for the hand come the hand come the hand come the hand come the hand come the hand | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345240 JER NAL CARE MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL ORY OR LSC IDENTIFYING INFORMATION) HOUSEKEEPING & CE SERVICES Just provide housekeeping and services necessary to maintain a rily, and comfortable interior. JEMENT is not met as evidenced Servations, staff interviews and lity records, the facility failed to oper maintenance and gwas conducted on 2 of 4 resident bath/shower rooms (central bath as shower room and central bath 600 shower room). Jude: 12 at 12:50 observations were made at common use central shower/bath 63 yellow) on the 600 hall. The sekeeping and maintenance issues Jent common use central bathroom room) across from rooms 623 & a dark substance on all sides of the d plate where it meets the tile floor ower. Shower stall with a missing drain nole - drain in floor) and had 1 screw d where drain cover was broken off. Ithe hand rail in commode area of the own that was loose on wall and when lid come approximately 1 inch from the entry end. | IER NAL CARE MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL FORY OR LSC IDENTIFYING INFORMATION) HOUSEKEEPING & FOR SERVICES JUST PROVIDE A SERVICES JUST PROVIDE HOUSEKEEPING & FOR SERVICES JUST PROVIDE HOUSEKEEPING & JUST PROVIDE HOUSEKEEPING AND SERVICES JUST PROVIDE HOUSEKEEPING & JUST PROVIDE HOUSEKEEPING AND SERVICES JUST PROVIDE HOUSEKEEPING & JUST PROVIDE HOUSEKEEPING AND SERVICES JUST PROVIDE HOUSEKEEPING & JUST PROVIDE HOUSEKEEPING AND SERVICES JUST PROV | IER NAL CARE MARY STATEMENT OF DEFICIENCIES ESCIPICIENCY MUST BE PRECEDED BY FULL ORY OR LSC IDENTIFYING INFORMATION) HOUSEKEEPING & F 253 CE SERVICES ust provide housekeeping and services necessary to maintain a riy, and comfortable interior. EMENT is not met as evidenced servations, staff interviews and lity records, the facility failed to oper maintenance and g was conducted on 2 of 4 resident bath/shower rooms (central bath as shower room and central bath 600 shower room). Ide: 12 at 12:50 observations were made at common use central shower/bath 2 yellow) on the 600 hall. The sekeeping and maintenance issues Ident common use central bathroom room) across from rooms 623 & a dark substance on all sides of the d plate where it meets the tile floor ower. shower stall with a missing drain nole - drain in floor) and had 1 screw d where drain cover was broken off. Ithe hand rail in commode area of one that was loose on wall and when lid come approximately 1 inch from | A BUILDING 345240 STREET ADDRESS, CITY, STATE, ZIP CODE 864 US HWY 158 BUSINESS WEST WARRENTON, NC 27589 MARY STATEMENT OF DEFICIENCIES EFFICIENCY MUST BE PRECEDED BY FULL OPY OR LSC IDENTIFYING INFORMATION) FOR OR LSC IDENTIFYING INFORMATION OFF OR LSC IDENTIFYING INFORMATION F 253 Warren Hills Nursing Center acknowle submitted as a written allegation of corposes this plan of corrections to that the summary of finding is factual and in order to maintain compliance a papicable rules and provisions of qua of residents. The Plan of Corrections to that the summary of finding is factual and in order to maintain compliance a papicable rules and provisions of qua of residents. The Plan of Corrections to the that the summary of finding is factual and in order to maintain compliance and of residents and plan of corrections to the submitted as a written allegation of compliance. Warren Hills Nursing Center's responsatement of deficiencies and plan of corrections or dual of efficiencies or does it constitute admission that any deficiency is accurate to refute any deficiency is accurate to refute any deficiency on this state of deficiencies nor does it constitute admission that any deficiency is accurate to refute any deficiency on this state of deficiencies through informal Displance. Warren Hills Nursing Center's responsatement of deficiencies and plan of compliance. Warren Hills Nursing Center's responsatement of deficiencies and plan of desirable and responsable to common use central bath as shower room accentral bath as shower room accentral bath each common use central bath each common use central bath room and central bath and the deficiencies through informal Displance. F 253 The facility shall ensure the programmanitation proper cleaning of combination of the programmanitation of | A BUILDING 345240 3 WANG 3 WARRENTON, NC 27699 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCE) ACTION SHOULD BE CROSS REFERENCE WARRENTON, NC 27699 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCE) ACTION SHOULD BE CROSS REFERENCE WARRENTON, NC 27699 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCE) APPROPRIATE OFFICIENCY) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCE). THE PLAN OF CORRECTION SHOULD BE CROSS REFERENCE WAS SHOULD BE CROSS REFERENCE. THE PLAN OF CORRECTION SHOULD BE CROSS REFERENCE. THE PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCE. THE PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCE. 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THE PLAN OF CRASS ACTION SHOULD BE CROSS REFERENCE. THE |

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.

10-12-12

Facility ID: 923530

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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| STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLI A. BUILDING | (2) MULTIPLE CONSTRUCTION BUILDING | | (X3) DATE SURVEY COMPLETED | |
| | | 345240 | B. WNG | | 09/20/2012 | | |
| NAME OF PR | OVIDER OR SUPPLIER | | STRE | ET ADDRESS, CITY, STATE, ZIP CODE | | | |
| | | | / 864 | 4 US HWY 158 BUSINESS WEST | | | |
| WARREN | HILLS A PERSONAL CA | RE | W | ARRENTON, NC 27589 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE | |
| F 253 | running (could not be handles). 600 hall resident corr (yellow shower room 610: 1) Observed 15 - 1x from floor by bath tut On 09/18/2012 at 7:5 observations were manager (staff memlog/19/2012 at 8:40 a work order process a observations in the the bath/shower rooms of maintenance manager filling out facility work would fill out a maintenance which needed repair filled out it would be if after hours the star work order request it maintenance office of manager stated he is shower rooms of the country of the star work order request it maintenance office of manager stated he is shower rooms of the country of the star work order request it maintenance office of manager stated he is shower rooms of the country of the star work order request it maintenance office of manager stated he is shower rooms. | th tub faucet was constantly turned off by the faucet turned off both resident tower rooms (Blue & Yellow) same items found previously n-repaired. If acility's maintenance the #3), was conducted on the concerning the facility's and maintenance related two resident common use to the 600 hall. The er stated the procedure for k orders was that the staff tenance work order (located on and on his office door) to related issue was found. Once the work order was turned into him personally or the would place the filled out | F 253 | All shower rooms, shower state handrails in common area of strooms shall be checked daily issues. Staff inserviced on filling maintenance repair slips for a chipped, broken, missing, loos handrails, etc. Maintenance supervisor, RN stand/or designee shall monitor shower areas daily for any costo include handrail in common of shower room. Any issues if shall be put on maintenance slip and taken care of daily by maintenance staff. A QA audit tool shall be used maintenance supervisor and/designee to monitor shower indaily for any concerns X 3 monthen monthly X 1 year. The Quality Assurance Community include the Medical Direct Maintenance Supervisor, and designee shall review the resumonthly. The action plan sharevised to ensure continued of | shower for any ing out inything se supervisor, r all incerns, n areas found repair by for rooms ittee or, /or ults ill be | | |
| | asked if there were a orders kept in any of | maintenance manager was any other filled out work ther locations and he stated, e." The Maintenance | i i i i i i i i i i i i i i i i i i i | · | | | |

Facility ID: 923530

manager was asked if he knew of any

DEPARTMENT OF HEALTH AND HUMAN SERVICES

| STATEMENT C | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345240 | | A. BUII | LDIN | | (X3) DATE S' COMPLE | |
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| NAME OF PROVIDER OR SUPPLIER WARREN HILLS A PERSONAL CARE | | | , | | REET ADDRESS, CITY, STATE, ZIP CODE 864 US HWY 158 BUSINESS WEST WARRENTON, NC 27589 | | |
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| F 253 | maintenance related problems or issues in either of the common use bath/shower rooms on the 600 hall. The maintenance manager indicated he was unaware of any maintenance problems or issues in either of the 600 hall's common use bath/shower rooms. A review of the facility's maintenance work orders was conducted with the facility's maintenance manager. The maintenance manager pulled a card board binder holder box from a shelf which he indicated was where he kept the work orders. During the review the maintenance manager was asked to pull all of the work orders for the 600 hall (completed and uncompleted). After the review of all the filled out work order requests it was revealed there were no work order request forms for any item/issue/problem for either of the | | F3 | 71 | The facility shall procure food from sources approved or considered satisfactory by Federal, State, or Local authority and store, prepare, distribute, and serve food under sanitary conditions. The facility microwave was cleaned thoroughly and placed on cleaning list daily. All sealed inner box storage frozen foods are closed and removed from freezer condenser area. The dough rolls, box of biscuit dough, pork chops, frozen vegetables in the walk-in freezer were discarded. Also, the chicken, ground beef, and hotdogs in the outside freezer were removed from under condenser fan and discarded. | | 9/21/12 |
| | On 09/19/2012 at 9: made with the facility the noted issues/promaintenance. The indicated that in the bath/shower room the shower stall threcleaned or the plate remove the black sumanager indicated the broken off/missing a and the screw that we possibly injure a reson. The maintenanch and rail in the commeeded repair as it werock. The maintenanch | nower rooms on the 600 hall. 10-a.m. an observation was y's maintenance manager of blems/items needing maintenance manager 600 hall's blue common use he black substance around shold plate needed to be removed and replaced to bstance. The maintenance he shower drain cover was nd needed to be replaced was left in the drain could ident's foot if it was stepped be manager also indicated the mode area was loose and was pulling out of the sheet noce manager attempted to running water then indicated | | | The Dietary Manager inserviced staff on proper storage of food (closing open sealed plastic bag keeping food from under the condenser fan to prevent freez in freezers inside and outside. These areas shall be Quality Assistance areas shall be Quality Assistance Assistance Manager, and/or designed aily. A Quality Assurance and tool shall be used daily X 3 mor then 2X weekly X 1 year. The Quality Assurance Committed include the Medical Director, I Manager, and/or designee shall | g), and er burn surance ant nee it nths | |

| STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | PLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| F 371 | faucet and the fauce repaired/replaced. Indicated he should each of the items of not. In the yellow content maintenance material to the maintenance material to their foot or a showe should have receive them but did not. On 09/19/2012 at 9: conducted with a reaction of the process of the maintenance work order and turn explained, When a reaction or on the maintenance work order and turn at the nurse's station or on the maintenance work order and turn the staff are supposimal the nurse's station or on the maintenance work order the maintenance material the nurse is station or on the maintenance material the nurse is station or on the maintenance material the nurse is station or on the maintenance material the maintenance material the maintenance material the staff are suppositely the maintenance material the materi | the running water from the at washers needed to be The maintenance manager have received work orders for oserved needing repair but did ommon use bath/shower room anager indicated there were as missing on the floor by the dicause a resident to injure at chair to get stuck and he did a work order to replace. 30 a.m. an interview was gistered nurse located on the clion (staff member #4), edure for filling out a facility ing it in. Staff member #4 maintenance issue is founded to fill out a blank order. They are located here in and at each nurse's station, are is filled out we turn it into anager or if it's on an after he work order in his inbox on the en asked if she knew of any in either of the 600 hall see bath/shower rooms.the No." OCURE, | F468 | review the results monthl action plan shall be revise ensure continued complia | y. The d to ince. Pridor rails 620 and een ms 610 & & 604, 005, 85, and 83 have all cured. y have been staff and are ng out for any sile, isor e a Fool to hout the | 9/21/12 |
| | | distribute and serve food | | , | | 1 |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING | E CONSTRUCTION | (X3) DATE S COMPL | |
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| | OVIDER OR SUPPLIER HILLS A PERSONAL CA | RE | 864 | ET ADDRESS, CITY, STATE, ZIP CODE 4 US HWY 158 BUSINESS WEST ARRENTON, NC 27589 | | |
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| | This REQUIREMENT by: Based on observation review of facility recommendates and the kitchen's microward day's use, seal inner freezer burn to food it boxes of frozed foods freezer condensers a boxes. Findings include: On 09/17/2012 at 10 made of the facility's dietary manager (state of the facility's dietary manager (state of the bottom assistant dietary manager individuals the soup that ovidietary manager individuals have been clean 09/16/2012. During an observation freezer, 1 package of | ions T is not met as evidenced ans, staff interviews, and ards, the facility failed to clean ave oven after a previous box storage bags preventing tems, and properly store as from being dripped on by allowing ice build up on the 150 a.m. an observation was kitchen with the assistant ave oven was observed to bstances on the glass aven walls and under the surface of the oven. The hager indicated the last item en staff, was a cup of soup 16/2012 and the substance er heated. The assistant cated the microwave oven eaned after the dinner meal of the facility's reach in f dough rolls (24 rolls) were | F468 | The Quality Assurance Conto include the Medical Dire Maintenance Supervisor, a designee shall review the aresults monthly. The Actionshall be revised to ensure compliance. | ector, and/or audit on Plan | |
| | observed in a plastic | bag open to the air. The | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIP A. BUILDING | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | ROVIDER OR SUPPLIER HILLS A PERSONAL C | ARE | 8 | EET ADDRESS, CITY, STATE, ZIP CODE 64 US HWY 158 BUSINESS WEST VARRENTON, NC 27589 | | |
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| F 371 | rolls were observed an ice build up on the manager indicated the activities director/stathem for activities with assistance dietary method to be freezer to the facility's walk in observed to have 1 le biscuits) open. The observed to be open burn and ice buildup observed in the kitch previously opened by 2 boxes of previously located under the free was a 1-2 inch ice but the inside condenser on the boxes. The activities indicated the boxes of the dripping of the drip onto the boxe. The facility's outside observed to have 2 beground beef) under the condenser/fan. The observed to have a flids from the dripping assistant dietary man should not have been condenser unit allow boxes and freeze. | to be freezer burned and had e rolls. The assistant dietary he rolls belonged to the off/department and they used the the residents. The manager also stated the rolls rapped tightly and when burned discarded. freezer in the kitchen was boox of biscuit dough (120 cut inner plastic bag was at to the air and had freezer on biscuit dough. Also men's walk in freezer was 1 box of meat (pork chops) and by opened frozen vegetables be ezer's condenser/fan. There wild up on the box lids from a runit observed to be dripping sesistant dietary manager should not have been placed ondenser unit allowing water is and freeze. | F 371 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | | PLE CONSTRUCTION 3 | (X3) DATE SURVEY COMPLETED | | |
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| | | 345240 | B. WN | G | | 09/2 | 20/2012 | |
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| F 468 SS=E | was observed with the was a half full box of bag was observed to not closed). The hot ice crystals on them, indicated that the innuclosed and sealed predesion of the predesion of the facility must equisecured handrails on the facility must equisecured handrails on the facility record ensure the hand rails resident corridors/half indings include: On 09/17/2012 at 12: were made of resider hand rails on the 600 observations it was realls were observed to walls: Between room 620 & rooms 615 & 616; between rooms 602 & facility between | ager (staff member # 2). It e dietary manager that there hot dogs which the inner be open to the air (bag was dogs were observed to have The dietary manager er bag should have been otecting it from the open air. DORS HAVE FIRMLY ILS p corridors with firmly each side. is not met as evidenced ns, staff interviews and rds, the facility failed to were secure on 1 of 5 ls (600 hall). 45 several observations ats in wheel chairs using the hall. During the evealed the following hand to be loosely attached to the soiled utility room; between tween rooms 610 & 612; a 604; between 603 & 605; a 635, and between rooms | | 371 | | | | |

| · / | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING | E CONSTRUCTION | (X3) DATE SU COMPLET | |
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| F 468 | The hand rails wer loosely to the walls An interview with the manager (staff mer 09/19/2012 at 8:40 work order process 600 hall. The main procedure for filling the staff would fill of (located at each nut door) when a main which needed repartilled out it would be if after hours the stain the inbox on his maintenance mana orders in his office manager was aske out work orders kep he stated, "No, only Maintenance mana any issues/problem 600 hall. The main was unaware of an issues/problems with a review of the facil was conducted with manager. The main card board binder he indicated was with During the review the all the filled out work orders for the filled out work orders f | made of the same hand rails. e observed to still be attached and not repaired. The facility's maintenance of the facility's maintenance of the and loose hand rails on the stenance manager stated the out facility work orders was ut a maintenance work order rase's station and on his office denance related issue is found in. Once the work order was turned into him personally or aff would place the work order maintenance office door. The ger stated he kept the work in a file. The maintenance of the maintenance of the work order maintenance of the work order maintenance of the work order maintenance office door. The ger stated he kept the work in a file. The maintenance of the work order maintenance of the work order maintenance office door. The ger was asked if he knew of s with the hand rails on the tenance manager indicated he | F 468 | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA !DENTIFICATION NUMBER: | | (X3) DATE SURVEY COMPLETED | | | |
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| | | 345240 | B. WIN | G | | 09/3 | 20/2012 |
| | ROVIDER OR SUPPLIER HILLS A PERSONAL C | ARE | | STREET ADDRESS, CITY 864 US HWY 158 BU WARRENTON, NC | SINESS WEST | ., . | |
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| F 468 | made with the facility the observed loose in the maintenance may hand rails identified/should have had work facility's staff requestion of the maintenance work order and turning explained, When a maintenance work order and turning explained, when a maintenance work order and turning explained, when a maintenance work or at the nurse's station or on the maintenance work order the maintenance maintena | ails on the 600 hall. 10 a.m. an observation was a research and rails on the 600 hall. In anager indicated all of the observed were loose and at corders filled out by the ting their repair. 30 a.m. an interview was a pistered nurse located on the cord (staff member #4), and the filling out a facility and it in. Staff member #4 anaintenance issue is found at the fill out a blank and at each nurse's station, are manager's office door. It is filled out we turn it into anager or if it's on an after a work order in his inbox on a sked if she knew of any and 600 hall being loose the | F | 468 | | | |

PRINTED: 11/05/2012 FORM APPROVED OMB NO. 0938-0391

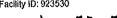
(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION 01 - MAIN BUILDING 01 A. BUILDING NOV 2 (1 2012 B. WING 10/31/2012 345240 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 864 US HWY 158 BUSINESS WEST A THE ME WARREN HILLS A PERSONAL CARE WARRENTON, NC 27589 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X6) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Warren Hills Nursing Center acknowledges and K 018 NFPA 101 LIFE SAFETY CODE STANDARD. K 018 submitted as a written allegation of compliance. proposes this plan of corrections to the extent SS=D that the summary of finding is factually correct Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or and in order to maintain compliance with applicable rules and provisions of quality of care hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core of residents. The Plan of Corrections is wood, or capable of resisting fire for at least 20 submitted as a written allegation of minutes. Doors in sprinklered buildings are only compliance. required to resist the passage of smoke. There is Warren Hills Nursing Center's response to this no impediment to the closing of the doors. Doors statement of deficiencles and plan of correction are provided with a means suitable for keeping does not denote agreement with the statement the door closed. Dutch doors meeting 19.3.6.3.6 of deficiencies nor does it constitute an 19.3.6.3 are permitted. admission that any deficiency is accurate. Furthermore, Warren Hills reserves the right Roller latches are prohibited by CMS regulations to refute any deficiency on this statement in all health care facilities. of deficiencies through informal Dispute Resolution, Formal Appeal and or Administrative or Legal Procedures. 12/14/12 Doors throughout the facility K018 shall close and latch properly. Doors to room numbers 103, 104, 105, 213, 405, and 406 have been adjusted by maintenance and close/latch properly. This STANDARD is not met as evidenced by: All doors throughout the building A. Based on observation on 10/31/2012 the were checked by maintenance to ensure doors to the following rooms failed to latch . that they close and latch properly. 103,104, 105, 213,405 and 406. Staff shall be re-inserviced on filling 42 CFR 483.70 (a) out maintenance request if they notice K 062 NFPA 101 LIFE SAFETY CODE STANDARD K 062 any doors throughout the facility not SS≍D closing/latching properly so maintenance Required automatic sprinkler systems are continuously maintained in reliable operating can readjust/repair it. condition and are inspected and tested The facility maintenance supervisor/and 19.7.6, 4.6.12, NFPA 13, NFPA periodically. or designee, to include all staff of the 25, 9.7.5 facility shall randomly throughout the day test doors in the facility for closing/latching properly. (X6) DATE LABORATORY PRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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 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

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 program participation.

Danny Moss

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



11/16/12

Administrator

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1' | IULTIP LDING | PLE CONSTRUCTION O 01 - MAIN BUILDING 01 | (X3) DATE SURVEY COMPLETED | |
|---|--|---|-------------------|-----------------|--|--|----------------------------|
| | | 345240 | B. WII | lG | | 10/31 | /2012 |
| • | ROVIDER OR SUPPLIER | | | 86 | EET ADDRESS, CITY, STATE, ZIP CODE 14 US HWY 158 BUSINESS WEST VARRENTON, NC 27589 | | |
| (X4) ID PREFIX TAG | IFACH DEFICIENC | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | OFD RF | (X5) COMPLETION DATE |
| K 062 | This STANDARD A. Based on observinkler heads in | is not met as evidenced by: ervation on 10/31/2012 the the electrical room on the 500 d and must be changed. | ко | | A Quality Assurance monitor she used by facility Plant Manager/and to monitor all doors throughout the closing and latching properly week then monthly X 1 year. The Quality Assurance Monitor s be reviewed/revised as necessary to compliance by the facility administrate Plant Manager monthly. | or designee facility for ly X 4 weeks heet shall o maintain | |
| | | | | 52 | The automatic sprinkler system continuously maintained in reliable condition and are inspected and to periodically. The sprinkler head in the electric on the 500 hall has been replaced, sprinkler heads throughout the fact been inspected for any signs of definctude corrosion, and replaced as Staff were re-inserviced on filling maintenance request if they notice of corrosion/difference in sprinkle throughout the facility so maintens fix them. A Quality Assurance Monitor sign was designed to monitor all sprinkler has throughout the facility for any sign corrosion/areas of concern weekly X then monthly X 1 year to maintain reliable operating condition. The Quality Assurance Monitor be reviewed/revised as necessary compliance by the facility administing the Plant Manager monthly. | e operating ested cal room All cility have fect, to so needed. The ads ance can neet shall or/and or eads a for a few of a few o | 12/14/12 |