

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345192</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/30/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LONGLEAF NEURO-MEDICAL TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4761 WARD BOULEVARD WILSON, NC 27893</b>
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F 000	INITIAL COMMENTS	F 000		
F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to: a) maintain safe and functional flooring for 5 out of 140 resident rooms observed, rooms 237, 240, 248, 414, and 422, b) repair broken, loose or missing tiles in 3 out of 8 shared hallway resident bathrooms observed on third, fourth, and fifth floor hall baths, c) maintain a smooth flooring surface for one of three resident gathering areas observed on the fourth floor, d) maintain secure wall brackets used to anchor furniture chests to the wall in 5 out of 83 resident rooms observed, rooms 304, 310, 325, 511, 524, and 533, e) replace a missing drawer handle on 1 out of 140 chest of drawers observed in room 320 B, and f) maintain clean floors in 9 out of 81 resident room doorways, 3 out of 6 resident hallways, and 2 out of 3 resident gathering areas near the nurses ' stations on 3 of 5 resident floors of the facility. Findings included:</p> <p>a. An observation of resident room flooring on 01/28/2015 at 10:30 AM, the following items were noted: linoleum wrap missing at the entrance to</p>	F 253	<p>1. The following actions have been accomplished/ implemented by the Plant Operations Director (DPO) related to the survey observations:</p> <p>a. The missing linoleum wrap at the entrance of room 237 and the chipped linoleum at the entrances of rooms 240 and 238 (there is no room 248) were repaired February 12, 2015. The missing linoleum tiles at the doorway/entrance of rooms 414 and 422 were replaced February 12, 2015.</p> <p>b. The missing tiles in the 300 North bathroom and the missing and cracked tiles in the 300 North bathroom were repaired February 17, 2015. The loose tile in the 400 South bathroom shower area was repaired February 16, 2015.</p> <p>c. The unsmooth floor/not secured glued tile in the 4th resident area was repaired January 29, 2015. The flooring edge</p>	2/27/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>02/19/2015</b>
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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.

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F 253	<p>Continued From page 1</p> <p>room 237, chipped linoleum on the floor at entrances of rooms 240 and room 248, linoleum tile missing at the at the base of the doorway of room 414, and linoleum tile missing at the entrance of room 422.</p> <p>b. An observation of shared hallway bathrooms on the third, fourth, and fifth floors on 01/28/2015 at 10:55 AM revealed the following: 7 missing tiles in the 300 Hall South hall, two tiles missing at the base of the left side of the lavatory, 2 cracked tiles in the far left hallway bathroom on the 300 North Hall, and a loose tile in the shower area of the 400 South bathroom.</p> <p>c. An observation of the resident gathering areas on the third, fourth, and fifth floors on 01/28/2015 at 11:00 AM revealed there was a large, ill-fitting linoleum tile underneath the leg of an orange chair next to the nurses ' station. One corner of the linoleum tile juttred out of the cut space in the floor and was not securely glued to the floor. In addition, the flooring edge next to the outside of the fourth floor nurses ' station was not glued securely to the floor.</p> <p>d. An observation of room furniture in 5 out of 83 rooms on third, fourth, and fifth floors on 01/28/2015 at 11:20 PM revealed that brackets which were attached to the upper back top of the chests of drawers were unscrewed and/or stripped from the wall in the following rooms: 304, 310, 325, 511, 524, and 533. The metal brackets were completely unattached to the wall, leaving holes in the plaster wall.</p> <p>e. An observation of the chest of drawers on 01/28/2015 at 11:30 AM revealed there was a drawer handle missing from the bottom drawer of</p>	F 253	<p>outside the nurses Station on 4th floor was repaired February 12, 2015.</p> <p>d. The dressers in rooms 304, 310, 325, 511, 524, and 533 were reattached to the walls by February 12, 2015.</p> <p>e. The missing drawer handle in room 320B was repaired January 29, 2015.</p> <p>2. The following actions and systemic changes have been implemented by the DPO to assure other resident areas with potential needed repairs are addressed:</p> <p>a. An Environmental monitoring round composed of the Business Manager, (DPO), Environmental Services Director, Purchasing Officer, QI Coordinator, and Infection Control Nurse was completed on February 12, 2015 and included all resident rooms, areas, and floors. The round focused on identifying flooring and furniture repair needs. Identified floor and furniture repairs were immediately initiated and were completed by February 13, 2015. This round will be completed monthly for 12 months. The monitoring team will be composed of the Business Manager (leader), QI Coordinator, DPO, DES, Infection Control Nurse, Safety Officer, and unit Nurse Managers.</p> <p>b. Additional tiles/linoleum repair supplies have been evaluated and an additional back-up supply will be ordered by February 20, 2015 to repair/replace any future needs.</p>		

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F 253	<p>Continued From page 2 the chest in room 320 B.</p> <p>In a tour of the facility and interview with the Director of Plant Operations (DPO) on 01/29/2015 at 4:30 PM, he stated that the facility would repair all loose, broken, or missing tiles in the resident bathrooms on third, fourth, and fifth floors. In addition, he stated the drawer handle on the bottom drawer of the chest of drawers in room 320 B would be replaced. The DPO also stated the brackets which were pulled out from the wall in rooms 304, 310, 325, 511, 524, and 533 would be reattached to the wall so that the furniture would be securely fixed to the wall. The DPO stated the ill-fitting tile on the floor of the gathering area of the fourth floor would be cut to properly fit the space and would be secured to the floor.</p> <p>In a second interview with the DPO on 01/30/2015 at 10:30 AM, he stated that there had been no repair requests to replace missing linoleum tiles in the facility because replacements in these areas could not be matched, and that the entire floor would have to be replaced to achieve the correct result. The DPO further stated floor replacement was #2 or #3 on a long term list of needs, and that he had to prioritize maintenance repairs. He explained that the state did not want to fund replacement flooring because it was too expensive.</p> <p>f) In an initial tour of the facility on 01/26/2015 at 10 :40 AM, there was dark discoloration observed along the doorway floor for rooms 301, 302, 320, 404, 420, 422, 423, 520, and 521. The third floor north hallway, the fourth floor north hallway, and the fourth floor south hallways had loose dirt particles as well as some discoloration which</p>	F 253	<p>c. The DPO has developed a monitoring checklist and all flooring will be visually checked on a weekly basis starting February 19, 2015 for 2 months, then monthly.</p> <p>d. The Director of Nursing (DON) provided written instructions regarding the responsibility of staff to report all needed flooring and furniture repairs. These instructions will be used as a Read and Sign training to be completed by all nursing staff by February 27, 2015. The nurse shift supervisor on each floor will also continue to monitor the furniture and environment for needed repairs on weekly rounds (three rounds weekly/floor).</p> <p>e. The DPO is meeting with Plant Operations department staff February 19, 2015 to review expectations to check for any needed floor/furniture repairs when they are on resident floors.</p> <p>3. To assure these solutions are sustained, the Environmental monitoring rounds, Plant Operations monitoring, and nurse supervisor rounds results and actions will be forwarded to the QI Committee monthly for review, evaluation, and needed changes for 12 months. Continued monitoring/ reporting and frequency will be determined at the end of the 12 months.</p> <p>4. The following actions have been implemented by the Environmental Services Director (ESD) related to the survey observations:</p>		

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F 253	<p>Continued From page 3</p> <p>appeared to be fixed in place on the floor edges at the wall abutments. Loose dirt and debris was observed in the gathering areas on the floors at the base of the nurses' station walls on the fourth floor, as well as in the gathering area floor edges the on third and fourth floors.</p> <p>On 01/28/2015 at 2:00 PM, an observation of the resident areas of the facility at 2:00 PM revealed that the same rooms, gathering areas, and resident room doorways remained in the same condition as during the initial tour on 01/26/2015 at 10:40 AM.</p> <p>In a tour of the facility and an interview with the Director of Environmental Services (DES) on 01/29/2015 at 3:10 PM, the fourth floor gathering area, the north and south hallways, and the floors at the base of the nurse's station were observed. During the interview, the DES agreed there was dirt and discoloration present and immediately asked a housekeeping staff member to clean the areas, beginning with floors next to the nurse's station. The DES also explained that the floors were old, and that old layers of wax caused discoloration and dirt to adhere to the floor. He further explained that the floor wax was stripped every 6 months, but the dirt and discoloration would build back up within a few months. In addition, the third floor north hallway and gathering area were toured by the DES. The DES stated that the floors needed cleaning and that the areas would be mopped and cleaned.</p> <p>In a second interview with the DES on 01/29/2015 at 4:00 PM, he stated the floors on the fourth floor had been cleaned and that the third and fifth floors were currently in the process of being cleaned.</p>	F 253	<p>a. The doorway flooring for rooms 404, 420, 422, 423 was scrubbed and cleaned during the survey. The doorway flooring for rooms 301, 302, 320, 520, and 521 was scrubbed and cleaned February 12, 2015.</p> <p>b. The floor edges at the wall abutments on 3 North and 4 South hallways were cleaned and scrubbed during the survey; 4 North hallway was completed February 13, 2015.</p> <p>c. Floors of the 4th floor nurses station and 3rd and 4th floor resident areas were cleaned during the survey.</p> <p>5. The following actions and systemic changes have been implemented by the ESD to assure other resident area floors with potential cleaning needs are addressed:</p> <p>a. Cleaning and scrubbing of all resident doorways, hall and resident area abutments were initiated during the survey and was completed February 12, 2015. All floors will continue to be swept and mopped daily and as needed. In addition, the doorways and abutments will be cleaned and scrubbed on a monthly basis.</p> <p>b. A daily checklist for each resident room/area which includes cleaning of floors will be completed by each responsible Housekeeper and checked by the Team Leader beginning February 25, 2015. The ESD will make weekly rounds</p>		

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F 253	Continued From page 4  An observation of floors in the doorways of rooms 404, 420, 422, and 423 on 01/29/2015 at 4:55 PM revealed the floor had been cleaned and the discoloration had been removed. In addition, an inspection of the floors in the fourth floor gathering area and the nurse's station revealed those areas had been cleaned and were free of dirt and discoloration. The fourth floor hallways had also been cleaned and were free of dirt.  In an interview with the DES on 01/30/2015 at 11:50 AM, he stated that there was no scheduled checklist for cleaning the facility floors and that he was getting ready to develop a dated checklist for cleaning, stripping, and waxing the facility's floors.	F 253	on floors beginning the week of February 23, 2015 to monitor completion of these duties and determine effectiveness of cleaning.  c. A procedure for dusting/sweeping/cleaning floors will be developed and Environmental Services department staff will be trained on procedure and daily checklist February 25, 2015.  d. The Stripping and Waxing schedule was re-evaluated February 11, 2015; each resident floor is stripped and waxed at least every 6 months and as needed. This process is very disruptive to residents' routines and care and takes several days over a 2 week period of time to complete a floor. The monthly scrubbing of the abutments/baseboards and weekly monitoring will aid in determining if a more frequent basis is needed.  e. An Environment monitoring round was conducted February 5, 2015 by a team that included the ESD. All floors were checked for cleanliness. This monitoring round will be conducted monthly for 12 months by the Business Manager (leader), ESD, DPO, Infection Control Nurse, Safety Officer, QI Coordinator, and unit Nurse Managers.  6. To assure these solutions are sustained the Environmental monitoring rounds, the daily check lists, and weekly monitoring will be forwarded to the QI		

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F 253	Continued From page 5	F 253	Committee monthly for review, evaluation, and needed changes for 12 months. Continued monitoring/reporting and frequency will be determined at the end of the 12 months.		
F 254 SS=B	<p>483.15(h)(3) CLEAN BED/BATH LINENS IN GOOD CONDITION</p> <p>The facility must provide clean bed and bath linens that are in good condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to discard damaged or stained linen for 27 out of 70 linen items inspected on one of five resident floors.</p> <p>The findings included:</p> <p>An observation of the fifth floor residents' rooms on 01/30/15 at 11:30 AM revealed a fitted sheet in room 517 and a fitted sheet in room 509 with multiple holes in them.</p> <p>An interview was conducted with Nurse #3 and 5th floor unit manager on 01/30/15 at 10:40 AM. During the interview, Nurse #3 acknowledged that no staff should put any linen with stains or holes in them on the residents' beds. Nurse #3 indicated that damaged linens should be taken out of circulation, by placing them in a bin located in each of the clean linen rooms for disposal.</p> <p>An inspection was conducted with Nurse #4 of the 5th floor clean linen room 01/30/15 at 10:45 AM. The inspection revealed that 39% of 5th</p>	F 254	<p>1. The following actions have been accomplished/implemented related to survey observations:</p> <p>a. The fitted sheets in rooms 509 and 517 were discarded.</p> <p>b. The damaged linen in the 5th floor clean linen room was discarded/removed from inventory January 30, 2015.</p> <p>c. The DON sent a written reminder to nursing staff January 28, 2015 to not use any damaged linen.</p> <p>2. The following actions and systemic changes have been implemented to assure other residents' linens with potential damage are addressed:</p> <p>a. Linen services are provided by an outside state-operated vendor. The soiled linen leaves the Center bagged by the CNAs as they change the linens and</p>	2/27/15	

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F 254	<p>Continued From page 6</p> <p>floor bed linen inspected in the clean linen room were either stained or damaged. Of the 70 linens checked 27 were compromised by stains, holes, and/or tears.</p> <p>01/30/15 Linen inspection:</p> <p>10 wash cloths - 2 stained 10 towels - 1 stained 10 bed spreads - 6 with multiple holes, and 1 stained 10 fitted sheets - 6 ripped or with multiple holes, 1 stained 10 flat sheets - 2 ripped or with multiple holes, 3 stained 10 pillow cases - 1 with multiple holes, 1 stained 10 blankets - 1 with multiple holes, 2 stained</p> <p>A total of 70 linen were checked, 27 linen were damaged, which equals 39% compromised.</p> <p>An interview was conducted with the environmental services manager on 01/30/15 at 11:55 AM. During the interview, the environmental services manager acknowledged that when linen was noticed to be stained or damaged, they should be placed in disposal bins located in the clean linen rooms. The environmental services manager said it was usually the nursing aides who would find the damaged linen and discard them in the disposal bin.</p>	F 254	<p>returns clean and folded. All clean linen in all of the clean linen rooms was checked on February 4 and 5, 2015 and all damaged items were discarded/removed from inventory.</p> <p>b. A sample of 10 (each) sheets, fitted sheets, blankets, spreads, towels, and wash cloths will be checked in each linen room weekly by the ESD/designee beginning February 18, 2015 for 3months then monthly. Damaged, worn, stained items will be discarded/taken out of inventory and not used. Based on the number of items found, additional samples will be audited.</p> <p>c. Between February 11 and February 17, 2015 the following new inventory was placed in use: 540 towels, 150 wash clothes, 36 pillow cases, 100 fitted sheets, 200 flat sheets, and 45 blankets.</p> <p>d. The following amounts of new linen inventory are available at the Center to replace torn/worn/stained items as needed as of February 18, 2015: 3600 wash cloths, 720 towels, 528 flat sheets, 864 fitted sheets, 864 pillow cases, and 96 blankets. An additional 180 bedspreads were ordered February 16, 2015. Inventory will be checked on a monthly basis by the DES, items will be ordered to maintain an adequate supply.</p> <p>e. The Infection Control policy was revised effective February 16, 2015 to further clarify nursing staff expectations regarding not using and disposal of</p>		

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F 254	Continued From page 7	F 254	<p>damaged linens. Training with a read and sign of this policy and expectations will be completed by February 27, 2015.</p> <p>f. Contact will be made with the contract state-operated laundry by February 27, 2015 to make them aware of recent replacements of linens and request their assistance in maintaining our supply.</p> <p>g. The shift nurse supervisor on each resident floor and the shift nursing Peer Mentor on each floor will complete a weekly round checklist that includes monitoring bed linens (6 checks/week/floor).</p> <p>h. An Environmental monitoring round composed of the Business Manager (leader), DES, DPO, Infection Control Nurse, QI Coordinator, Safety Officer, and unit Nurse Mangers will be conducted monthly for 12 months and will include monitoring for damaged linens. An initial round was completed February 5, 2015.</p> <p>3. To assure these solutions are sustained, the monthly Environmental monitoring round, ESD weekly monitoring, and nursing weekly rounds checklists will be forwarded to the QI Committee monthly for review, evaluation, and needed changes for 12 months. Continued monitoring/reporting and frequency will be determined at the end of the 12 months.</p>		
F 463 SS=E	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH	F 463		2/27/15	



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F 463	<p>Continued From page 8</p> <p>The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility 1) failed to maintain operational call bells for 5 out of 48 resident rooms checked on fourth and fifth floors, and 2) failed to maintain a functional emergency call cord in 1 of 5 hallway resident bathroom stalls for observed for emergency call cord functions on the fifth floor. Findings included:</p> <p>1) In an observation on 01/28/2014 at 10:30 AM, a test of the call bell in room 505 revealed the call bell was not illuminating outside the resident 's room, and there was no audible response via the call bell speaker system.</p> <p>In a tour of the fifth floor on 1/29/2015 at 10:50 AM with Nurse #4, she entered room 505, pressed the call bell, and it did not illuminate and made no sound. A tour of the remaining 28 fifth floor room call bells with Nurse # 4 revealed that 4 of the 29 call bells were not lighting outside the resident rooms on the fifth floor made no audible sound. These included the following private rooms: 509, 505, 524, and 536.</p> <p>In an observation which occurred on 01/29/2015 at 11:15 AM, the call bell in room 403 B did not illuminate when pressed or make any sound.</p> <p>A tour of the facility and an interview with the</p>	F 463	<p>1. The following actions have been accomplished/implemented related to the survey observations:</p> <p>a. Call bells in rooms 505, 509, 524, and 536 were repaired during the survey by Plant Operations.</p> <p>b. Call bells in room 403 B and 2 North bathroom were repaired January 29, 2015 by Plant Operations.</p> <p>c. The DON sent a reminder to all nursing employee to check call bells on January 28, 2015.</p> <p>2. The following actions and systemic changes have been accomplished/implemented to assure other resident call bells with needed potential repairs are addressed:</p> <p>a. A check of all call bells was made by nursing and Plant Operations staff on January 29, 2015 and repairs initiated.</p> <p>b. A follow-up check by Plant Operations was completed February 2, 2015 and daily (Mon-Fri) since then. These daily checks will continue through February 20,</p>		

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F 463	<p>Continued From page 9</p> <p>Director of Plant Operations (DPO) was conducted on 01/29/2015 at 4:00 PM. During the tour, the call bells in rooms 509, 505, 524, and 536 had been repaired. During the interview, the DPO stated there was no system for periodically checking call lights for function in the facility. The DPO explained that if a staff member noted there was a call bell which was not functioning, that staff member would fill out a work order in the computer and submit it electronically to the Plant Operations Department.</p> <p>A review of the work orders placed for the week of 01/26/2015 revealed that work orders had been placed to repair call bells for rooms 505, 509, 524, and 536 on for 01/29/2015 at 11:18 AM after Nurse #4 discovered they were not working. There was no work order noted for call bell repair for room 403 B.</p> <p>During an interview with a fifth floor nurse, Nurse #5 on 01/30/2015 at 1:32 PM, she stated that if a nurse found a call bell that was not working, the nurse would inform the unit secretary who would then place a work order via computer to notify the Plant Operations Department. Nurse #4 stated she did not have any knowledge of a routine call bell check by the nurses to determine the functional status of call bells.</p> <p>In an interview conducted with a Health Care Technician, (HCT) #1 on 01/30/2015 at 1:35 PM, she stated if she discovered that a resident's call bell was not working, she would report it to the nurse or to the unit desk clerk so that a work order could be placed for repair.</p> <p>In an interview with the Unit Manage, Nurse #3 on 01/30/2015, she stated that the supervising nurse</p>	F 463	<p>2015, and then they will be completed weekly for 2 months, then monthly.</p> <p>c. 36 replacement call bells were ordered January 29, 2015 and received January 30, 2015. A replacement inventory of 24 call bells will be maintained for needed replacements effective February 27, 2015; 24 additional call bells were ordered February 16, 2015.</p> <p>d. The shift nurse supervisor on each floor and the shift Peer Mentor (CNA) on each floor will monitor call bells weekly (6 times/week/floor).</p> <p>e. The DON will provide retraining through read and sign instructions for staff to use clips to secure call bells whenever possible to prevent possible call bell damage and to report needed repairs; retraining to be completed by February 27, 2015.</p> <p>f. The DPO will meet with Plant Operations department staff February 19, 2015 and remind them to check bells randomly when on residents floors.</p> <p>g. An Environmental monitoring round, which already includes call bell monitoring will be conducted monthly for 12 months by the Business Manager (leader), DPO, DES, Safety Officer, QI Coordinator, Infection Control Nurse, and unit Nurse Managers.</p> <p>3. To assure these solutions are sustained, the Environmental rounds,</p>		

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F 463	<p>Continued From page 10 would monitor for malfunctioning equipment or call bells on fourth floor.</p> <p>2) In an observation made on 01/29/2015 at 11:15 AM, the emergency call cord in the second stall of the fifth floor north wing hallway resident bathroom was not functioning when the cord was tested.</p> <p>In an observation and test of the same bathroom stall with the Director of Plant Operations (DPO) on 01/29/2015 at 4:15 PM, the emergency cord was still not lighting or sounding when the call cord was pulled.</p> <p>In an interview with the DPO during the observation at 4:15 PM on 01/29/2015, he stated he was surprised the emergency cord was not working and that it would be fixed as soon as possible.</p> <p>A review of the work orders placed for call bell repairs revealed there were no work orders to repair the emergency call cord in the second stall of the fifth floor north hallway bathroom.</p> <p>During an interview with the DPO on 01/29/2015 at 4:15 PM he stated there was no system for periodically checking call lights for function in the facility by the maintenance department. The DPO explained that if a staff member noted there was a call bell or call cord which was not functioning, that staff member would fill out a work order in the computer and submit it electronically to the Plant Operations Department.</p> <p>In an observation and test of the same emergency call cord on 01/30/2015 at 10:30 AM, the emergency call cord was functioning.</p>	F 463	Plant Operations call bell daily/weekly checks, and nursing weekly checks will be forwarded to the QI Committee monthly for review, evaluation, and needed changes for 12 months. Continued monitoring/reporting and frequency will be determined at the end of 12 months.		

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

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