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

CENTERS FC	R MEDICARE & MEDICAID SERVICES			"A" FORM	
STATEMENT OF	F ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY	
NO HARM WIT	H ONLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:	
FOR SNFs AND NFs					
		345492	B. WING	7/31/2015	
NAME OF PROV	/IDER OR SUPPLIER	STREET ADDRESS,	CITY, STATE, ZIP CODE	•	
NAME OF PROVIDER OR SUPPLIER NC STATE VETERANS NURSING HOME		214 COCHRAN	214 COCHRAN AVENUE		
		FAYETTEVILLE, NC			
ID		I			
PREFIX					
TAG	SUMMARY STATEMENT OF DEFICIENC	TES			
F 254	483.15(h)(3) CLEAN BED/BATH LINENS IN GOOD CONDITION				
	The facility must provide clean bed and bath linens that are in good condition.				
	The facility must provide clean bed and bath linens that are in good condition. This REQUIREMENT is not met as evidenced by: Based on observations and staff and resident therviews the facility failed to assure clean linens were provided for two residents (<i>R</i> staff staff <i>R</i> and Resident # 13) who resided in two of the eleven resident rooms where the condition of bed linens was checked. The findings included: On 7/30/15 at 9.47 AM the unit manager of B-Hall was accompanied as eleven rooms on the unit were checked for the condition of linens. In all the eleven rooms the beds had been completely made. When the unit manager pulled back the outer covers from Resident # 13' s bed, it was observed that there were multiple obvious blood spots on the pillowcase and a spot of families hrown fluid. The unit manager stated the the blood could have soiled the pillowcase when the resident had been shaved and that the tannish brown fluid appeared like "slobber" to her. When the unit manager pulled back the outer covers from Resident # 7 's completely made bed, there were obvious multiple dried blood spots observed on the top sheet. Resident # 7 was within the room at the time and stated bloeding two days ago and that must have been when the blood got on the sheet. As the condition of the linens was checked in the eleven rooms the unit manager was questioned about the facility' s practice of changing linens. The unit manager stated the bed linens were hanged three times per week routinely and as needed. The unit manager stated the the innens with blood should have been changed prior to the beds being made.				

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

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