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

PRINTED: 05/24/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
[^8		A. BUILDIN	A. BUILDING			С	
		345434	B. WNG_			1	/16/2016
NAME OF PROVIDER OR SUPPLIER		1	STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 001	10/2010	
				321	EAST CARVER STREET		1
CARVER	LIVING CENTER			DU	RHAM, NC 27704		
(X4) JD	i e	ATEMENT OF DEFICIENCIES	IĐ.		PROVIDER'S PLAN OF CORRECTION (X:		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRU DEFICIENCY)		COMPLETION DATE
Enna	483.25(h) FREE OF	ACCIDENT	>				
F 323			F3	523	F323		! [
SS=E	TIAZARDO/OOI ERVI	OIOWDEVICEO ,	1		Electrical cords for 105, 111B, 1	24B	6/10/16
	The facility must ensu				were replaced by Maintenance	•	
	environment remains as is possible; and ea	as free of accident hazards			Director on 5/16/16, as well as		
		and assistance devices to					1
	prevent accidents.				electrical cords for 103A, 107B,		
					108A, 116B, 117B, 118B, 122B,		
:		•			212A, 302B, 304B, 315B, 326B,		
					332A, 337A, and 338B to ensure		
	This REQUIREMENT	is not met as evidenced			beds are in safe operating cond	ition.	
	by:						
		iew, staff interviews, and lity failed to replace 16 out					
		s (6 pendant remotes, 4 call			Audit of all beds was completed	,	
		er cords) that had exposed			Maintenance Director on 5/16/	16.	
		raying or excessive wear. 3			Any defective cords were replace	:ed	
	the defects to cover the	lack tape wrapped around he exposed wires			during the audit by Maintenanc	е	
	Findings included:	no ospecca vince.			Director on 5/16/16, including 1	.03A,	
		e manual for 1 of the brands			107B, 108A, 116B, 117B, 118B,	-	
	of bed used in the fac	· · · · · · · · · · · · · · · · · · ·			212A, 302B, 304B, 315B, 326B,	•	
	Schedules"	ntenance and Inspection			332A, 337A, and 338B.		
		s of control box Q (every) 6					
	•	ower cord connected to the					1
		naffing cuts or wears, *Make			All staff will be incomined by	•	
	-	dware is securely tightened. connections for any wear or			All staff will be inserviced by		
	fractures.	onnoced for any free of	•		Maintenance Director by 6/10/1		
	*Electrical Inspection	of Pendant and staff	1.		Maintenance Director will audit] [
		Check the pendant cord for			beds weekly for 3 months and the		
	any chafing, cuts, or v	wear. ı of Actuators Q 6 months.			10 beds monthly ongoing to ens]
		cords for any chafing, cuts,			beds are in safe operating condi	tion.	
	or wear. "						<u> </u> -
		r's operational manual for					
	the bariatric beds use	ed by the facility read, in part:					
ABORATORY I	DIRECTOR'S OF PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
					С	
	345434	B. WNG			1	16/2016
NAME OF PROVIDER OR SUPPLIER			S7	FREET ADDRESS, CITY, STATE, ZIP CODE		10,2010
				21 EAST CARVER STREET		}
CARVER LIVING CENTER			DI	URHAM, NC 27704		į
(X4) ID SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID ID		PROVIDER'S PLAN OF CORRECTION		(×s)
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	- 1	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETION DATE
be dictated by its use inspect the bed after then at a minimum of months minimum *Check all electrical wideterioration *ANY DISCREPANCI INSPECTION MUST USING THE BED. A review of the user in brand of bed the facility "MAINTENANCE: Elementary and the property of the user in brand of bed the facility "MAINTENANCE: Elementary and the property of the user in brand of bed the facility "MAINTENANCE: Elementary and the property of the user in brand of bed the facility "MAINTENANCE: Elementary of the property of the user in brand of bed the facility of the insulation exposed internal wire pinching or crushing. *If these conditions are not be used until the conditions are not be used until the conditions are not be used until the conditions were made to the property of the residenty of the residenty of the power cord, the frayed, exposed electrical electrical that the power cord, the frayed, exposed electrical electrical that the power cord, the frayed, exposed electrical electrical that the power cord, the frayed, exposed electrical electrical that the power cord, the frayed, exposed electrical electrical that the power cord, the frayed, exposed electrical electrical that the power cord, the frayed, exposed electrical electrica	enance ": and maintenance: The ce required by the bed will . Depending upon usage, 1-2 weeks of usage and every 6 months. Every 6 viring for any frays, kink or ES NOTED DURING BE CORRECTED BEFORE manual for an additional ity used read, in part ectrical inspection and bed components for wear (i.e.: cracked or worn components) er and motor cords for ssive wear bed components: chafing, , missing insulation, s or conductors, signs of the present, the bed MUST damaged component/wiring ion or other forms or repair the or similar tape MUST adde on 5/16/16 at 12:00 PM, M of Rooms 105, 111-B, and			Maintenance Director will provesult of weekly and monthly at to QAPI committee each month months at which time the QAP committee will determine if furweekly auditing is needed.	udits n for 3 I	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
							С	
		345434	B. WING		<u> </u>	05/	15/2016	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
					321 EAST CARVER STREET			
CARVER	LIVING CENTER] ,	DURHAM, NC 27704			
OV AN ID	SHMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		~~	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRU DEFICIENCY)		(X5) COMPLETION DATE	
F 323	Continued From page	÷ 2	F	323				
	wrapped around the p	ower cord in 2 separate						
	places.	•						
	An additional observa	tion was made on 5/16/16						
		acility Administrator of the						
	beds in Rooms 105, 1							
		res on the power cords of						
		5 and 111-B, and Room						
	124-B was observed v							
	then pinched beneath	ower cord, the cord was						
	additional 4" of black		•					
		power cord was present						
		ach room, was plugged in			-			
		A 100% visual inspection						
		in the facility was conducted						
	on 5/16/16 and reveal	led 16 cords (4 call bell			arian de la companya			
	cords, 6 pendant reme	ote cords, and 6 power			e management			
	cords) were damaged	and were in need of						
	replacement.							
	An interview was cond				this was a second of the secon			
		/16 at 5:45 PM, She stated						
	preventative maintena							
	-	erly basis. She also stated a staff reports for problems.						
		ff looked at the beds on a						
	daily basis and report	•	į					
		work order requests. She						
		rayed or exposed wires it						
		ent to get a shock. There						
	should never be black	tape wrapped around wires			1			
		nem. If wires are exposed,						
	the bed, plug, call bell			-				
	should be replaced im							
	An interview was cond	-						
	Administrator and Mai							
		he Maintenance Director			I tro			
		dit was completed last					,	
	night. A total of 16 cor							
	derective. (6 bed remo	ote wires, 4 call bell wires,						

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
							C
		. 345434	B. WNG			051	16/2016
NAMEOFP	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
CARVER LIVING CENTER			3	21 EAST CARVER STREET			
CARVER	CIVING CENTER			E	DURHAM, NC 27704		
(X4) ID		ATEMENT OF DEFICIENCIES	QI		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
1/10	NESOB RONT OTT	SO BERTIE THIS IN CHARACTORY	TAG		DEFICIENCY)	W.E.	25,172
		<u> </u>	 		· · · · · · · · · · · · · · · · · · ·		
F 323	Continued From page	. 3		323			
	• -	es. 3 of the 6 power cords	1	JZJ			
		ng the exposed wires). The				•	
		stated, "If we saw any			•	:	
		we deemd it unsafe and	ļ				
		it or swapped the bed out.	1				
		ntenance on the beds is					
	· · · · · · · · · · · · · · · · · · ·	on't have a preventative					
		e for the beds. The staff fill					
		notice something wrong					
		ect any staff to use electrical					
		d/frayed wires. I've been					
		h to know that's a big no-no.					
		ds and call bells on hand so					
		wouldn't just go ahead and					
		ds. We have 3 different					
	brand name beds here	e. The power cords get					
	plugged into a 110 vo	It outlet. Inside the control			. •		
	box under the bed is a	transformer that converts					
	the 110 volts down to	12-24 volts dependiing on					
	the bed. From there, I	ow voltage motors actually					
	move the bed. The pe	ndant remote also comes					
	out of that control box	and uses low voltage. I					
	guess there's a potent						
	* * * *	nder that tape. A spark					
		it!'ve never seen that. The			·		
		e than likely, before the					
		but anything is possible."			·		
F 456		TAL EQUIPMENT, SAFE	F.	456			
SS=E	OPERATING CONDIT	TION					
					-		
	The facility must main						
	mechanical, electrical,				• •	ļ	
	equipment in safe ope	erating condition,				i	
	THE DECLEDEMENT	is not mot as oxidenced					
		is not met as evidenced	-				
	by:	ew, staff interviews, and					
	Descri OH LECOR LEAK	ew, stan incrinens, and					

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION UMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
			C				
	345434 B. WING		05/16/2016				
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	00,	16,2010
CARVER LIVING CENTER			-	32	1 EAST CARVER STREET		
CARVER	LIVING CENTER			ÐE	JRHAM, NC 27704		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION						
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	\	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 450	<u> </u>	_					
F 456	Continued From page		F4	156	FAEC		
	observation, the facility failed to conduct routine				F456		6/10/16
		f 252 electrical beds per the			Electrical cords for 105 1110 1	3.40	
		ions. The facility failed to			Electrical cords for 105, 111B, 13	24B,	
	maintain the electrical	10ea in Rooms 103-A, 116-B, 117-B, 118-B, 122-B,			were replaced by Maintenance	ļ	
	124-B, 212-A, 302-B,				Director on 5/16/16, as well as		
	332-A, 337-A, and 33				electrical cords for 103A, 107B,		
	condition.	w - out operating			108A, 116B, 117B, 118B, 122B,		
	cord for any chafing, o				212A, 302B, 304B, 315B, 326B,	İ	
		of Actuators Q 6 months.			· · · · · · · · · · · · · · · · · · ·	ļ	
		ords for any chafing, cuts,			332A, 337A, and 338B to ensure		1
	or wear. "	ta a construction of the state			beds are in safe operating condi	tion.	
		's operational manual for					
	Findings included:	d by the facility read, in part:					1
		e manual for 1 of the brands			Audit of all beds was completed	hu	[
	of bed used in the faci				•	· ·	Í
		itenance and Inspection			Maintenance Director on 5/16/1	i	1
1	Schedules"				Any defective cords were replace	ed	1
		s of control box Q (every) 6			during the audit by Maintenance	,	
		wer cord connected to the			Director on 5/16/16, including 1	03A.	1
		affing cuts or wears, *Make			107B, 108A, 116B, 117B, 118B, 1		l
		ware is securely tightened. Innections for any wear or			212A, 302B, 304B, 315B, 326B,	220,	
	fractures.	officeuons for any wear or					
	*Electrical Inspection of	of Pendant and staff			332A, 337A, and 338B.	1	
	control-Q 6 months. *(Ì]	į
	"Cleaning and Mainte	nance":	1				Ì
	*Periodic inspection ar				All staff will be inserviced by		-
		e required by the bed will	· [*	_	
		Depending upon usage,			Maintenance Director by 6/10/1		İ
		-2 weeks of usage and			Maintenance Director will audit		ĺ
	tnen at a minimum of 6 months minimum	every 6 months. Every 6			beds weekly for 3 months and th	en	
		iring for any frays, kink or			10 beds monthly ongoing to ensu	ıre	
	deterioration	or any nays, RHR O		- 1	beds are in safe operating condit	1	
1	*ANY DISCREPANCIE	ES NOTED DURING			Sees are in sore operating condit	IVII.	}
		BE CORRECTED BEFORE					ŀ
	USING THE BED.						į

DEPART	MENT OF HEALTH AT	ND HUMAN SERVICES				PRIN	TEO: 05/24/2016
		MEDICAID SERVICES				۴	ORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIENCIA IDENTIFICATION NUMBER: 345434		(X1) PROVIDER/SUPPLIENCLIA	. (XZ) MULTIPLE CON A BUILDING		CONSTRUCTION	(X3) (NO. 0938-0391 Date survey COMPLETED
		9. WNG				C	
NAME OF PROVIDER OR SUPPLIER			~~L	T2	FREET ADDRESS, CITY, STATE, ZIP CODE		05/16/2016
CARVER	LIVING CENTER			3 Z	21 EAST CARVER STREET		
				. G(URHAM, HC 27704		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	AF.	CONPLCTION DATE
	A review of the user representation of bed the facili "MAINTENANCE: Elemaintenance: *Inspect all electrical damage or excessive broken housings, or was "Check pendant, power chafing, cuts, or excessive broken housings, or was the condition of the electrical linicks in the insulation, exposed internal wire pinching or crushing. *If these conditions are not be used until the color including electrical tap NEVER be used," Observations were made 3:05 PM, and 5:00 PM, and 5:00 PM, and 5:00 PM 124-B of the resident to plugged in to an electrical tap numbers, and the bed in resident to plugged in the power cord, the frayed, exposed electrical, and the bed in resident to the power cord, and the bed in resident to the power cord, with the fat beds in Rooms 105, 11 observed exposed wire the beds in Room 105 cord for the bed in Room with 12 " of black tape power cord, the cord waster and then an additional and then an additional and then an additional cord for the cord waster and then an additional and then an additional and then an additional and then an additional and then an additional and then an additional and then an additional and then an additional and then an additional and then an additional and then an additional and then an additional and then an additional then an additional and then an additional and the and then an additional and the and then an additional and the and then an additional and the additional and	manual for an additional ity used read, in part actrical inspection and bed components for wear (i.e.: cracked or vorn components) for and motor cords for ssive wear bed components: chafing, missing insulation, so or conductors, signs of the present, the bed MUST damaged component/wiring for or other forms or repair the or similar tape MUST adde on 5/16/16 at 12:00 PM, of Rooms 105, 111-8, and beds. Each bed was fical outlet. The bed in exposed electrical wires to bed in Room 111-B had it is a wires on the power cord in 2 separate from was made on 5/16/16 actility administrator of the 11-B, and 124-B, she as on the power cords of and 111-B, and the power cord 124-B was observed	F.	456	All staff will be inserviced by Maintenance Director by 6/10, Maintenance Director will and beds weekly for 3 months to e beds are in safe operating commaintenance Director will ensumenthly bed audit will be added the facility TELS maintenance program to ensure ongoing auditing of bed's safe operating condition. Maintenance Director will province sult of weekly and monthly at To QAPI committee each month.	t 10 nsure dition ure a ed to g	, ,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I '	(X2) MULTIPLE CONSTRUCTION A BUILDING		
		345434	B. WNG		С	
NAME OF PROVIDER OR SUPPLIER CARVER LIVING CENTER			321 1	EET AODRESS, CITY, STATE, ZIP CODE EAST CARVER STREET RHAM, NC 27704	05/16/2016	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 456	cord was present. Earoom, was plugged in 100% visual inspection the facility was conducted and were in An interview was conducted and were in An interview was conducted on a quart maintenance relied or She further stated stated by basis and report maintenance through An interview was conducted on 5/17/16 at 100% bed audit was confused on 5/17/16 at 100% bed audit was confused on the 12 cords were foun pendent remote wires of the 12 had black ta wires). The Maintenan have a preventative many staff to use electric exposed/frayed wires.	ch power cord, in each to an electrical outlet. A in and audit of the beds in cted on 5/16/16 and the 252 cords observed (6 is, and 6 power cords) were in need of replacement ducted with the facility /16 at 5:20 PM. She stated ance on the beds should be erly basis. She also stated in staff reports for problems. If looked at the beds on a ed any problems to work order requests. " ducted with the Maintenance - 9:30 AM. He stated a completed last night. A total d to be defective. (6 in, and 6 power cord wires. 3 per covering the exposed ince Director stated, " I don't raintenance schedule for out work orders if they ing with a bed. I didn't direct cal tape to "fix" the We have 3 different brands know where the manuals	F 456			