. ,					
AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER HUNTINGTON HEALTH CARE (X4) ID PREFIX TAG F 253 SS=D KAINTENANCE SERVICES The facility must provide hol maintenance services neces sanitary, orderly, and comfor This REQUIREMENT is no by: Based on observations, sta and record review, the facility missing control knobs and p for proper functioning on air units for one of 4 sampled re (Resident # 1) and 4 of 8 un	GAID SERVICES			OMB NO. 0938-0391	
HUNTINGTON HEALTH CARE (X4) ID PREFIX TAG SUMMARY STATEMEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDEN MAINTENANCE SERVICES The facility must provide how maintenance services neces sanitary, orderly, and comfor This REQUIREMENT is not by: Based on observations, stat and record review, the facility missing control knobs and p for proper functioning on air units for one of 4 sampled review (Resident # 1) and 4 of 8 unity		,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
HUNTINGTON HEALTH CARE (X4) ID PREFIX TAG SUMMARY STATEMEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDEN MAINTENANCE SERVICES The facility must provide how maintenance services neces sanitary, orderly, and comfor This REQUIREMENT is not by: Based on observations, stat and record review, the facility missing control knobs and p for proper functioning on air units for one of 4 sampled review (Resident # 1) and 4 of 8 unity	345298 B	3. WING		C 05/19/2016	
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(X4) ID PREFIX TAG SUMMARY STATEMEN (EACH DEFICIENCY MUST REGULATORY OR LSC IDEN F 253 483.15(h)(2) HOUSEKEEPI MAINTENANCE SERVICES The facility must provide how maintenance services necession sanitary, orderly, and comfortion This REQUIREMENT is not by: Based on observations, stata and record review, the facility missing control knobs and p for proper functioning on air units for one of 4 sampled rev (Resident # 1) and 4 of 8 units			311 S CAMPBELL STREET		
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SS=D MAINTENANCE SERVICES The facility must provide hor maintenance services necess sanitary, orderly, and comfor This REQUIREMENT is not by: Based on observations, stat and record review, the facility missing control knobs and p for proper functioning on air units for one of 4 sampled rev (Resident # 1) and 4 of 8 unity	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
by: Based on observations, sta and record review, the facilit missing control knobs and p for proper functioning on air units for one of 4 sampled re (Resident # 1) and 4 of 8 un	S pusekeeping and pssary to maintain a	F 2	53	6/3/16	
Findings included: On 5/18/2016 at 10:30 AM, conducted of the facility and -Missing control knobs for th conditioning unit in resident -Missing control knobs and I for heating/air conditioning u resident/family sitting area (100 hall -Missing control knobs for th conditioning unit in the resid room on the entrance to the -Missing control knobs for 1 conditioning units in the mai room and 1 unit out of the 6 power cable On 5/18/2016 at 4:40 PM ar conducted with Resident #1 cognitively intact as stated in Minimum Data Set dated 3/3 explained the heating/air co room had not functioned pro-	aff/resident interviews ity failed to replace provide maintenance r conditioning/heating resident ' s rooms hits in the resident an initial tour was d revealed: he heating/air t #1 ' s room broken control panel unit in the (Daisy Room) on the he heating/air dent/family sitting e 400 hall of the 6 heating/air in resident dining b was missing the n interview was 1. Resident #1 was in the quarterly '30/2016. The resident onditioning unit in the		 For Resident # 1: " On 05/18/2016, The Maintenance Director inspected and defrosted Resident # 1 air conditioning/heating ur " On 05/18/2016, The Maintenance Director immediately audited all facility conditioning/heating units to identify an units that have missing mechanical par and need to be repaired or replaced. " On 05/19/2016, The Maintenance Director replaced the air conditioning/heating unit in Resident #1 room. For Resident #1 and all other Residents " On 05/18/2016, The Maintenance Director immediately audited all facility conditioning/heating units to identify an units that have missing mechanical par and need to be repaired or replaced. " On 05/18/2016, The Maintenance Director immediately audited all facility conditioning/heating units to identify an units that have missing mechanical par and need to be repaired or replaced. " On 05/18/2016, the Administrator initiated a 30 day plan to clean all air conditioning/heating units to ensure all units maintain a sanitary, orderly, and comfortable environment. " In-servicing of Maintenance Director by Administrator on 05/19/2016 on Resident Rights to include the Residen 	air y ts s: air y ts	

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

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.

Electronically Signed

06/06/2016

PRINTED: 06/17/2016

			000		OMB NO. 0 (X3) DATE SU		
ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		` <i>`</i>	(X2) MULTIPLE CONSTRUCTION				
			A. BUILDIN	G			
	345298		B. WING			C	
		545256			05/19	2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	JDE		
HUNTING	TON HEALTH CARE			311 S CAMPBELL STREET			
	1			BURGAW, NC 28425	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHO		(X5) COMPLETIC DATE	
F 253	Continued From page	e 1	F 2	53			
		stated the problem had		right to be able to adjust the	air		
		ne maintenance department		conditioning/heating unit for			
	was aware, but the u	•		individual comfort level.			
		ealed there was no way to		" On 05/31/2016, the Ad	ministrator		
		e due to the missing control		reviewed the audit results a			
	knobs. Resident #1 ir	ndicated when the weather		mechanical parts needed for	or air		
	was warm there was	no way to adjust the unit to		conditioning/heating unit re	pair.		
		e had to go elsewhere in the		" On 05/31/2016, The Ad			
	-	sident #1 also reported the		in-serviced the Maintenance			
	-	been too warm recently		new audit tool created to m			
		r conditioning units not in		function of air conditioning	units to include		
	_	rvation of the air conditioning		missing mechanical parts.	lun in intento e		
		s room on 5/18/2016 at 4:40 control knobs on the unit		" On 06/03/2016, The Ac ordered 20 new air conditio			
	panel. There was no			units. Delivery is tentatively			
	-	nt horizontal grids of the unit		06/10/2016. Temperature v			
		olid ice on each grid from		monitored in all common ar			
	end to end.			dining rooms and day room			
		PM, another tour of the		Maintenance Director/Desig			
	facility was conducted			comfortable and safe tempe			
	heating/air conditionir	ng units previously identified		If the temperature of the co	mmon areas		
	remained in the same			fall below 71 degrees or exe			
		AM, a tour of the facility		degrees, the facility will imn			
		evealed the heating/air		address with provisions of k	eeping		
		viously identified remained		acceptable temperatures.			
	in the same condition			" For continued monitoring	•		
	On 5/19/2016 at 9:30	· · · · ·		Maintenance Director/Desig			
		reviewed and revealed 1		inspect 25% of air condition			
	requisition for air con	/16 for Resident #1 ' s room.		units to ensure proper funct conditioning units to include			
	The log indicated the			mechanical parts weekly tin			
	-	igned by the Maintenance		to total 100% and monthly t			
	Director.			Results of air conditioning/h			
		n 5/19/2016 at 10:40 AM,		audit will be reviewed by Ac	•		
	-	ector stated he was aware of		upon completion.			
		heating/air conditioning		" Results of air condition	ing/heating unit		
		ne Maintenance Director		audit to be presented at the			
		ware of issues with the unit		scheduled Quality Assurance			
	in Resident #1 's roo		1	Meeting for review and aga			

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Facility ID: 953278

		(X1) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION			
		IDENTIFICATION NUMBER		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
	345298					C 05/19/2016		
			B. WING					
	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	05/19/2010		
					S CAMPBELL STREET			
HUNTINGTON HEALTH CARE				BURGAW, NC 28425				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRE REFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE APP DEFICIENCY)		OULD BE COMPLETIO		
F 050								
F 253			F 25					
		100n of 5/18/2016 of all the			Quarterly Quality Assurance committe			
		g/air conditioning units. The			Meeting with determination at that tim	ie for		
		nd indicated Resident #1 's			continued need for monitoring.			
		5/18/2015 and clean ". The						
	was conducted of Re	reported when the audit			Completio	n Data:		
		M on 5/18/2016 the unit was			06/03/2016	in Date.		
	frozen and the knobs				00/03/2010			
		reported he unplugged the						
	unit and the ice melte							
		forgot to write it on the audit						
		nce Director reported being						
		control knobs and the						
	-	in the sitting areas and						
		vere replaced in the past.						
		ector stated there was no						
		e units prior to 5/18/2016.						
	The Maintenance Dir	ector was aware of the						
		o the unit in the dining room						
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and revealed the cord	d must have been taken to						
	use on another unit, t	out he wasn ' t sure which						
	unit. The Maintenanc	e Director indicated the cord						
		nit that was near the end of						
		r residents were seated for						
		nce Director reported						
		re ordered for the older units						
		nd plans were being made to						
		or the old units that needed						
	replacing.							
	An interview was con							
		0/2016 at 11:30 AM. The						
		the expectation was any						
		parts for the heating/air						
	promptly and the unit	uld be replaced and repaired						
		dicated the expectation was						
	I I I I I I I I I I I I I I I I I I I	le to adjust the units for their						
	individual comfort.							

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If continuation sheet Page 3 of 3