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

PRINTED: 06/27/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245224	B. WING			С	
NAME OF PROVIDER OR SUPPLIED		B. WING				27/2016	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - LUMBERTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 WILLIS AVENUE LUMBERTON, NC 28358				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
F 323 SS=D	investigation of 05/27 483.25(h) FREE OF A	o deficiencies cited as a result of the complaint vestigation of 05/27/2016 Event 32KK11. 3.25(h) FREE OF ACCIDENT AZARDS/SUPERVISION/DEVICES					6/24/16
	as is possible; and ea	as free of accident hazards					
	by: Based on observation interviews, the facility side rails for two of eiside rail security (Reswould have prevented the space between the resulting in possible in Findings included: 1. Resident #1 was addiagnoses of convulside depression, anorexial communicating). The annual Minimum 1/14/2016, noted Resimpaired for cognition total assistance for all	is not met as evidenced n, record review and staff failed to provide secure ½ ght residents observed for a. # 1 and Res. # 24) that d residents being trapped in e side rail and the bed njury. dmitted 11/1/1985 with ions, Alzheimer's disease, and aphasia (difficulty Data Set (MDS) dated ident #1 to be severely and needed extensive to I Activities of Daily Living ical assistance of one to two			Criteria #1 Loose rails for resident #1 and resident #24 were tightened 5/26/2016 by Maintenance Director. Criteria #2 100% of bed rails were audited by Maintenance Department 5/27/2016. Any bed found with a loose rail was immediately corrected by Maintenance department on 5/27/2016. Any rail four worn with an inability to tighten will be replaced with a new rail. All rails will be tight or replaced on or before 6/24/2016. 100% of direct care associates, department heads, department assistant and therapy staff educated by Director clinical education, Executive Director, of Director of nursing services to ensure daily checks of rails for looseness. Any	nd e 6. nts of	

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

(X6) DATE

Electronically Signed 06/15/2016

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.

TITLE

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			5 14/11/0				С	
		345234	B. WING_			05	/27/2016	
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
GOLDEN LIVINGCENTER - LUMBERTON				15	555 WILLIS AVENUE			
GOLDLIN	LIVINGCLIVILIX - LOWI	BERTON		LI	UMBERTON, NC 28358			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 323	Continued From page	f;	323					
	On 5/24/2016 at 11:			rail found loose will be tightened by				
		h a ¼ side rail placed at the			maintenance department, any rail four	nd		
		of the bed. The rail was			with an inability to be tightened will be			
	_	1 ½ rail, also raised, on the			replaced with a new rail. Education of			
		bed, but the bed was against			associates will include notification of			
		at was not against the wall			Maintenance department anytime a ra	il is		
		could be pulled away from the			noted loose. Communication will occu			
	bed for a distance of	•			through building engines and/or in wri			
					All education will be completed on or	Ū		
	On 5/26/2016 at 11:			before 6/24/2016.				
	observed in bed wit							
	remained very loose	э.			Criteria #3			
					Department heads and departmental			
		:25 AM, in an interview, Nurse			assistants will each be assigned a nur	nber		
		ent had side rails, ¼ size,			of rooms to audit 5 times a week to			
	attached to the mide	dle of the length of the bed.			ensure rails are not loose. 100% of be rails will be audited 5 times a week. T			
	On 5/26/2016 at 2:4	17 PM, in an interview, the			side rail audit will begin 6/20/2016. The	ne		
	Maintenance Direct	or stated he had worked at			results of the audit 5 times weekly will	be		
	the facility three yea	ars. The Maintenance Director			provided to the Maintenance Departm	ent		
	stated if there were			and the Executive Director. The Director				
	creaking or loose si			of nursing and/or Assistant Director of				
		ticed or if someone put in a			Nursing will be the back up process of	vner		
		re tracker. The Maintenance			in the Executive Director's absence			
		e was no schedule for			Outhorite #4			
	checking for loose s	side rails.			Criteria #4			
	On 5/26/2016 at 4:1	15 PM, in an interview, the			The results of the side rail audits will be brought to the Quality Assurance Processing 1.			
					Improvement (QAPI) committee mont			
	Administrator stated 100% bed rail audits are done periodically. The Administrator stated her				for a minimum of 3 consecutive month			
					longer if deemed necessary. The plan			
	expectation was if rails were loose, staff would inform maintenance either by contacting them				be adjusted as necessary to ensure	. ******		
		nal work order for loose rails.			quality improvement. The results of the	ne		
					initial audits and survey findings will b			
	The Equipment Tas	k List was reviewed and			brought to the June 2016 QAPI meetil			
		side rails for proper operation.				-		
		e rails must be secure to the						
	bed and have no loo	ose parts. The next date for						
	the inspection was I	•						

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		A. BUILDING			С			
345234		B. WING			05/27/2016			
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - LUMBERTON			155	55 WILLIS AVENUE				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
Continued From page 2		F	323					
2. Resident #24 was admitted 1/20/2012 with diagnoses of Peripheral Vascular Disease, long term use of anti-coagulants, depression, Alzheimer's disease and weight loss. The significant change MDS dated 2/5/2016 noted Resident #24 to be severely impaired for cognition and needed extensive to total assistance for all ADLs with the physical assistance of one to two persons. On 5/24/2016 at 10:00 AM, an observation was made of Resident #24's bed. The bed had a ¼ rail located midway of the length of the bed. The rail was raised and was very loose. The ¼ rail located on the opposite side of the bed was not raised, but was loose. Resident #24 was lying on the bed. On 5/26/2016 at 11:00 AM, an observation was made of Resident #24's bed. The rail on the side of the bed nearest the window was not raised and was very loose. The rail on the side of the bed nearest the door was not raised and was loose. Resident #24 was in a wheel chair in the room. On 5/24/2016 at 10:56 AM, in an interview, Nurse #2 stated Resident #24 had the ¼ side rails attached to the middle of the length of the bed. On 5/26/2016 at 2:47 PM, in an interview, the Maintenance Director stated he worked at the facility three years. The Maintenance Director stated if there were problems with a bed such as creaking or loose side rails, those problems were fixed when someone noticed or if someone put in								
	SUMMARY ST. CH DEFICIENCE GULATORY OR I d From page ent #24 was s of Periphe of anti-coag r's disease ficant chang sident #24 to and needed e for all ADL e of one to t 2016 at 10:0 Resident #26 d midway of aised and w n the oppose at was loose 2016 at 11:0 Resident #26 d nearest the loose. The r nee door was #24 was in a 2016 at 10:5 Resident #27 to the middle 2016 at 2:47 nce Director fee years. The here were p or loose side on someone der in the ca	SUPPLIER TER - LUMBERTON SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL SULATORY OR LSC IDENTIFYING INFORMATION) d From page 2 Int #24 was admitted 1/20/2012 with sof Peripheral Vascular Disease, long of anti-coagulants, depression, r's disease and weight loss. ficant change MDS dated 2/5/2016 sident #24 to be severely impaired for and needed extensive to total e for all ADLs with the physical e of one to two persons. 2016 at 10:00 AM, an observation was Resident #24 's bed. The bed had a 1/4 and midway of the length of the bed. The aised and was very loose. The 1/4 rail in the opposite side of the bed was not at was loose. Resident #24 was lying on 2016 at 11:00 AM, an observation was Resident #24 's bed. The rail on the side of nearest the window was not raised and loose. The rail on the side of the bed ne door was not raised and was loose. #24 was in a wheel chair in the room. 2016 at 10:56 AM, in an interview, Nurse Resident #24 had the 1/4 side rails to the middle of the length of the bed. 2016 at 2:47 PM, in an interview, the nee Director stated he worked at the ree years. The Maintenance Director here were problems with a bed such as or loose side rails, those problems were	SUPPLIER TER - LUMBERTON SUMMARY STATEMENT OF DEFICIENCIES OCH DEFICIENCY MUST BE PRECEDED BY FULL SULLATORY OR LSC IDENTIFYING INFORMATION) Deficiency must be preceded by Full TAG definition of the property of the property of anti-coagulants, depression, r's disease and weight loss. ficant change MDS dated 2/5/2016 sident #24 to be severely impaired for and needed extensive to total e for all ADLs with the physical e of one to two persons. 2016 at 10:00 AM, an observation was Resident #24 's bed. The bed had a '/a did midway of the length of the bed. The aised and was very loose. The '/a rail in the opposite side of the bed was not at was loose. Resident #24 was lying on 2016 at 11:00 AM, an observation was Resident #24 's bed. The rail on the side of nearest the window was not raised and loose. The rail on the side of the bed he door was not raised and was loose. #24 was in a wheel chair in the room. 2016 at 2:47 PM, in an interview, the noe Director stated he worked at the eee years. The Maintenance Director here were problems with a bed such as or loose side rails, those problems were in someone noticed or if someone put in der in the care tracker. The	SUPPLIER TER - LUMBERTON SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL SULATORY OR LSC IDENTIFYING INFORMATION) Description of the length of the bed. To dominate side of the bed was not ut was loose. Resident #24 vas loose. Resident #24 was in a wheel chair in the room. Description of the length of the bed. The rail on the side of the bed ne door was not raised and loose. The rail on the side of the middle of the length of the bed. The rail on the side of the bed. The rail on the side of the bed ne door was not raised and was loose. #24 was in a wheel chair in the room. Description of the length of the bed. The door was not raised and loose. The rail on the side of the bed ne door was not raised and was loose. #24 was in a wheel chair in the room. Description of the length of the bed. The door was not raised and loose. The rail on the side of the bed ne door was not raised and was loose. #24 was in a wheel chair in the room. Description of the length of the bed. Description of the length of the len	SUPPLIER TER - LUMBERTON SUMMARY STATEMENT OF DEFICIENCIES CHI DEFICIENCY MUST BE PRECEDED BY PULL SULATORY OR LSC IDENTIFYING INFORMATION) TAG TO SULATORY OR LSC IDENTIFYING INFORMATION) TAG TO SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1558 WILLIS AVENUE LUMBERTON, NC 28358 D PROVIDERS PLAN OF CORRECTION (EACH COFRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPPIU TAG TAG TAG TO SUPPLIED TAG TO SUPPLIED TAG PREPIX TAG TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPPIU DEFICIENCY) F 323 TO SUPPLIANCE TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPPIU TAG PREPIX TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPPIU TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPPIU TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPPIU TAG PREPIX TAG PREPIX TAG PROVIDERS PROVIDERS PROVIDERS PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPPIU TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTION (EACH CORRECTION SHOULD B TAG PREPIX TAG PREPIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECT	SUPPLIER 345234 B. 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		345234	B. WING _			05/	27/2016	
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				LUM	BERTON, NC 28358			
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F 323	on 5/26/2016 at 4:15 Administrator stated of done periodically. The expectation was if rail inform maintenance of verbally or by a formator of the Equipment Task included inspecting silt was noted the side.	p for loose side rails. PM, in an interview, the 100% bed rail audits were a Administrator stated her as were loose, staff would wither by contacting them all work order for loose rails. List was reviewed and de rails for proper operation. rails must be secure to the e parts. The next date for	F	323	DEFICIENCY)			