

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345389</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/12/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE LAURELS OF FOREST GLENN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1101 HARTWELL STREET GARNER, NC 27529</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 252 SS=B	<p>483.10(e)(2)(i)(1)(i)(ii) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>§483.10(i) Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide-</p> <p>(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. This REQUIREMENT is not met as evidenced by: Based on observations and interviews with an alert resident and the Maintenance Director, the facility failed to repair the walls behind and /or beside resident beds for 12 of 116 resident bed areas observed: 117B, 120B, 124B, 128B, 132B, 133A, 207A, 210B, 212B, 213A, 233A and 236A. Findings included:  On 06/11/17 at 5:10 pm during initial tour of the facility, the plastic baseboard on the wall behind</p>	F 252	<p>Rooms 117B, 120B, 124B, 128B, 132B, 133A, 207A, 210B, 212B, 213A, 233A and 236A have been repaired and painted.</p> <p>The Maintenance Director will in-service Nurses, CNAs, and Housekeeping staff for all shifts on filling out Work Order Requests for any wall damage when observed.</p>	6/29/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>06/20/2017</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 252	<p>Continued From page 1</p> <p>and just to the right of the A bed in room 133 was noted to be peeling off and a fist-sized gouge out of the wallboard above it was noted.</p> <p>Interview on 06/11/17 at 5:10 pm with the alert resident in bed 133A revealed the peeling baseboard and hole in the wall had been present for some time, but it didn't bother him as it was almost hidden under the bed.</p> <p>On 06/12/17 at 10:35 am, interview with the Maintenance Director (MDtr) revealed damaged walls was an on-going problem that he addressed on a regular basis. The MDtr stated that the beds get pushed too close to the walls by staff and afterwards when the beds are lowered or raised, it pushes them into the walls causing damage. Likewise, if the beds are arranged in the room end to end against the walls - as some rooms are, then not only are the walls behind the headboard damaged by the beds, additionally the walls beside the beds are damaged by the side rails scraping on them. The MDtr stated he had been able to use a "FRP" vinyl panel adhered to the wall behind some of the beds with some success. The MDtr stated he had also recently been ordering plastic covered foam filled "bumpers" that attach to the back of the headboards to keep the beds away from the walls, but they were very expensive and his budget only allowed him to order 4 per month. The MDtr admitted that these bumpers could only be attached to the back of the headboard and still would not stop the side rails from scraping the walls if the bed was against the wall.</p> <p>On 06/12/17 beginning at 10:45am and accompanied by the MDtr, observations were made of the wall areas surrounding 116 resident beds in the facility with the following results:</p>	F 252	<p>Maintenance Director will conduct room rounds (3) three times per week for (4) four weeks to include weekends. Variances will be corrected at the time of observation. Additional education and/or administrative action will be initiated when indicated. Concerns will be reported to the Administrator weekly for the next (4) four weeks. The Administrator will report results to the Quality Assurance Committee during the monthly meeting.</p> <p>On-going compliance will be monitored by the Administrator and/or through routine room audits and the results will be reported to the facility's Quality Assurance program. Additional education and monitoring will be initiated for any identified concerns.</p>		

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

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F 252	Continued From page 2 Gouged-out open areas into the walls were noted behind or beside the following beds: 117B; 120B; 124B; 128B; 132B; 133A; 207A; 210B; 212B; 213A; 233A and 236A.	F 252			