

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345391	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/29/2015
NAME OF PROVIDER OR SUPPLIER HEARTLAND LIVING & REHAB AT THE MOSES H CONE MEM H			STREET ADDRESS, CITY, STATE, ZIP CODE 1131 NORTH CHURCH STREET GREENSBORO, NC 27401	
(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
F 253 SS=D	<p>HOUSEKEEPING & MAINTENANCE SERVICES CFR(s): 483.15(h)(2)</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, records review and staff interviews, the facility failed to keep the water hose in 1 of 3 shower rooms in operational condition. There were 2 of 35 residents (residents #69 and #43), who experienced poor bathing quality. Findings included Review of the most recent Minimum Data Set (MDS), dated 2/23/15, revealed resident #43 was cognitively intact. On 5/28/15 at 8:25 AM, during an interview, resident #69 stated that he received assistance with showering once or twice a week in the same shower room on 200 hall. For the last 2-3 months, the shower hose in the shower room of 200 hall had scotch tape around the handle due to a water leak. The resident explained that it was difficult to keep the water stream/pressure and temperature on comfortable level. He brought it to attention of different aides several times but did not discuss it with other staff. Review of the most recent Minimum Data Set (MDS), dated 3/26/15, revealed resident #43 was moderately cognitively impaired. On 5/28/15 at 8:30 AM, during an interview, resident #43, the roommate of the resident #69, indicated that he received the shower weekly in the shower room on 200 hall. He could recall the water shower hose leaking for few weeks. He</p>	F 253	<p>The facility will provide maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>The shower head in the west hall shower room was repaired at the time of survey.</p> <p>Facility maintenance staff conducted an audit of all three facility bathing areas and made repairs as indicated.</p> <p>Facility staff will be inserviced on the procedure for reporting needed repairs to facility maintenance staff.</p> <p>Facility maintenance staff will conduct round in the facility bathing areas weekly and make repairs as needed. A QI audit tool will be utilized.</p> <p>Facility administrative staff will conduct resident room rounds and shower rooms three times weekly and make repair requests as needed. A QI tool will be utilized.</p> <p>Facility will review administrative room rounds and maintenance rounds in the facility monthly QI committee meeting</p>	6/26/15

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

TITLE

(X6) DATE

Electronically Signed

06/22/2015

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

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FORM APPROVED
OMB NO. 0938-0391

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F 253	<p>Continued From page 1</p> <p>also recalled discussion of the issue related to keeping the " right water stream " with the aide, who provided shower. The resident did not speak with the nurse about the issue.</p> <p>On 5/28/15 at 8:35 AM, during an observation of the shower room on 200 hall, there was a shower hose attached to the wall. The hose had scotch tape applied to it in multiple places throughout the length of the hose itself.</p> <p>On 5/28/15 at 8:40 AM, the maintenance engineer was called to the shower room on 200 hall. He confirmed the observation of multiple pieces of scotch tape applied to the water hose. When the maintenance engineer turned the water on, there was a water leak observed from the handle of the hose.</p> <p>On 5/28/15 at 8:45 AM, during an interview, aide #1 on 200 hall stated that she was responsible for providing shower/bathing for residents on 200 hall. The aide confirmed that she observed the leaking water hose for about two weeks. She did not know who applied the scotch tape to the water hose. The aide talked to housekeeper (could not recall the date) about the broken water hose, but she did not report it to the nurse or maintenance staff. The aide indicated that facility provided the way to communicate with maintenance staff by paper slip, computer program, by phone and in person.</p> <p>On 5/28/15 at 8:55 AM, during an interview, the maintenance engineer stated that he was not aware of the shower water hose issue in 200 hall shower room. There were communication routes between the staff and maintenance employees: computer program, called " Big Foot " , the paper slip and the phone line, including 24/7 on call phone number.</p> <p>On 5/28/15 at 9:00 AM, during an interview, the director of environment/maintenance stated that</p>	F 253			

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F 253	Continued From page 2 he was not aware of the issue with the shower equipment in the shower room of 200 hall. He confirmed that the staff could communicate with maintenance in person, by phone and via computer program. Another way to report issues was by completing the paper slip, because maintenance director participated in the morning meeting in order to receive new repair requests. On 5/29/15 at 11:15 AM, during an interview, the director of nursing (DON) stated that she expected her staff to communicate with maintenance staff in regards to any issues, requiring repair or adjustment. The aides should report to the nurse. The nurses could use computer, phone or paper slip to notify maintenance staff.	F 253			