STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
LIBERTY COMMONS REHABILITATION CENTER
121 RACINE DRIVE
WILMINGTON, NC  28403

SUMMARY STATEMENT OF DEFICIENCIES

ID PREFIX TAG
F 921  SS=D

Safe/Functional/Sanitary/Comfortable Environment
CFR(s): 483.90(i)

§483.90(i) Other Environmental Conditions
The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.
This REQUIREMENT is not met as evidenced by:
Based on observation and staff interviews the facility failed to remove black greenish substance from tile grout and caulking around toilets on 1 of 4 skilled nursing halls (10 bathrooms).

The findings included:
An observation was conducted on 08/12/18 at 12:00 PM in Resident #3's restroom revealing that caulking at the base of the toilet was black greenish, and appeared rotted with missing pieces of caulking.

An observation was conducted in the Resident room #204's bathroom on 08/12/18 at 12:00 PM. The bathroom located on the 200 hall revealed a strong musty smell, and the caulking at the base of the toilet was dark black greenish around the entire base of the toilet. Additional observations on 08/13/18 at 10:00 AM and 08/13/18 at 4:40 PM in 10 of 15 resident bathrooms on the 200 hall revealed strong odors and toilets with black greenish caulking around their toilets.

An interview was conducted with the Environmental Services Director on 08/13/18 at 9:25 AM. He stated the toilets and bathrooms on the 200 hall needed to be deep cleaned and the toilets re-caulked. He stated the residents' bathrooms on the 200 hall should have been deep cleaned including removing and all areas in those bathrooms were re-caulked where caulking had been due to break down or was discolored. Housekeeping staff re-educated regarding the importance of following cleaning procedure and deep-cleaning procedure and schedule. All resident bathrooms were inspected throughout the facility and deep-cleaned as needed and re-caulked as needed. Resident bathrooms will be audited for cleanliness and appropriate caulking weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 month. Results will be reported at Monthly QA Committee Meetings for the months of August, September and October, 2018. Negative results will be focus for follow up and reported on the following month until resolved.

The administrator is responsible for implementing the acceptable plan of correction.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed
09/05/2018

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.
<table>
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<tr>
<th>F 921</th>
<th>Provider's Plan of Correction</th>
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<tbody>
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<td>cleaned daily, and deep cleaned monthly, and they had not been.</td>
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<td>An interview was conducted with the Director of Nursing (DON) on 08/13/18 at 10:10 AM. She observed the resident bathrooms in rooms 202, 204, and 209. She expected the resident bathrooms on the 200 hall to be clean and odor free, with clean white grout around the base of all toilets, and they were not.</td>
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<td>An interview was conducted with the facility Administrator on 08/13/18 at 4:40 PM. He stated it was his expectation that the resident bathrooms on the 200 hall would be cleaned daily, caulking to be replaced when needed, and deep cleaned monthly.</td>
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