

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 121 RACINE DRIVE WILMINGTON, NC 28403	
(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
E 000	Initial Comments	E 000		
F 000	An unannounced COVID-19 Focused Survey was conducted on 07/13/20. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# GKJJ11. INITIAL COMMENTS	F 000		
F 921 SS=D	An unannounced COVID-19 Focused Infection Control and Complaint Investigation Survey was conducted on 07/13/20. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID #GKJJ11. Safe/Functional/Sanitary/Comfortable Environ 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, staff interview, and record review the facility failed to clean an oscillating floor fan in a resident's room which was blowing on 1 of 1 sampled residents (Resident #2) who had a compromised respiratory system. Findings included: Record review revealed Resident #2 was admitted to the facility on 09/20/19. Her documented diagnoses included pulmonary fibrosis, chronic obstructive pulmonary disease (COPD), dependence of supplemental oxygen, and allergic rhinitis.	F 921	This Plan of Correction constitutes the facility's written allegation of compliance for the deficiencies cited in the CMS-2567. However, the submission of this plan is not an admission that a deficiency exists. The Plan of Correction is prepared and executed solely because it is required by federal and state law. This response and Plan of Correction does not constitute an admission or agreement by the provider of the facts alleged or conclusion set forth in the Statement of Deficiencies.	7/31/20

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

TITLE

(X6) DATE

Electronically Signed

07/23/2020

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 921	<p>Continued From page 1</p> <p>Resident #2's care plan identified "I have COPD and pulmonary fibrosis with increased risk for pulmonary infections" as a problem on 10/14/19. Interventions to this problem included "Identify and eliminate sources of respiratory irritation such as cigarette smoke, pollen, perfumes, etc."</p> <p>Resident #2's quarterly minimum data set (MDS) documented the resident's cognition was intact, she exhibited no behaviors including rejection of care, and she required extensive assistance from staff to being dependent on staff for all of her activities of daily living (ADLs) except for eating when she was independent with only set-up help required.</p> <p>Review of hospital discharge information revealed Resident #2 was hospitalized between 06/21/20 and 06/26/20. Her primary discharge diagnoses included shortness of breath, dehydration, and hyponatremia.</p> <p>Review of Resident #2's July 2020 physician order recap revealed the resident received Trelegy Ellipta (inhaler) 1 puff orally one time daily, Mucinex Extended Release 1 tablet every 12 hours, prn (as needed) Duoneb 3 mg (milligrams)/3 mL (milliliters) 1 inhalation every 6 hours as needed, prn saline nasal spray 2 sprays both nostrils as needed, palliative care, and continuous humidified oxygen 2 L (liters)/min (minute).</p> <p>During initial tour of the facility, beginning at 11:20 AM on 07/13/20, a floor fan in Resident #2's room was oscillating and blowing on the resident. The front face, back casing, and blades of the fan were coated in dust and dirt, and there were long</p>	F 921	<p>F921</p> <p>Plan of Correcting the specific area of concern:</p> <p>Presence of dust noticed on resident's personal fan.</p> <p>Procedure for implementing the acceptable action plan for area of concern and/or potential for other resident concerns:</p> <p>Residents fan was immediately cleaned and all other fans in resident rooms were audited on 7/13/20 by Maintenance Director, to ensure no buildup of dust was present and cleaned as necessary. A monthly fan cleaning schedule was established where fan cleaning, other fixtures, and deep cleaning of rooms will be addressed and cleaned as needed. EVS staff inserviced housekeeping staff regarding routine deep cleaning of rooms and common areas by Maintenance Director/designee, and nursing staff inserviced on personal effects inventory for residents newly admitted to the facility by the SDC/designee.</p> <p>Monitoring procedure to ensure the plan of correction is effective and specific areas of concern remains corrected and/or in compliance with the regulatory requirements:</p> <p>Maintenance Director/designee will complete a QA ADL audit weekly for 4</p>		

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F 921	<p>Continued From page 2</p> <p>strands of dust hanging off the front of the fan. At that time the resident stated the floor fan belonged to her.</p> <p>During a follow-up tour of the facility, beginning at 12:16 PM on 07/13/20, an oscillating floor fan approximately five feet from Resident #2's bed was blowing on the resident who had humidified oxygen running. The front face, back casing, and blades of the fan were coated in dust and dirt, and there were long strands of dust hanging off the front of the fan.</p> <p>During an interview with the facility's Director of Nursing (DON) on 07/13/20 at 2:04 PM she stated the dust and dirt off the fan in Resident #2's room had the potential of worsening the resident's respiratory status. She reported even though the fan belonged to the resident, it was the facility's responsibility to keep it clean.</p> <p>During an interview with the facility's Maintenance Manager (MM)/Environmental Services Director on 07/13/20 at 3:08 PM he stated he had no idea there was a floor fan in Resident #2's room. He reported he was neither involved with nor had access to the personal inventory sheets that were completed for residents. He commented his expectation was that environmental services staff or direct care staff would inform him when they found equipment that needed to be cleaned or repaired. According to the MM, Resident #2's floor fan needed to be broken down because the front, back, and blades needed to be cleaned and sanitized. He stated after the initial cleaning, the fan could be cleaned thereafter during the monthly deep cleaning of the resident's room.</p> <p>During an interview with Environmental Services</p>	F 921	<p>weeks then monthly X2, to ensure resident fans are free of dust. Any areas of concern will be addressed immediately. This QA audit will be reviewed in weekly QA to monitor for compliance and other trends/concerns. The QA Team consists of the NHA, DON, MDSC, Social Worker, Activity Director, HIM Director and Rehab Director and Dietary Manager</p> <p>Title of person responsible for implementing the acceptable plan of correction Maintenance Director</p> <p>Completion Date: 7/31/2020</p>		

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

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F 921	Continued From page 3 Employee #1 on 07/13/20 at 3:19 PM she stated the housekeepers could clean Resident #2's fan themselves by taking it out of the room, hosing it down, and using a spray cleaner/sanitizer on the casing and blades. During an interview with Nursing Assistant (NA) #1 on 07/13/20 at 4:12 PM she stated a nurse or NA should have notified housekeeping as soon as they observed a dirty fan blowing in a resident's room because the dust and dirt blowing off the fan could make the resident sick.	F 921			