

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/25/2016
NAME OF PROVIDER OR SUPPLIER SOUTH VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2221 WEST RALEIGH BOULEVARD ROCKY MOUNT, NC 27803	
(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 456 SS=E	<p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews with residents and staff, the facility failed to maintain the air conditioning in adequate working condition for 1 of 3 resident hallways, the west wing. The findings included: During a tour of the facility on 8/24/16 at 10:30 AM fans were observed in the halls on the south wing and the west wing. Also observed were portable air conditioning (AC) units. There was 1 on the south wing and 2 on the west wing with one at each end. None of the AC units were plugged in and 2 were observed to have signs posted on them which read "do no use." An interview was conducted with the Maintenance Director (Main Dir.) on 8/24/16 at 11:45 am. He explained that the facility had monitored the temperatures of residents' rooms but he did not record the temperatures. He also stated the exterior central AC units were old and not able to handle the heat from last week so the facility purchased fans and the 3 portable AC units. The Main Dir. reported the portable AC units were installed last week in order to keep the building cool. He explained the portable AC units pulled too many amps (measure of electrical current) which caused the breaker to trip which led to those residents' rooms closest to the AC unit to not have power so the lights in those rooms would not work. During the interview with the Main Dir. on 8/24/16</p>	F 456	<p>South Village Health and Rehabilitation requests to have this Plan of Correction serve as our written allegation of compliance. Our alleged date of compliance is September 15, 2016. Preparation and/or execution of this plan of correction does not constitute admission to or agreement with either the existence of, or scope and severity of any cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and executed to ensure continuing compliance with Federal and State regulatory law.</p> <p>F456 Corrective action for those resident(s) found to have been affected: Resident #10's broken fan was replaced by her family on 08/24/2016, Resident #6 was offered and refused a room change by the Maintenance Director on 08/26/2016 and 08/27/2016 & Resident #9 was offered and refused an additional fan and a room change by the Social Worker and Administrator on 09/12/2016. Any resident expressing a concern related to heat will be offered a fan or a room change.</p>	9/15/16

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

TITLE

(X6) DATE

Electronically Signed

09/09/2016

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.

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F 456	<p>Continued From page 1</p> <p>at 11:45 AM Resident #10 came up to the Main Dir. and stated "hot, hot". She was waving her arms like she was fanning herself with her hands. Interviews were conducted with other alert and oriented residents on 8/24/16 from 3:35 PM until 4:00 PM revealed 2 residents who stated they thought the building was hot. Resident #6 stated the temperature in the building had been hot last year and again this year. Both of the residents reported using a fan to help make the room more comfortable.</p> <p>On 8/25/16 at 10:40 AM Nurse #1 reported the west wing was hot all summer and the facility had provided fans for the residents about 2 weeks ago and obtained portable AC units but the AC units pulled too much current which made the lights in the resident's room stop working. The nurse stated 4 residents had complained to her about the heat. The nurse added she was also concerned with the residents who required a tracheostomy for breathing because they had more equipment in their room which made the room hotter.</p> <p>Nursing Assistant (NA) #1 was interviewed at 10:45 AM on 8/25/16. She stated 2 west wing residents had complained of being hot. She added that resident #10 complained of being hot and did not want the bedspread on so NA #1 would fold the bedspread and put it across the foot of the bed. She added some of the other residents did not want the bedspread on the bed at all because it was too hot. She stated the facility provided more fans about 2 weeks ago.</p> <p>On 8/25/16 at 10:55 AM NA #2 stated she worked on the west wing. She reported the building started getting hot around lunch time each day. She stated it was hot in the building every summer. NA #2 reported the west wing was hotter because the AC units were not working.</p>	F 456	<p>Corrective action for those resident(s) having the potential to be affected: The facility installed 3 roof top turbines on the West Hall to aide in removing heat from attic on 08/29/2016. A certified HVAC contractor inspected, washed condenser and evaporator coils of all air conditioning units on 08/27/2016, 08/29/2016 & 08/30/2016. All units were found to be functioning as required and at full capacity. The facility will be soliciting bids from outside vendors for re-evaluating and/or possible upgrade to the system.</p> <p>Systemic changes to ensure that the deficient practice will not occur: The facility Plant and Operations Manager will conduct random temperature checks throughout the building two times per day X 2 weeks, then two times per day 3 times per week x two weeks, then twice one day per week for two weeks and twice daily one day per month x 2 months. Results of the audits will be reviewed by the Administrator weekly to ensure compliance and corrective action.</p> <p>The facility Social Worker will interview all alert and oriented residents to include residents #6, #9 and #10 3 times per week for 2 weeks, then weekly X 2 weeks, then monthly X 1 month related to their comfort level & room temperature. She will also conduct random interviews of family members 3 x per week. Results of the audits will be reviewed by the</p>		

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

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F 456	Continued From page 2 During an interview with the Administrator on 8/25/16 at 11:42 AM she stated she had not received any complaints about temperatures from the residents but had received a telephone call that a complaint about hot temperatures on the west hall was called in. She stated she and the Main Dir. went to the west hall and found that the windows in some room were open and that the blinds were open which caused the temperature of the west hall to be higher. She also reported that one of the AC thermostats had been switched to fan only mode which caused it to just blow air and not cooled air. She also stated the Social Worker interview residents throughout the building but none had complained that it was too hot and the residents reported using a fan helped. The Administrator said additional hydration stations were set up to keep the residents hydrated and the staff received in-service education which was completed by 8/22/16 on keeping the residents hydrated. Resident #9 was interviewed at 1:15 PM on 8/25/16. He stated the AC unit had never worked and he was hot right now. He stated the facility had placed AC units in the hall but they can't turn them on because of the old wiring in the building.	F 456	Administrator weekly to ensure compliance and corrective action. Results of the audits will be presented to the Quality Assurance Committee x monthly x 3 months trends and the need for continued monitoring. All corrective action will be completed by September 15, 2016.		