STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345468	A. BUILDING _____ B. WING _____	**07/13/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LIBERTY COMMONS REHABILITATION CENTER	**121 RACINE DRIVE WILMINGTON, NC 28403**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0921 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 [DATE]. Her documented [DIAGNOSES REDACTED]. Resident #2's care plan identified I have [MEDICAL CONDITION] and [MEDICAL CONDITION] fibrosis with increased risk for [MEDICAL CONDITION] 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. 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. Review of hospital discharge information revealed Resident #2 was hospitalized between 06/21/20 and 06/26/20. Her primary discharge [DIAGNOSES REDACTED]. Review of Resident #2's July 2020 physician order [REDACTED]. 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 strands of dust hanging off the front of the fan. At that time the resident stated the floor fan belonged to her. 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. 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. 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 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. During an interview with Environmental Services 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE