

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

PRINTED: 05/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2011
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NAME OF PROVIDER OR SUPPLIER BRUNSWICK COVE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1478 RIVER ROAD WINNABOW, NC 28479
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(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 000	<p>INITIAL COMMENTS</p> <p>The facility was found to be in compliance with the Medicare/Medicaid Long Term Care Regulations 42 CFR Part 483, Subpart B during a recertification and complaint investigation survey.</p>	F 000		

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

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345318	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 0101 B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2011
NAME OF PROVIDER OR SUPPLIER BRUNSWICK COVE NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1478 RIVER ROAD WINNABOW, NC 28479	
(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
K 045 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 5/5/2011 the following exit discharge illumination was observed as noncompliant as only a one bulb fixture was at the exit discharge for the number 3 and 4 nurses stations exits.</p>	K 045	<p>The exit doors at stations 3 and 4 will be replaced with double lighting fixture, so these areas will not go completely dark if one light goes out.</p> <p>The maintenance man will check all outside lights by exit doors, which will be a two bulb fixture. He will keep a log to provide quality assurance.</p> <p>The maintenance man will report any findings (fixtures not in compliance to the monthly QA meeting). Any fixture requiring two bulbs will be automatically done by the facility electrician.</p>	5/5/11 6/20/11
K 046 SS=E	<p>CFR#: 42 CFR 483.70 (a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 5/5/2011 the facility did not have a unitary light on the emergency circuit that is non-switchable light at two locations:</p> <ol style="list-style-type: none"> 1. Dining room near the nurses station number 3 2. The lounge room at the nurses station number 4 	K 046	<p>All rooms that need unitary lighting will have them addressed by facility electrician. this is to include but not limit to dining room near station 3 and lounge at station 2.</p> <p>The maintenance man will make rounds monthly to assure all rooms requiring unitary lighting not the Life safety codes. His findings will be presented at QA monthly meetings to assure compliance.</p>	6/20/11
K 147	<p>CFR#: 42 CFR 483.70 (a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 147	<p>All electrical wiring will be in accordance with NFPA70. The facility generator annunciator will be in good working order at all times.</p>	

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

TITLE

(X6) DATE

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K 147 SS-E	Continued From page 1 Electrical wiring and equipment is in accordance with NFPA 70 National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 5/5/2011 the facility generator annunciator panels at nursing stations 1 and 2 did not show the function of the emergency power system of the facility when tested. CFR#: 42 CFR 483.70 (a)	K 147	The maintenance man do all monthly generators checks. He will record that annunciators at all stations are operational. His QA report will be presented at the monthly QA meetings.	6/20/11

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: AERP21

Facility ID: 023043

If continuation sheet Page 2 of 2

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