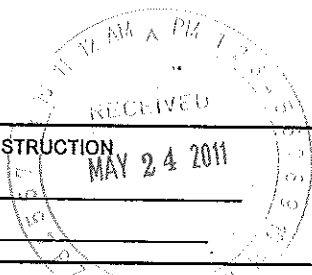


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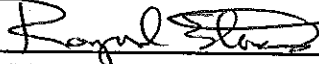


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/28/2011
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NAME OF PROVIDER OR SUPPLIER ST JOSEPH OF THE PINES HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 103 GOSSMAN DRIVE SOUTHERN PINES, NC 28387
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F 000	INITIAL COMMENTS	F 000	F428 483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	
F 428 SS=D	<p>No deficiencies were cited as a result of the complaint investigation Event ID #CWB911.</p> <p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility failed to ensure the pharmacist conducted a monthly drug regimen review for 1 of 11(Resident #412) sampled residents. The findings are:</p> <p>Resident #412 was admitted to the facility on 7/19/10. Her diagnoses included essential tremors, pernicious anemia, hypertension, hyperlipidemia, aortic insufficiency, endometrial cancer, diverticulosis, carotid artery stenosis, osteopenia and spondylolisthesis.</p> <p>The clinical record revealed a pharmacy drug regimen review was conducted on 8/26/10. Resident #412 remained in the facility until discharge on 10/25/10. The clinical record contained no medication regimen review for the</p>	F 428	<p>St Joseph of the Pines does provide a drug regimen review at least once a month by a licensed pharmacist for each resident.</p> <p>The license pharmacist does report any irregularities to the attending physician, and the Director of Nursing, and these reports are acted upon.</p> <p>Corrective Action: All current resident records were reviewed to verify the licensed pharmacist had reviewed residents drug regimen in the past month. Please see appendix A</p> <p>The licensed pharmacist will begin providing a list of all residents whose drug regimen was reviewed along with any recommendations which need acting upon after each visit. Please see appendix B</p>	<p>5/19/2011</p> <p>5/13/2011</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director of Health Services	(X6) DATE 5/19/11
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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 428	<p>Continued From page 1 month of September 2010 or October 2010.</p> <p>During an interview, on 4/28/11 at 11:49 am, the consultant pharmacist indicated that she would document all medication regimen reviews in the clinical record on the day the review was conducted. The consultant pharmacist could provide no information regarding the lack of medication regimen reviews for Resident #412 for the month of September 2010 and October 2010.</p>	F 428	<p>F428 483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON - continued</p> <p>Monitoring: Director of Nursing or designee will perform an audit monitoring each resident record for drug regimen review by the licensed pharmacist by the 25th of each month for the next three months; then, random resident records will be audited by the 25th of each month for the next three months. If a resident drug regimen has not been reviewed within that month, the licensed pharmacist will be contacted for immediate review. Please see appendix C</p> <p>Director of Nursing will report results of the observations to the facility QA committee on a quarterly basis.</p>	<p>Ongoing</p> <p>Ongoing</p>

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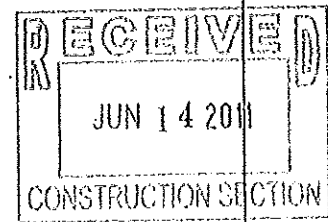
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K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation on 5/29/2011 between 8:45 AM and 1:30 PM the following was noted: 1) The corridor door to the laundry room did not close, latch and seal when checked. 2) The second floor soiled utility room door did not close latch and seal when checked. 42 CFR 483.70(a)	K 029	K 029 NFPA 101 Life Safety Code Standard The alleged deficiency will be addressed as follows: The ¾ hour fire door located in laundry area had its latch filed so that it would completely latch once closed after each opening The second floor soiled utility door closure was adjusted so the door would completely latch once closed.	6/1/11
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation on 5/29/2011 between 8:45 AM and 1:30 PM the following was noted: 1) The exit path from exit inside the chapel to the	K 038		



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Royal</i>	TITLE Director of Health Services	(X8) DATE 6/1/11
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K 038	Continued From page 1 public way and the exit on the right side of PT to the public way discharged onto grass and were not on a hard surface. 2) The resident bathroom in the Memory Support Unit are equipped with barrel bolt locks that will prevent a person from exiting to bathroom in case of an emergency. 42 CFR 483.70(a)	K 038	K 038 NFPA 101 Life Safety Code Standard The alleged deficiency will be addressed as follows: The contract landscaping company on site will install hard compact gravel pathways from both the chapel and PT exits. These exit pathways will direct traffic to safe areas in the course of an evacuation.	6/1/11
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation on 5/29/2011 between 8:45 AM and 1:30 PM the following was noted: 1) The exit lighting outside the PT room exit discharge door, right side was incomplete. Lighting consisted of a single bulb light. 42 CFR 483.70(a)	K 045	K 045 NFPA 101 Life Safety Code Standard The alleged deficiency will be addressed as follows:	7/11/11
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2	K 050	The exit lighting outside the PT exit discharge door will be installed. All corridor exit lights have been examined to make sure they are working properly, and are illuminated with dual bulbs.	

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K 050	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation on 5/29/2011 between 8:45 AM and 1:30 PM the following was noted: Upon testing the fire alarm panel the facility wanted to incorporate a fire drill in the process. Upon activation of the alarm, the alarm was immediately silenced at the Fire Alarm Control Panel and the person at the panel was to notify others in the facility where the fire was. Due to loss of the intercom the staff did not know there was an alarm still active or where to respond. Facility will need to develop procedure where they can respond in case there is a loss off intercom. 42 CFR 483.70(a)	K 050	K 050 NFPA 101 Life Safety Code Standard The alleged deficiency will be addressed as follows: The intercom system located in the facility was examined and fixed by an outside contractor <i>PLEASE REVIEW Appendix A: Procedure for Fire Alarm Notification</i>	6/1/11
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation on 5/29/2011 between	K 056	K 056 NFPA 101 Life Safety Code Standard The alleged deficiency will be addressed as follows: An outside contractor was hired to install sprinkler heads under all outside extended canopies 48" or more. Fire sprinklers will be added to the outside of PT in the front, back and garden. Fire Sprinklers will be added to the outside storage closet located outside of dietary kitchen. Sprinkler head located in laundry room stairwell will be replaced with the Red bulb (155 F).	7/11/11

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K 056	Continued From page 3 8:45 AM and 1:30 PM the following was noted: 1) The storage room on the outside the kitchen area is not equipped with sprinklers. 2) The overhang outside PT and Therpy Garden is greater than 4ft and not sprinklered. Facility is equipped with mag locks. (Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in depth per NFPA 13 section 5-13.8.1.) 3) In the stairwell next to the Laundry room there are sprinkler heads in the facility rated for Intermediate Temperature Classification, Glass Bulb Color of Green (200°F) in place of Ordinary Temperature Classification, Glass Bulb Color of Red temperature rating of (155°F). 42 CFR 483.70(a)	K 056	K 061 NFPA 101 Life Safety Code Standard The alleged deficiency will be addressed as follows:	
K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061	Accelerator line to the dry side of the sprinkler riser will have a valve that is equipped with an electronically supervised tamper alarm installed	7/11/11
K 067 SS=D	This STANDARD is not met as evidenced by: Based on observation on 5/29/2011 between 8:45 AM and 1:30 PM the following was noted: 1) The accelerator line to the dry side of the sprinkler riser has a valve that when closed will affect the operation of the system is not equipped with an electronically supervised tamper alarm. 42 CFR 483.70(a)	K 067	K 067 NFPA 101 Life Safety Code Standard The alleged deficiency will be addressed as follows; The HVAC unit located in the mechanical room next to laundry will have a access door installed so inspections of the smoke duct detector can take place.	7/11/11
NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply				

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K 067	Continued From page 4 with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067		
K 141 SS=D	This STANDARD is not met as evidenced by: Based on observation on 5/29/2011 between 8:45 AM and 1:30 PM the following was noted: 1) The HVAC unit in the mechanical room located next to the laundry room has a smoke duct detector installed in the unit that not equipped with and access door for inspection. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation on 5/29/2011 between 8:45 AM and 1:30 PM the following was noted: 1) The Central Supply Room has oxygen stored in the room and the room is not properly labeled with Non-smoking/No Smoking signs. 42 CFR 483.70(a)	K 141	K 141 NFPA 101 Life Safety Code Standard The alleged deficiency will be addressed as follows: The Central Supply storage area has been labeled with Non- Smoking/ No Smoking signs.	6/1/11