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

PRINTED: 06/28/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
NAME OF F	ROVIDER OR SUPPLIER	345266				05/2	6/2011
		IG AND REHABILITATION CENTE	≣R	108	ET ADDRESS, CITY, STATE, ZIP CODE 34 US 64 EAST YMOUTH, NC 27962		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	INITIAL COMMENTA The facility is in consequirements of 42 Long Term Care Facurey.) There were	SC IDENTIFYING INFORMATION) TS	TAG		CROSS-REFERENCED TO THE APP	POPRIATE	

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.

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

TITLE

(X6) DATE

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

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K 052 SS=E NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 6/28/2011 during the inspection and testing of the facility fire alarm system, the fire alarm control panel audio annunciator panel was showing a zone trouble audio alert that was not able to be cleared during the survey. NOTE: This zone alert was not associated with any alarm zones that were tested touring the Life Safety Survey. CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested of continuously maintained in reliable operating condition and are inspected and tested of the state of the continuously maintained in reliable operating condition and are inspected and tested of continuously maintained in reliable operating condition and are inspected and tested of the state of the continuously maintained in reliable operating condition and are inspected and tested of the state of the continuously maintained in reliable operating condition and are inspected and tested of the state of the statement of Deficiency and proposes the plan of correction to the extent that the summary of findings in Setulally correct and in order to residents. The plan of correction des not denote agreement with the citation by Plumble Nursing and Rehab acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings in Setulation correction to the extent that the summary of findings in Setulation correction to the exten	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROBLEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION IG 01 - MAIN BUILDING 01	COMPLETED				
ROANOKE LANDING NURSING AND REHABILITATION CENTER TOTAL		345266		B, WI	B. WING		06/28/2011				
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A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. This standard is not met as evidenced by: Based on the observations and staff interview during the tour on 67/82/0211 during the inspection and testing of the facility fire alarm system, the fire alarm control panel audio annunciator panel was showing a zone trouble audio alort that was not able to be cleared during the survey. K 062 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested. A fire alarm system required for life safety is installed, tested, and maintained in reliable operating condition and rare inspected and tested. Roanoke Landing Nursing and Rehab acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance. The below response to the Statement of Deficiency and plan of correction is submitted as written allegation of compliance. The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Plumblee Nursing Center. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings. K 062 The sprinkler system is scheduled to be flushed. Sediment will be monitored with routine inspections and reported in QI	PREFIX	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL				(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X6) COMPLETION DATE			
25, 9.7.5	SS≒E	A fire alarm system installed, tested, an with NFPA 70 Natio 72. The system has and testing program requirements of NF COA This STANDARD is Based on the obseduring the tour on 6 and testing of the fafire alarm control pawas showing a zone not able to be clear NOTE: This zone a any alarm zones the Safety Survey. CFR#: 42 CFR 483 NFPA 101 LIFE SA Required automatic condition and are in periodically. 19.7	required for life safety is different maintained in accordance on all Electrical Code and NFPA is an approved maintenance in complying with applicable in PA 70 and 72. 9.6.1.4 ECELVED JUL 19 2011 JUL 19 2011 JUL 19 2011 JSTRUCTION SECTION IS not met as evidenced by: evations and staff interview in item in the inspection accility fire alarm system, the anel audio annunciator panel is et rouble audio alert that was ed during the survey. Alert was not associated with at were tested touring the Life in item in the company is period in reliable operating inspected and tested			Roanoke Landing Nursing an acknowledges receipt of the State Deficiency and proposes the correction to the extent that the of findings is factually correct and to maintain compliance with rules and the provision of quality residents. The plan of correction as written alleg compliance. The below response to the State Deficiency and plan of correction denote agreement with the cirplumblee Nursing Center. The reserves the right to submit documents to refute the stated deficiency informal appeals procedures and administrative or legal proceeding. The panel for the audio annual been replaced and tested. It monitored routinely with inspect reported in QI meeting. The sprinkler system is schedulated. Sediment will be monited.	plan of summary ad in order applicable ty care to rection is ation of tement of a does not tation by a facility mentation through alor other as.	8-12-11			
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	ABORATOR\	Y DIRECTOR'S OR PROVIE	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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 safeguerds 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

Event ID: 0SDC21

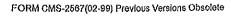
program participation.

More

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				ILDIN	PLE CONSTRUCTION 3 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED 06/28/2011	
345266			B. Wii	NG_			
	PROVIDER OR SUPPLIER KE LANDING NURSIN	IG AND REHABILITATION CENTE	R	10	EET ADDRESS, CITY, STATE, ZIP CODE 084 US 64 EAST LYMOUTH, NC 27962		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 062	Continued From pa		K	062			A CONTRACTOR OF THE CONTRACTOR
	This STANDARD is not met as evidenced by: Based on the observations and staff Interview during the tour on 6/28/2011 the review of the Sprinkler Certification documentation and sprinkler contractor letter to the local building official noted that the sprinkler system had over the 1/2 cup of sediment discharged during the annual inspection. This result requires a five year flush of the sprinkler system.						
	flush of the sprinkle	staff noted that the fire year er system was under contract sheduled with their sprinkler					
K 076 SS=E	Medical gas storag	FETY CODE STANDARD e and administration areas are lance with NFPA 99,	Κ.	076	Signage is place in area for sealed O2 tankd and another area for used tanks. Racks available to the tanks to be placed for each area. Will monitor O2 storage area and report in QI meeting.		872-11
		locations of greater than closed by a one-hour					
		pply systems of greater than ted to the outside. NFPA 99					
	Based on the obse	s not met as evidenced by: rvations and staff interview //28/2011 there were full					





Facility ID: 923414

If continuation sheet Page 2 of 3



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING		IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
	345266		B. WII	B. WING		06/28/2011		
NAME OF PROVIDER OR SUPPLIER ROANOKE LANDING NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		(EACH CORRECTIVE ACTION SHOT	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
K 076	oxygen cylinders sto	pred in the empty cylinder rack ge room on the 200 hallway.	K	076	,			

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

Event ID: 0SDC21

Facility ID: 923414

If continuation sheet Page 3 of 3

