

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

PRINTED: 08/17/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345072	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2011
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NAME OF PROVIDER OR SUPPLIER CAROLINA RIVERS NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1839 ONSLOW DR EXTENSION JACKSONVILLE, NC 28540
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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 is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</p> <p>No deficiencies were cited as a result of the complaint investigation Event ID #FCCQ11.</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: 345072	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2011
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NAME OF PROVIDER OR SUPPLIER CAROLINA RIVERS NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1839 ONSLOW DR EXTENSION JACKSONVILLE, NC 28540
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K 056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: 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.</p> <p>42 CFR 483.70(a)</p>	K 056	<p>Carolina Rivers Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality care of the residents. The plan of correction is submitted as written allegation of compliance. Carolina Rivers Nursing and Rehabilitation Center's response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies and the Plan of Correction nor does it constitute an admission that any deficiency is accurate. Further, Carolina Rivers Nursing and Rehabilitation Center reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p>	07/02/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Manda Hummel RN BSN CNHA* TITLE *ADMINISTRATOR* (X6) DATE *08/08/2011*

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: 345072	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2011
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K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: door to Medical Records is not self closing(room is filled with boxes, files and paper products).</p>	K 029	<p><u>K056</u></p> <p>a. The accelerator line to the dry side of the sprinkler riser has been equipped with an electronically supervised tamper alarm as of 07/29/2011 by Advanced Fire Designs.</p> <p>b. The sprinkler system has been inspected by Advanced Fire Designs as of 07/29/2011, no other issues were identified.</p> <p>c. Maintenance staff will be retrained by the administrator as of 09/02/2011 to check the alteration of the dry line valve of the sprinkler system with monthly fire drill to ensure a visual/audible signal is present as indicated.</p> <p>d. Maintenance Supervisor or designee will check the alteration of the dry line valve of the sprinkler system with the fire drill monthly for three months to ensure a visual/audible signal is present as indicated. These findings will be reviewed in the</p>	09/02/2011
K 038 SS=E	<p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871</p>	K 038		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 08/08/2011

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K 038	<p>Continued From page 1</p> <p>Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: bedroom closets #1 in bedroom 503 and closet #2 in bedroom 603 requires two motion of and to open. Also, janitor closet across from room 506 requires two motion of hand to open.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The Type I EES is divided into the critical branch, life safety branch and the emergency system in accordance with NFPA 99. 3.4.2.2.2.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871</p> <p>Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: generator failed to crank and transfer within 10 seconds on test.</p> <p>42 CFR 483.70(a)</p>	K 038	<p>Safety Committee meeting monthly for three months and follow up as deemed necessary and to determine the frequency and/or need for continued monitoring.</p> <p><u>K029</u></p> <ol style="list-style-type: none"> The door to the Medical Records off will be replaced by a self closing door as of 09/02/2011. All other office doors have been checked are appropriately rated and on self closures as indicated. Facility maintenance staff has been retrained regarding use of self closure door system for Medical Records offices. Facility Maintenance Staff will check the Medical Records door with the monthly fire drill monthly for four months to ensure the self closure system on the door is functioning appropriately. These findings will be reviewed in the Safety Committee meeting monthly for three months and follow up as 	09/02/2011
K 145 SS=F	<p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The Type I EES is divided into the critical branch, life safety branch and the emergency system in accordance with NFPA 99. 3.4.2.2.2.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871</p> <p>Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: generator failed to crank and transfer within 10 seconds on test.</p> <p>42 CFR 483.70(a)</p>	K 145	<p>Safety Committee meeting monthly for three months and follow up as deemed necessary and to determine the frequency and/or need for continued monitoring.</p> <p><u>K029</u></p> <ol style="list-style-type: none"> The door to the Medical Records off will be replaced by a self closing door as of 09/02/2011. All other office doors have been checked are appropriately rated and on self closures as indicated. Facility maintenance staff has been retrained regarding use of self closure door system for Medical Records offices. Facility Maintenance Staff will check the Medical Records door with the monthly fire drill monthly for four months to ensure the self closure system on the door is functioning appropriately. These findings will be reviewed in the Safety Committee meeting monthly for three months and follow up as 	09/02/2011

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deemed necessary and to determine the frequency and/or need for continued monitoring.

K038

09/02/2011

- a. Two motion locks have been removed from closet #1 in resident room 503, closet #2 in resident room 603, and the janitor closet across from room 506 have been changed to single motion release handles as of 08/08/2011 by facility maintenance staff.
- b. All other door handles have been checked and will be replaced with single motion release handles by facility maintenance staff as indicated by 09/02/2011.
- c. Maintenance staff will be retrained regarding need for single release handles on doors throughout the building by the administrator as of 09/02/2011.
- d. The Maintenance Supervisor or designee will check door handles weekly for four weeks to ensure

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they are properly working. Findings from these rounds will be monitored for completion via the Safety Committee monthly for one month and follow up as deemed necessary and to determine the frequency and/or need for continued monitoring

K145

- a. The generator has been serviced by Covington Spectrum as of 07/27/2011 and the time delay transfer to emergency has been adjusted.
- b. The generator was inspected by Covington Spectrum as of 07/27/2011 with adjustments made accordingly.
- c. Facility Maintenance staff will be retrained as of 09/02/2011 on requirements for emergency transfer of power for the generator.
- d. Facility Maintenance Staff will check the generator weekly for four weeks to

09/02/2011

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ensure emergency transfer
of power occurs within
10sec of loss of power,
then monthly thereafter.
These findings will be
reviewed in the Safety
Committee meeting
monthly for three months
and follow up as deemed
necessary and to determine
the frequency and/or need
for continued monitoring.

MA