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

PRINTED: 10/19/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G		X3) DATE SURVEY COMPLETED	
		345207	B, Wil	1G _		10/1	9/2011	
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R CTR OF COLUMBUS CTY				14	EET ADDRESS, CITY, STATE, ZIP CODE 402 PINCKNEY STREET /HITEVILLE, NC 28472			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 000	The facility is in correquirements of 42		F	000				
 ABORATORY	' DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGI	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 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.

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

PRINTED: 11/13/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT	r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION NG 02 - MAIN BUILDING (REPLAC	(X3) DATE SURVIEY COMPLETED
		345207		V2 111 11 20 20 11 11 11 11 11 11 11 11 11 11 11 11 11	11/10/2011
	ROVIDER OR SUPPLIER COMMONS N&R CT	R OF COLUMBUS CTY		REET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472	
(X4) ID PREFIX TAG	(FACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
K 038 SS=D	Exit.access is arrar	FETY CODE STANDARD nged so that exits are readily nes in accordance with section	K 038	K-000 The statements made on this posterior of correction are not an admission and do not constitute an agreement with the alleged deficiencles.	olan sion
K 061 ss=D	This STANDARD is not met as evidenced by: A. Based on observation on11/10/2011 the staff interviewed did not know about the master door release switch located at the nurses station. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD		K 06	To remain in compliance with federal and state regulations to facility has taken or will take actions set forth in this plan of correction. The plan of corrections the facility's allegated of compliance such that all all deficiencies cited have been deficiencied by the date or definitional and indicated.	he stion tion eged or will
	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			K038 Staff Inserviced on 11/18/11 of purpose and location of the modor release switch located a nurses' stations. (Exhibit #1)	ıaster
	A. Based on observalves on the sprin switch and the two were not supervise B. Based on observalves on the sprin switches on the two section were not start 42 CRT 483.70 (a)	vation on 11/10/2011 the kler pressure operated flow o dry systems in the older upervised.	K 06	All exit accesses could have to affected by this alleged deficient practice NHA inserviced Maintenance on new "Master Door Release audit tool. (Exhibit #2)	ent Director
K 062 SS=D		AFETY CODE STANDARD c sprinkler systems are	N UO		
ABORATOR	L Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	THLE	(X6) DATE

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

Facility ID: 923086

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

PRINTED: 11/13/2011 FORM AP PROVED OMB NO. 09:38-0391

		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION OZ - MAIN BUILDING (REPLAC	(X3) DATE S COMPLE		
			345207	в. W	NG		11/10/2011		
		ROVIDER OR SUPPLIER COMMONS N&R CT	R OF COLUMBUS CTY		14	EET ADDRESS, CITY, STATE, ZIP CODE 102 PINCKNEY STREET 'HITEVILLE, NC 28472			•
P	(4) ID REFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	-
· ·		continuously mainta condition and are in periodically. 19.7. 25, 9.7.5 This STANDARD is A. Based on observe 11/10/2011 the exhault in the older section where 2008. The sprecommended replace at that time but noth. The time for water as	Ined in reliable operating spected and tested 6, 4.6.12, NFPA 13, NFPA not met as evidenced by: ration and documentation on suster on the two dry systems were taken out of service in or rinkler inspection reporting them with accelerators ing has been done to date, at the test orfice could not be entation. If the exhausters are	Κ.		To ensure this practice does rethe Maintenance Director will weekly audits x 4 weeks and the monthly x 2 using the "Master Release Switch" audit tool. As problems will be corrected as identified and reported to the administrator during daily star meetings, discussed during with Quality of Life and then during Quality of Life Meetings December 1, 2011 K061 Maintenance Director obtains an estimate to install supervisory switches on valued on the accelerator and valve that operate the flow switch Sunland Fire Protection to inspect valves in question to determine necessary repair during visit scheduled for wending December 2, 2011. Following visit, Edwards Electronic to evaluate alarm system. Repair to follow inspections. (Exhibit #3 an #4)) All valves to be inspected by Sunland Fire Protection to determine compliance with NFPA 72, 9.7.2.1 during visit scheduled for week ending December 2, 2011.	conduct hen Door ny idup eekly monthly red ves es . o s eek		
	1				1			1	

Maintenance Director inserviced on new "Sprinkler System Check" audit tool. (Exhibit #5)

To ensure this practice does not recur the Maintenance Director will conduct weekly audits x 4 weeks and then monthly x 2 using the "Sprinkler System Check" audit tool. Any problems will be corrected as identified and reported to the administrator during daily standup meetings, discussed during weekly Quality of Life and then during monthly Quality of Life Meetings.

December 25, 2011

K062

Sunland Fire Protection to replace, rebuild or reset existing exhausters. Visit scheduled for week ending December 2, 2011. Following visit, Edwards Electronic to evaluate alarm system. Repairs to follow visits. Obtained a copy of 2009 sprinkler inspection that includes the time for water at the test orfice. (Exhibit #3, #4 and #6).

All exhausters to be inspected by Sunland Fire Protection to verify they are functioning properly during visit scheduled for week ending December 2, 2011.

Maintenance Director Inserviced on new "Sprinkler System Check" audit tool. (Exhibit #5)

To ensure this practice does not recur the Maintenance Director will conduct weekly audits x 4 weeks and then monthly x 2 using the "Sprinkler System Check" audit tool. Any problems will be corrected as identified and reported to the administrator during daily standup meetings, discussed during weekly Quality of Life and then during monthly Quality of Life Meetings.

December 25, 2011

DEPAR	TMENT OF HEALT	HAND HUMAN SERVICES		個界 \$ 多分的	FORM APPROOMB NO. 0938	OVE
CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF GORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD	TIPLE CONSTRUCTION ING 02 - MAIN BUILDING (REPLAC	(X3) DATE BURVEY COMPLETED	
		345207	D, WING		11/10/2011	1
	PROVIDER OR SUPPLIER	J	s.	TREET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET		
LIBERT	y commons N&R C)	IR OF COLUMBUS CTY		WHITEVILLE, NG 28472		
(X4) ID PREFIX YAG	FACH DESIGIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAU	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLI	(8) (6) (6) (6) (8)
K 038 SS≒D	Exit access is arra	AFETY CODE STANDARD Inged so that exits are readily Ince in accordance with section	K 03	K-000 The statements made on this of correction are not an admit to and do not constitute an agreement with the elleged deficiencies.	; plan Isslon	
K 081 SS≭D	A. Based on obseted interviewed did not release switch local 42 CFR 483,70 (a) NFPA 101 LIFE SAR Required automativatives supervised	Is not met as evidenced by: rvation on11/10/2011 the staff throw about the master door ited at the nurses station. AFETY CODE STANDARD of aprinkler systems have so that at least a local alarm e valves are closed. NFPA	K 06	To remain in complience will federal and state regulations facility has taken or will take actions set forth in this plan correction. The plan of compliance such that all a deficiencies cited have been be corrected by the date or indicated. K038 Staff inserviced on 11/18/11 purpose and location of the door release switch located nurses' stations. (Exhibit #7	of section spation alleged nor will dates	
K 062	A. Based on obse valves on the sprin switch and the two were not supervise B. Based on obser valves on the sprir switches on the two section were not s 42 CRT 483,70 (a)	vallon on 11/10/2011 the kler pressure operated flow o dry systems in the older upervised.	· K 00	Ali exit accesses could have affected by this alleged deficition practice NHA inserviced Maintenance on new "Master Door Relea audit tool. (Exhibit #2)	elent e Director	
SS⊧D		•				
	1	lc sprinkler systems are				
		DERISUPPLIER REPRESENTATIVE'S SI	ndan	MIA Administrate		·····
ther salego	iards provido sufficient p date of survoy whether ng the date there docum	rotantion to the policins, (See instructi	earnistano Parnistano	lution may be excused from correcting p for nursing homes, the findings stated a homes, the above findings and plana of his are cited, an approved plan of correct	correction are disclosable	0 14

FORM CMS-2567(02 99) Previous Versions Obsolete

EvonLID 20/121

Facility (I) 923086

If continuation sheet Page 1 of 2

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

PRINTED: 11/13/2011 FORM AP PROVED OMB NO. 09:38-0391

BYATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDEN/SUPPLIEN/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 · MAIN BUILDING [REPLAC B, WINO_ 345207 11/10/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAYE, ZIP CODE 1402 PINCKNEY STREET LIBERTY COMMONS N&R CTR OF COLUMBUS CTY WHITEVILLE, NC 28472 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OROSS-REFERENCED TO THE APPROPRIATE COMPLETION Préfix PREFIX RECULATORY OR LSC | IDENTIFYING INFORMATION) TAG YAG DATE DEFICIENCY) K 082 Continued From page 1 K 062 To ensure this practice does not recur continuously maintained in reliable operating the Maintenance Director will conduct condition and are inspected and tested weekly audits x 4 weeks and then periodically. 19.7.6, 4.6.12, NFPA 13, NFPA monthly x 2 using the "Master Door 25, 9.7.5 Release Switch' audit tool. Any problems will be corrected as Identified and reported to the administrator during dally standup This STANDARD is not met as evidenced by: meetings, discussed during weekly A. Based on observation and documentation on Quality of Life and then during monthly 11/10/2011 the exhauster on the two dry systems. Quality of Life Meetings in the older section were taken; out of service in or before 2008. The sprinkler inspection report December 1, 2011 recommended replacing them with accelerators at that time but nothing has been done to date. K061 The time for water at the test orfice could not be found in the documentation. If the exhausters are Maintenance Director obtained put back in service the valves must be an estimate to install supervised. supervisory awitches on valves 42 CFR 483.70 (a) on the accelerator and valves that operate the flow switch. Sunland Fire Protection to inspect valves in question to determine necessary repairs during visit scheduled for week ending December 2, 2011. Following visit, Edwards Electronic to evaluate alarm system. Repair to follow Inspections, (Exhibit #3 and #4)) All valves to be inspected by Sunland Fire Protection to determine compliance with NFPA 72, 9.7.2.1 during visit scheduled for week ending December 2, 2011, AM CMS-2067(02-80) Previous Versians Obsolete EvabliD, ZIF121 Prethty ID: 923086 If continuation shoot Page 2 of ?

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