

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

PRINTED: 11/17/2011  
FORM APPROVED  
OMB NO. 0938-0392

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>POPLAR HEIGHTS CARE AND REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337</b>
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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
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F 000	<p><b>INITIAL COMMENTS</b></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>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345267	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  11/30/2011
NAME OF PROVIDER OR SUPPLIER  POPLAR HEIGHTS CARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337	
(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)	(X6) COMPLETION DATE
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.  This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/30/2011 the activity department door was not equipped with pass through hardware to allow a "one motion" of the hand for egress from that location into the egress corridor.	K 018	1. On 12/09/2011, the activity department door was replaced by the Maintenance Director with a single hand motion door looking hardware to ensure that "one motion" of the hand for egress from that location into the egress corridor.  2. On 12/13/2011, department doors were inspected by the Maintenance Director to ensure single hand motion hardware was installed.  3. The Maintenance Director was re-educated on single hand motion hardware for departmental doors by the Administrator on 12/14/2011.  4. The Administrator will conduct weekly rounds for one month, then monthly for 2 months to ensure compliance of department doors including single hand motion hardware. Administrator will report finding to Performance Improvement Committee monthly for 3 months.	12/19/11
K 038 SS=E	CFR#: 42 CFR 483.70 (a) 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	K 038		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jim B. Colquhoun, NHA* TITLE *Administrator* (X6) DATE *12/17/2011*

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NAME OF PROVIDER OR SUPPLIER  POPLAR HEIGHTS CARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 004 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337		
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K 038	Continued From page 1	K 038	1. On 12/12/2011, the Maintenance Director re-installed the door release switch at the new wing nurses station the required 48 inches above the finished floor.	12/19/11	
K 052 SS=E	<p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/30/2011 the facility had its door release switch at the new wing nurses station above the required 48 inches above the finished floor.</p> <p>CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/30/2011 the facility had a manual pull station near the ICF nurses station exit that did not work when tested. When pulling the station to the down position, the alarm was not activated, but after the pull box was opened and the switch was pushed up the alarm was</p>	K 052	<p>2. The Maintenance Director inspected the other nurses stations to ensure the door release switches were installed at the required 48 inches above the finished floor.</p> <p>3. The Maintenance Director was re-educated on 12/14/2011 related to the requirement of door release switches.</p> <p>4. The Maintenance Director will audit door release switches weekly for 1 month and monthly for 2 months to ensure switches meet Life Safety Code. The Administrator will review findings and report to the Performance Improvement Committee monthly for 3 months.</p>		

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K 052	Continued From page 2 activated  CFR#: 42 CFR 483.70 (a)	K 052	<ol style="list-style-type: none"> <li>1. On 12/14/2011, the pull station near the ICF nurses' station exit was replaced by the Maintenance Director.</li> <li>2. On 12/14/2011, a fire drill was conducted by the Maintenance Director to ensure pull stations were activating.</li> <li>3. On 12/14/2011 the Maintenance Director was re-educated by the Administrator to ensure that pull stations are functioning during fire drills and activation of the fire alarm system.</li> <li>4. The Maintenance Director will conduct weekly fire drills for one month and monthly for 2 months to ensure pull stations are functioning. The Maintenance Director will report findings to the Administrator. The Administrator will review findings and report to the Performance Improvement Committee monthly for 3 months.</li> </ol>	12/11/11	