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

PRINTED: 02/29/2012 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SI COMPLE	URVEY ETED
		345390	B. WI	NG		02/1	5/2012
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR STREET ADDRESS, CITY, STATE, ZII 7700 US 158 EAST STOKESDALE, NC 27357							
(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 APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000			F	000	DETIDIENCE		
LABORATOR	Y DIRECTOR'S OR PROVI	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 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.

345390

(FRX)336 643 9906 P. UUC700...
PRINTED: 03/02/2012
FORM APPROVED

02/29/2012

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE		MAR 1 9.2012	FORM APPROVE OMB NO. 0938-039
TATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A PUILDING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED

B. WING_

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COUNT	RYSIDE MANOR ,	7700 US 158 EAST STOKESDALE, NC 27357		
(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)	(M5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 00		
K 012 SS=E	Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type III(211) construction, one story. Building is not sprinkled. The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012	The following plan of correction is required by rules found in Title 42, Code of Federal Regulations and is submitted in order to remain in compliance with these rules and regulations, thus allowing residents who depend upon Medicare and Medicaid to continue to receive care here. This plan of correction is not an admission of lack of compliance with Federal requirements. Countryside Manor may not agree with all statements of fact or observations stated by the survey agency and reserves the right to appeal these findings and submits the plan of correction prior to any appeals or review of facts, as required by regulation.	
	This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following Items were noncompliant, specific findings include: the 2 hour fire barrier that separates the nursing home from HA side, that has unsealed penetration in the construction/fire rating of wall(at medical records office). Also 2 hour wall that leads to independent living section. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD	K 018	K 012 Facility scaled to two areas discovered during the inspection with triple S firestop scalant. Large areas in the brick and Block well were scaled with mortar mix. Fire and Smoke barriers were put on a quarterly inspection schedule to be conducted by the plant operations manager or his designee. The facility quality assurance committee will review inspection reports quarterly and adjust facility procedures to remain in compliance.	03/08/2012 03/08/2012 ongoing ongoing
	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% inch solid-bonded core			

LABORATORY DIRECTORS OR PROMDERISUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(XO) DATE

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

PRINTED: 03/02/2012 FORM APPROVED OMB NO. 0938-0391

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iciencies Ection	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
	345390	B. Wil	NG _		02/	29/2012
OR SUPPLIER		•	7	REET ADDRESS, CITY, STATE, ZIP CODE 700 US 156 EAST STOKESDALE, NC 27357		547,940 54
ACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF YAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULO BE	(X5) COMPLETION DATE
es. Doors in seed to resist the pediment to the pediment to the policy of the pediment to the	resisting fire for at least 20 sprinklered buildings are only. There is e closing of the doors. Doors means suitable for keeping sitch doors meeting 19.3.6.3.6.3.6.3 rohibited by CMS regulations	K	018	K 018 The facility adjusted and lubricate latch for room 10 to ensure proper upon opening and closing. The fainspected all other doors and found doors to be latching properly. Dowere put on a quarterly inspection to be conducted by the plant opera manager or his designee. The faci assurance committee will review it reports quarterly and adjust facility procedures to remain in compliance	latching cility I all other or latches schedule tions lity quality aspection	03/05/2012 03/08/2012 Ongoing Ongoing
yor. 27871 on observation observation observation imately 8:30 avere moncomp; door to reside the second to the second to the second of the second observation of the second of the second observation obse	ns and staff interview at am onward, the following bliant, specific findings lent bedroom #10 would not seal. ETY CODE STANDARD constructed to provide at fire resistance rating in Smoke barriers may n wall. Windows are d glazing or by wired glass nes. A minimum of two ints are provided on each	K 02		Triple S Firestop scalant approved A Fire. The facility inspected smol for any other unsealed penetration. Smoke barriers were put on a quart inspection schedule to be conducted plant operations manager or his des The facility quality assurance commeview inspection reports quarterly	for Class to walls Fire and orly d by the ignee, nittee will and	3/15/2012 3/15/2012 Ongoing Ongoing
yor. 27 on ob lmatel vere n ; door r smo 2 483. 101 LI barrie one h ance v te at a ed by t and st e com amper	7871 servation y 8:30 a concomp to reside tight 70(a) FE SAF ers are coulf hour with 8.3, an atriur fire-rate eel fram parlmers are no	servations and staff interview at y 8:30 am onward, the following oncompliant, specific findings to resident bedroom #10 would not ke tight seal.	servations and staff interview at ly 8:30 am onward, the following oncompliant, specific findings to resident bedroom #10 would not ke tight seal. 70(a) FE SAFETY CODE STANDARD FE SAFETY CODE STANDARD FIRST are constructed to provide at all hour fire resistance rating in with 8.3. Smoke barriers may an atrium wall. Windows are fire-rated glazing or by wired glass eet frames. A minimum of two spartments are provided on each is are not required in duct	servations and staff interview at ly 8:30 am onward, the following oncompliant, specific findings to resident bedroom #10 would not ke tight seal. 70(a) FE SAFETY CODE STANDARD Ars are constructed to provide at all hour fire resistance rating in with 8.3. Smoke barriers may an atrium wall. Windows are fire-rated glazing or by wired glass eet frames. A minimum of two spartments are provided on each is are not required in duct	Servations and staff interview at ly 8:30 am onward, the following oncompliant, specific findings to resident bedroom #10 would not ke tight seal. 70(a) FE SAFETY CODE STANDARD FIRST are constructed to provide at all hour fire resistance rating in with 8.3. Smoke barriers may an atrium wall. Windows are fire-rated glazing or by wired glass eel frames. A minimum of two spartments are provided on each so are not required in duct K 025 The smoke wall penetration was see. Triple S Firestop scalant approved A Fire. The facility inspected smol for any other unscaled penetration. Smoke barriers were put on a quart inspection schedule to be conducted plant operations manager or his des The facility quality assurance communication was see. Triple S Firestop scalant approved A Fire. The facility inspected smol for any other unscaled penetration. Smoke barriers were put on a quart inspection schedule to be conducted plant operations manager or his des The facility quality assurance communication was seed for any other unscaled penetration. Smoke barriers were put on a quart inspection schedule to be conducted plant operations manager or his des The facility quality assurance communication was seed for any other unscaled penetration. Smoke barriers were put on a quart inspection schedule to be conducted plant operations manager or his des The facility quality assurance communication was seed for any other unscaled penetration. Smoke barriers were put on a quart inspection schedule to be conducted plant operations manager or his des The facility quality assurance communication.	Servations and staff interview at ly 8:30 am onward, the following oncompliant, specific findings to resident bedroom #10 would not ke tight seal. 70(a) FE SAFETY CODE STANDARD FE SAFETY CODE STANDARD FIRST are constructed to provide at all hour fire resistance rating in with 8.3. Smoke barriers may an atrium wall. Windows are fire-rated glazing or by wired glass eel frames. A minimum of two spartments are provided on each so are not required in duct K 025 The smoke wall penetration was scaled with Triple S Firestop scalant approved for Class A Fire. The facility inspected smoke walls for any other unscaled penetration. Fire and Smoke barriers were put on a quarterly inspection schedule to be conducted by the plant operations manager or his designee. The facility quality assurance committee will review inspection reports quarterly and adjust facility procedures to remain in compliance.

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

PRINTED: 03/02/2012 FORM APPROVED OMB NO. 0938-0391

STATEME	NT OF DEFICIENCIES	A MEDICAID SERVICES				OMB NO	D. 0938-039
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	T .	AULTIPL ILDING	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE	
		345390	B. WI	NG		020	70/304n
	PROVIDER OR SUPPLIER RYSIDE MANOR SUMMARY STA	TEMENT OF DEFICIENCIES		7700	T ADDRESS, CITY, STATE, ZIP CODE I US 150 EAST DKESDALE, NC 27357		29/2012
PREFIX TAG	4 GAVE DEFICIENCY	MUST BE PRECEDED BY FULL CC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	lithac	(X5) GOMPLETION DATE
K 025	penetrations of smo	ke barriers in fully ducted	Ko	25			
K 038 SS=F	Based on observation approximately 8:30 a items were noncomplicated; smoke barrie unsealed penetration fire resistance rating at 42 CFR 483.70(a) NFPA 101 LIFE SAFE	not met as evidenced by: ns and staff interview at m onward, the following llant, specific findings er locate at beauty shop had s which does not meet the and construction. ETY CODE STANDARD and so that exits are readily in accordance with section	K 03	od nr. ir ac cc cr. Tr. pr. rcc bii to sa	cost but on the slam system (So hanged out 3 Advantage 1000 DE neet the life safety code standard for eversible process when door alar citivated. Alarms and locks were the door for proper operation. To empliant with irreversible process the facility tests each door nightly roper operation along with transmictivers. The plant operations may designed will review each door ensure that each operates according to the facility tests and are according to the code standards and manufact recifications.	panels to or or or is ested at sts were in code. for inters and mager or quarterly ng to life	3/9/2012 3/9/2012 Ongoing Ongoing
E a it in e; re	surveyor, 27877 Based on observations pproximately 8:30 am ems were noncomplia	Drocess on the delayed			·		
CNCOSON	22.000.000.000						
~M9-X90\{(02-90) Previous Versions Obso	lele Event ID: RD1021	For	llik In o	23124		

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

PRINTED: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	ILDING		COMPL	ETED
		345390	B. Wi	NG		02/2	29/2012
	ROVIDER OR SUPPLIER			770	ET ADDRESS, CITY, STATE, ZIP CO 00 US 15B EAST OKESDALE, NC 27357	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	V SHOULD BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENT Surveyor: 21960 There were no Life noted at time of sur	Safety Code Deficiencies	K	000			-
	noted at time of our	, , , ,	TATAL TOTAL				
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ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIC	NATURE		TITLE		(X6) DATE

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

PRINTED: 03/26/2012 FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	A. BUILDING	E CONSTRUCTION 03 - SOUTH ADDITION - PRIM/	(X3) DATE SURVEY COMPLETED
		345390	B. WING	774	02/29/2012
	ROVIDER OR SUPPLIER		770	ET ADDRESS, CITY, STATE, ZIP CODE 0 US 158 EAST DKESDALE, NC 27357	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLET
K 000	approximately 8:30	rs ions and staff interview at am onward, no LSC oted at time of survey.	K 000		

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THE STATE OF THE S			THE COLUMN TWO IS NOT		
		R/SUPPLIER REPRESENTATIVE'S SIGN			

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.