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

PRINTED: 05/25/2012 FORM APPROVED OMB NO. 0938-0391

F 356 SS=B F 356 SS=B A83.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis:			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	DING	E CONSTRUCTION MAY 3.1 2012 (X3) DATE SUR	
Summary statement of deficiencies (AA) DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) PREFIX TAG Summary statement of deficiencies (AA) DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) PREFIX TAG PRODUCES BLAN OF CORRECTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY (AT ION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY (AT ION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) F 356 483.30(e) POSTED NURSE STAFFING INFORMATION F 356 INFORMATION The facility must post the following information on a daily basis:			345184	B. WN	G	<u> </u>	0/2012
F 356 SS=B F 356			& REHAB-ELIZABETH CITY		904	I S HALSTEAD BLVD	
F 356 SS=B INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:	PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETION DATE
This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and facility posted nursing staff information records, the facility failed to post the actual number of	SS=B	INFORMATION The facility must po a daily basis: o Facility name. o The current date. o The total number by the following cat unlicensed nursing resident care per sl. Registered nu. Licensed prac vocational nurses (c. Certified nurse o Resident census. The facility must pospecified above on of each shift. Data o Clear and readab o Inva prominent plaresidents and visito. The facility must, u make nurse staffing for review at a cost standard. The facility must m staffing data for a required by State left. This REQUIREMED by: Based on observate facility posted nurs the facility failed to	and the actual hours worked egories of licensed and staff directly responsible for nift: rses. tical nurses or licensed as defined under State law). e aides. In the nurse staffing data a daily basis at the beginning must be posted as follows: le format. In the posted as follows: le format acce readily accessible to le format. In the posted daily nurse not to exceed the community aintain the posted daily nurse ninimum of 18 months, or as law, whichever is greater. In the posted daily nurse ninimum of 18 months, or as law, whichever is greater.		356	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1. Center posted the total number of and actual hours worked by licensed and unlicensed staff that is directly responsible for resident care per shift (RN, LPN, and C.N.A.) and the current resident census in a frame on top of the nursing station. 2. SDC will in-service nursing staff on the appropriate daily posting and location of the total number of and actual hours worked by licensed and unlicensed staff that is directly responsible for resident care per shift which includes the resident census. 3. DNS or designee will perform an audit on the total number of and actual hours worked by licensed and unlicensed staff that is directly responsible for resident care per shift posting daily for 2 weeks, weekly for 4 weeks and monthly for 3 months. 4. Results of the audits will be incorporated into center's Performance Improvement Committee for a minimum of months.	5/10/12 5/10/12 5/11/12

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.

If continuation sheet Page 1 of 3

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

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345184	B.W	ING		0.5	2/4.0/2040		
	NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ELIZABETH CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 901 S HALSTEAD BLVD ELIZABETH CITY, NC 27909					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PRE TA) FIX	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
	all three shifts for 18 up to and including to and including the Findings include: Observations on 5/7/9:00AM, 5/9/12 at 9:1 revealed posted nursivisible in any public awas located in a cleaunder the counter of 5/10/12 at 9:00AM. To name, was dated 5/1 113. Each sheet repapplied (7AM-3PM, 3). The staffing data conunicensed and licensed and	ensed and unlicensed staff for of the past 18 days leading the days of survey. 12 at 9:00AM, 5/8/12 at 00AM and 5/10/12 at 9:00AM sing staff information was not area of the facility. The form in sheet protector located the nurses' station on the form indicated the facility 0/12 and the census was resented the shift to which it PM-11PM and 11PM-7AM). Italianed the number of sed nursing staff but there in of the number of actual the person. It is nursing staff postings 5/10/12 conducted on facility's actual number of sed and unlicensed nursing is part of the data on the ed for the following dates:		356					
	5/3/12, 5/4/12, 5/ 5/9/12, and 5/10/12. During an interview wi	th the Director of Nursing:42AM, the DON stated she he nursing staff was							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
345184			B. WNG			05/10/2012	
	OVIDER OR SUPPLIER	REHAB-ELIZABETH CITY		901 3	ADDRESS, CITY, STATE, ZIP CODE SHALSTEAD BLVD ABETH CITY, NC 27909		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	IX.	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 356	completed by the sta scheduler placed it a On 5/10/12 at 8:48A interviewed. She sta was completed daily station desk. The so only place it was kep to visitors, only staff, shown to them. Whe about the "actual nu completed, she repli she didn't complete suggested a frame f hung on the wall wh	If scheduler and the tithe nurses station. Muthe staff scheduler was ted the nursing staff posting and placed at the nurses' meduler indicated this was the post. The posting was not visible but if visitors asked, it was an the scheduler was asked miber of hours' section not ed that she did not know why the section. The scheduler for the form so it could be the ere it would be visible. I iewed again at 9:00AM on the nursing posting form was		356			

NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ELIZABETH CITY (A) ID PREFIX TAG (CA) ID PREFIX TAG (CA) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, and is utilizing delayed egress locking systems. The facility is equipped with an automatic sprinkler system. K 062 K 062 SS=E Required automatic sprinkler systems are conditional manufaction and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on the observations and staff interview STREET ADDRESS, CITY, STATE, ZIP CODE 901 s NET ALL STANDARD STREET ADDRESS, CITY, STATE, ZIP CODE 901 s NET ALL STANDARD STATE, The CODE STANDARD is not met as evidenced by: Based on the observations and staff interview STREET ADDRESS, CITY, STATE, ZIP CODE 901 s NET ALL STATE, The CODE STAND STANDARD	STATEMENT	RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION (X3) DATHS G 01 - MAIN BUILDING 01 1 5 012 COMPLE	(C) (C) (
NINDRED TRANSITIONAL CARE & REHAB-ELIZABETH CITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROFIDER'S PLAN OF CORRECTION SHOULD BE PREVENT TAG PROFIDER'S PLAN OF CORRECTION SHOULD BE PREVENT TAG PROFIDER'S PLAN OF CORRECTION SHOULD BE PREVENT TAG PREFIX TAG	(345184	в. WING _	A CO.	1/2012
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This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, and is utilizing delayed egress locking systems. The facility is equipped with an automatic sprinkler system. 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 periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 6/1/2012 The sprinkler heads installed in the service hallway smoke compartment were a mix of a quick response Red and Green bulb heads witch deploy at two different temperatures. Actual NFPA Standard: NFPA 13,5-3.1.5.2 K 000 allegation of compliance. Frequention andlor executed and state load adeas to admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficientes. The plan of correction does not continue admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficientes. The plan of correction does not continue admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficientes. The plan of correction does not continue admission or agreement by the providers of the truth of the facts allegator conclusions set forth in the statement of deficientes. The plan of correction to respect during the truth of the facts allegator of conclusions set forth in the statement of deficientes. The plan of correction to restrict sate with a sprinkler head in state law. 1. Identified sprinkler head in this area are now the same type. 2. Maintenance Director or designee will perform an audit weekly for 2 weeks to ensure sprinkler heads are consistent in de	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETI- DATE
publications. This building is Type V construction, and is utilizing delayed egress locking systems. The facility is equipped with an automatic sprinkler system. 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 periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 6/1/2012 The sprinkler heads installed in the service hallway smoke compartment areas. This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 6/1/2012 The sprinkler heads installed in the service hallway smoke compartment areas. Red and Green bulb heads witch deploy at two different temperatures. Actual NFPA Standard: NFPA 13,5-3.1.5.2 A continuously maintained in service hallway smoke compartment was removed and replaced with a sprinkler head that is the same type as the remaining ones on the service hallway smoke compartment. All sprinkler heads in this area are now the same type. A continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA A continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA A continuously maintained in reliable operating condition and are inspected and tested will make rounds in the center to ensure all sprinkler heads are consistent in designated smoke compartment areas. A continuously maintained in the service hallway smoke compartment area and tested will make rounds in the center to ensure all sprinkler heads are consistent in designated smoke compartment areas. A continuously maintained in the service hallway smoke compartment area en ow the same type.	K 000	This Life Safety Co conducted as per T at 42 CFR 483.70(a	ode (LSC) survey was The Code of Federal Register a); using the 2000 Existing	K 000	allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because	
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This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 6/1/2012 The sprinkler heads installed in the service hallway smoke compartment were a mix of a quick response Red and Green bulb heads witch deploy at two different temperatures. Actual NFPA Standard: NFPA 13,5-3.1.5.2 3. Maintenance Director or designee will perform an audit weekly for 2 weeks to ensure sprinkler heads are consistent in designated smoke compartment areas. 4. Results of audits will be incorporated into center's Performance Improvement Committee for a minimum of 3 months.	1	Required automatic continuously maint condition and are in periodically. 19.7	c sprinkler systems are ained in reliable operating nspected and tested	. K UO2	the same type. 2. Maintenance Director or designee will make rounds in the center to ensure all sprinkler heads are consistent in designated smoke compartment areas.	5/8/12
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CFR#: 42 CFR 483.70 (a)		during the tour on of installed in the service compartment were Red and Green but different temperature.	6/1/2012 The sprinkler heads vice hallway smoke a mix of a quick response lb heads witch deploy at two lres. Actual NFPA Standard:	·	4. Results of audits will be incorporated into center's Performance Improvement Committee for a minimum of 3	6/8/12
		CFR#: 42 CFR 48	3.70 (a)			

Any deficiency statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined the vafeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 day and 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 1 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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