

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

PRINTED: 08/13/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/11/2012
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NAME OF PROVIDER OR SUPPLIER  WILMINGTON HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVE WILMINGTON, NC 28401
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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>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) for the recertification and complaint survey of 8/11/12. Event ID X93411.</p>	F 000		
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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.

09/28/2012 15:12 9107621791

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

RECEIVED  
PRINTED: 09/17/2012  
FORM APPROVED  
OMB NO. 0938-0301  
SEP 28 2012  
CONSTRUCTION SECTION  
09/11/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  09/11/2012
NAME OF PROVIDER OR SUPPLIER  WILMINGTON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVE WILMINGTON, NC 28401	
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K 000	INITIAL COMMENTS  Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 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, with a complete automatic sprinkler system. Facility is using delayed egress locking system.  The deficiencies determined during the survey are as follows:	K 000	Licensed Electrical Contractor consults were initiated 09/14/12 to assess the upgrade of Facility door locks that would allow compliance with this Life Safety Code Standard and the Facility's Wanderguard System. An egress locking system override is being installed.	12/11/12
K 038 SS=E	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  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 12:30 pm onward, the following items were noncompliant, specific findings include: The delayed egress locking system at the end of 400 and 500 halls(typical of the building) did not function per NCSBC or LSC. Doors would relock after the irreversible process of delayed locking system had initiated.	K 038	Facility doors were assessed by the Plant Operations Manager and Division Director of Facility Engineering to ensure all exits are readily accessible at all times, prior and following the delayed egress locking system upgrade.  The Administrator and Facility Safety Coordinator conducted staff education 09/20/12 - 09/27/12. Staff was informed to manually disengage the current locking system in case of an emergency, until the new system is installed.  The Maintenance Department staff will audit Facility's delayed egress doors weekly to ensure continued compliance. Any door identified with issues will be corrected immediately.	
K 045 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  Illumination of means of egress, including exit	K 045	The Administrator and Facility Safety Coordinator conducted staff education 09/20/12 - 09/27/12. Staff was informed to manually disengage the current locking system in case of an emergency, until the new system is installed.  The Maintenance Department staff will audit Facility's delayed egress doors weekly to ensure continued compliance. Any door identified with issues will be corrected immediately.  Audits will be reviewed by the Plant Operations Manager during the monthly Safety Committee Meeting. Any negative trend will be reported to the Quality Assurance and Performance Improvement Committee.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *James E. Ernst* TITLE: NHA (X6) DATE: 09/28/12

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K 045	Continued From page 1 discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 12:30 pm onward, the following items were noncompliant, specific findings include exit discharge illumination lighting must be arranged to provide light from the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge shall be illuminated to values of at least 1 ft-candle measured at the floor. Failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candles in any designated area. NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4.  42 CFR 483.70(a)	K 045	Licensed Electrical Contractors were consulted on 09/12/12 to install additional light fixtures to provide sufficient lighting for sideway egress.  All exit discharge walking surfaces were assessed by the Plant Operations Manager on 09/12/12.  Two bulb fixtures are to be installed in six locations that have the potential to provide an exit discharge from the Facility.  The Maintenance Department staff will audit Facility's egress illumination weekly to ensure continued compliance. Any area identified with issues will be corrected immediately.  Audits will be reviewed by the Plant Operations Manager during the monthly Safety Committee Meeting. Any negative trend will be reported to the Quality Assurance and Performance Improvement Committee.	10/26/12

FACILITY REQUEST FOR WAIVER OR VARIANCE

TO BE COMPLETED BY STATE AGENCY

Life Safety Code (405.1134a)  Physical Environment  
 7-Day R.N. Requirement  Patient Room Size (405.1134c)  
 Medical Director (405.1911b)  Beds Per Room (405.1134e)

1. Name of Facility Wilmington Health & Rehab Center  
Address 820 Wellington Ave, Wilmington, NC 28401

2. Type Facility: NH 3. Vendor No. \_\_\_\_\_  
Program: XVIII/XIX  XIX  Provider No. 345236

4. Date of Survey: Life Safety Code 9/14/2012 5. Expiration Date of Current Agreement: \_\_\_\_\_  
General \_\_\_\_\_

6. State Agency recommendation:  Approved  Waiver/Variance Previously Approved  
 Not Approved

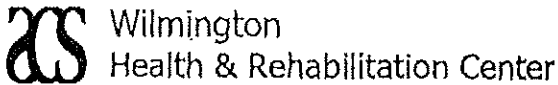
7. Reason for Recommendation: time required to obtain and electrician to install new access override on locking system

8. Period for which Waiver/Variance is Recommended: 12/11/2012

9. \_\_\_\_\_ Date 10. \_\_\_\_\_ Authorizing Signature of State Agency

TO BE COMPLETED BY REGIONAL OFFICE

1. Waivers/Variance Approved	12. Waivers/Variance Not Approved
(a) _____	(a) _____
(b) _____	(b) _____
(c) _____	(c) _____
(d) _____	(d) _____
3. _____ Program Reviewer Signature	_____ Date
4. _____ Discipline Reviewer Signature	_____ Date
5. _____ Authorizing Signature Acting Director, Survey & Certification	_____ Date



September 27, 2012

Gordon Washburn  
NC Department of Health and Human Services  
Division of Health Service Regulation  
Construction Section  
2705 Mail Service Center  
Raleigh, NC 27699  
Fax 919-733-6592

Re: Wilmington Health and Rehabilitation Center  
Provider #345236

Re: Request for temporary waiver - K038

Wilmington Health and Rehabilitation Center was cited during a Life Safety Survey on September 11, 2012 for K038 NFPA 101 Life Safety Code Standard.

We are requesting a 45 day extension of the initial October 26, 2012 Plan of Correction date. (12/11/12)

The extension would allow Licensed Contractors the time required to obtain and electronically install the new egress overrides throughout the building to meet said code.

Thank you for your consideration in this matter.  
Sincerely,

A handwritten signature in cursive script, appearing to read 'Kathryn R. Emmart'.

Kathryn R. Emmart, RN, NHA  
Administrator

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