

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

PRINTED: 09/11/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/06/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KINDRED NURSING &amp; REHAB-SCOTLAND NECK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874</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
F 000	<p>INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of a recertification survey of 9/6/12 Event ID # V9PD11</p>	F 000		

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.

*DRW*

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345375	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 10/11/2012
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RECEIVED  
JUL 20 2012  
CONSTRUCTION SECTION

NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING & REHAB-SCOTLAND NECK	STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL RD SCOTLAND NECK, NC
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K 000	INITIAL COMMENTS  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 construction, one story, with a complete automatic sprinkler system.	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  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	K 052	<p><i>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.</i></p> <ol style="list-style-type: none"> <li>It is the practice of this center to assure that fire alarm systems required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. It was noted that during the life safety survey that our fire alarm was on a breaker labeled with heat and A/C. Also the Fire Alarm Control Panel was not labeled as to the emergency panel and breaker served.</li> <li>On 10/12/12, the center obtained the services of a licensed electrician to place the fire alarm on a dedicated breaker for fire alarm and labeled the panel as such.</li> <li>The Maintenance Director will assure that panels are labeled correctly.</li> <li>Findings will be discussed during our monthly safety committee meeting.</li> </ol>	10/23/12
	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 10/11/12 at approximately noon the following fire alarm system was non-compliant, specific findings include:  A. The fire alarm was on a breaker labeled with heat and AC. The fire alarm system could be on a separate circuit and labeled as such.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *DeShae Mowe* TITLE *Executive Director* (X6) DATE *10/23/12*

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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING & REHAB-SCOTLAND NECK	STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874
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K 052	Continued From page 1 B. The Fire Alarm Control Panel (FACP) was not labeled as to the emergency panel and breaker served.	K 052		