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

PRINTED: 09/21/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		345348	B. WING		09/20/2012			
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DR FAYETTEVILLE, NC 28301				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOT TAG CROSS-REFERENCED TO THE APP DEFICIENCY)		OULD BE	(X5) COMPLETION DATE		
F 000	INITIAL COMMENTS The facility was found to be in compliance with the Medicare/Medicaid Long Term Care Regulations 42 CFR Part 483, Sub part B during a recertification survey		F 000					
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Additional and the state of the								
ARORATOR	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.

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FORM A	APPROVED
OMB NO.	APPROVED 0938-0391

PARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES 2012 AND PLAN OF CORRECTION IDENTIFICATION NUMBER: o1 - Main building o10CTA. BUILDING B. WING 345348 10/17/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 523 COUNTRY CLUB DR WHISPERING PINES NURSING & REHAB CENTER **FAYETTEVILLE, NC 28301** (X5) Completion Date PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REPERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY** K 000 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 facility is Type V unprotected construction, is utilizing North Carolina Special K 012 1. The insulation was Locking arrangements and is equipped with an replaced, covering the pipe. automatic sprinkler system. 10/19/12 2. All ceilings were inspected to ensure the insulation was in CFR#: 42 CFR 483.70 (a) place for all piping. 10/24/12 NFPA 101 LIFE SAFETY CODE STANDARD K 012 K 012 3. The building will be inspected SS=D Building construction type and height meets one monthly by the Maintenance 10/19/12 of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, Director, using the Quality Assurance, Building 19.3.5,1 Inspection Tool. Results of the audits will be discussed in the monthly Quality Assurance meetings and acted This STANDARD is not met as evidenced by: upon accordingly. Based on the observations and staff interviews on 10/17/2012 the following Life Safety item was observed as noncompliant with the rated ceiling in the facility, specific findings include: There were unsealed penetrations in the rated ceiling at the 400 hall mechanical room where piping insulation had dropped from the piping it was protecting. NOTE: This mechanical room was accessed by going through a linen room on the hallway. CFR#: 42 CFR 483,70 (a)

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator 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 aufficient protection to the patients. (See instructions.) Except for numing homes, the findings stated above are disclosable 90 days 'ollowing 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING 02 - WHISPERING PINES NUR 3 0 2012 B. WING 10/17/2012 34534B STREET ADDRESS, CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 523 COUNTRY CLUB DR WHISPERING PINES NURSING & REHAB CENTER **FAYETTEVILLE, NG 28301** (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY K 000 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 facility is Type III unprotected construction, is utilizing North Carolina Special 1. The light fixture was K056 Locking arrangements and is equipped with an changed to a smaller automatic sprinkler system. fixture to allow for more room between it and the 10/24/12 sprinkler head. CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD K 056 K 056 2. a. The building was SS≍D inspected If there is an automatic sprinkler system, it is 10/2412 to ensure there were no installed in accordance with NFPA 13, Standard obstructions to the for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the sprinkler system. building. The system is properly maintained in b. Staff was in-serviced to accordance with NFPA 25, Standard for the keep any objects at Inspection, Testing, and Maintenance of least 18 inches from the Water-Based Fire Protection Systems, It is fully sprinkler heads. supervised. There is a reliable, adequate water supply for the system. Required sprinkler 3. The building will be systems are equipped with water flow and tamper 10/24/12 inspected monthly times 3 switches, which are electrically connected to the months by our building fire alarm system. 19,3,5 Maintenance Director, as part of our Quality Assurance Program using the Building This STANDARD is not met as evidenced by: Observation Tool. Based on the observations and staff interviews The results of the audit will on 10/17/2012 the following Life Safety item was be discussed at the monthly observed as noncompliant, specific findings Quality Assurance include: The facility had a sprinkler head blocked by a light fixture in the linen room on the staff meeting. hallway/ small service hall near the new wing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION 7 & 0 2012 (X3) DATE CON			re survey Mpleteo		
		. 345348	ð, W	NG	TO THE TOTAL OF THE PARTY OF TH	10/1	7/2012	
NAME OF PROVIDER OR SUPPLIER					ET ADDRESS, CITY, STATE, ZIP CODE COUNTRY CLUB DR			
WHISPERING PINES NURSING & REHAB CENTER					YETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			COMPLETION DATE	
K 056	Continued From pa nurses station, CFR#: 42 CFR 48		K	056	,			
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