

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

PRINTED: 10/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2012
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NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES RD LUMBERTON, NC 28358
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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>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). Event ID KKS811.</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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345180	(X2) MULTIPLE CONSTRUCTION SECTION A. BUILDING 02 - REPLACEMENT FACILITY B WING _____	(X3) DATE SURVEY COMPLETED 10/23/2012
NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES RD LUMBERTON, NC 28358	
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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 New 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.	K 000		
K 056 SS=E	The deficiencies determined during the survey are as follows: NFFA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFFA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFFA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observation and staff interview at 1:30 pm, the following item was observed as noncomplaint, specific findings include: sprinkler heads in laundry room have excess lent build up	K 056	1. The sprinkler heads in the laundry room have been cleaned of excess lent. 2. There are no other sprinkler heads in areas that generates a high concentration of lent. 3. The maintenance department inspects and cleans the area behind the dryers on a monthly schedule. The sprinkler heads in the laundry room will be added to this routine monthly maintenance task. 4. The Plant Director or his designee will conduct a monthly audit of the laundry room to ensure that lent has not accumulated on or around the dryers or the sprinkler heads.	12/7/12

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

Wade Royer

TITLE

Exec. Dir.

(X6) DATE

11/9/12

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.

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NAME OF PROVIDER OR SUPPLIER WESLEY PINES RETIREMENT COMM			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WESLEY PINES RD LUMBERTON, NC 28358	
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K 056	Continued From page 1 on heads.	K 056		
K 069 SS=E	42 CFR 483.70(a) NFFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFFPA 96 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observation and staff interview at 10:00 am, the following item was observed as noncomplaint, specific findings include: deep fat fryers located in kitchen and Healthcare kitchen, were not under ansul extinguishing system at time of survey. Also both deep fat fryers did not have splash guards on equipment 42 CFR 483.70(a)	K 069	1. The fryers were repositioned to be centered under the ansul extinguishing system. 2. The facility has no other fryers beyond the one in the main kitchen and the one in the pantry kitchen. 3. A visual positioning aide will be installed by the Plant Dept. to aid the dietary staff in proper placement of the fryers. 4. The dietary manager or his designee will inspect the placement of the fryers weekly during the kitchen sanitation audit. 5. Splash guards made of STAINLESS STEEL FABRICATED BY MACHINE SHLD FOR EMPLOYEE SAFETY OF NO SHARP EDGES WILL BE INSTALLED TO BOTH FRYERS. NO FURTHER ACTION WILL BE NEEDED.	12/7/12