DEPARTMENT OF HEALTH AND H[illegible]AN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345202	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	01/03/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL NURSING AND REHABILITATION CENTER	3000 HOLSTON LANE RALEIGH, NC 27610

JAN 22 2013

(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
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 II construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	The statements made on this plan of correction are not an admission to and does not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the Facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will Be corrected by the dates indicated.	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 1/3/13 at approximately noon the following smoke barrier was observed as noncompliant: specific findings include the smoke wall, next to room 201 labeled zone 1A, had used a foam caulk in the smoke wall that was not sealed in order to maintain the required fire resistance rating of the smoke barrier.	K 025	TAG K025 **Corrective Action** The foam caulking to be removed and replaced with fire-rated caulking next to room 201 labeled zone 1A by February 17th 2013. **Identification of other Life Safety issues that may affect other residents** Maintenance Director to inspect other areas in the facility in the smoke wall to ensure compliance and no foam caulking By 2/17/13. **Systemic Changes** In-service was conducted by Administrator to Maintenance Director to make monthly checks Of life safety issues including not Using foam caulking and using fire rated glazing, by 02/01/13 **Quality Assurance** The Maintenance Director will check for foam caulking monthly And incorporate into his monthly QOL by 02/17/13 and monthly on-going	
K 029	NFPA 101 LIFE SAFETY CODE STANDARD	K 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amy S. Hunt	Administrator	1/18/2013

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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K 029 SS=E	Continued From page 1 One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 1/3/13 at approximately noon the hazardous area was non-compliant, specific findings include; A. The door knob to the clean linen side of laundry did not function properly and did not close and latch the door tightly in it's frame. B. The door to the kitchen storage room was wedged open with cardboard.	K 029	TAG K029 **Corrective Action** The door knob will be repaired so it Closes properly and fits tightly to door frame. Kitchen storage room door –a sign to be placed on it to ensure it remains closed at not wedged open **Identification of other life safety issues that may affect other residents** Maintenance Director to check all doors for proper closure and fit tightly and to ensure no doors wedged open by 02/17/13 **Systemic changes** An in-service to be conducted by Administrator to Maintenance Director to address routine checks Of life safety issues including door knobs and doors fitting properly and no doors wedged open by 2/17/13. **Quality Assurance** The Maintenance Director will check for door knobs and doors properly closed and incorporate into his monthly QOL starting 02/17/13 and ongoing monthly	
K 038 SS=D	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: 42 CFR 483.70(a)	K 038	TAG K038 **Corrective Action** Two new signs will be ordered and placed in the walk in cooler and freezer by 02/17/13 **Identification of other Life Safety issues that may affect other residents**	

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K 038	Continued From page 2 By observation on 1/3/13 at approximately noon the following egress illumination was observed as noncompliant: specific findings include the walk in cooler and freezer did not have visible exiting in the event of darkness.	K 038	Maintenance Director to check other exit egress locations to ensure accessible at all times by 02/17/13 + visible. **Systemic Changes** An in-service will be conducted by Administrator to Maintenance Director to address routine checks of life safety issues including exit access is accessible at all times 2/17/13 **Quality Assurance** The Maintenance Director will check for exits and to ensure accessible at all times and incorporate into his monthly QOL starting 02/17/13 and ongoing monthly	
K 062 SS=F	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: 42 CFR 482.41(a) By documentation the last sprinkler system inspection was an annual from 9/2012. The system shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of water-based fire protection systems. Quarterly and semi-annual certification for the sprinkler system over the past year had not been conducted.	K 062	TAG K062 **Corrective Action** The Maintenance Director scheduled a sprinkler inspection To be completed by 02/17/13 **Identification of other life safety issues that may affect residents:** The Facility will schedule quarterly Sprinkler inspections on-going From 02/17/2013 **Systemic Changes** In-service to be done by Administrator with Maintenance Director to address the quarterly Sprinkler inspections on-going 02/17/2013 **Quality Assurance** The Maintenance Director will have quarterly inspections scheduled with Provider and this will be incorporated into his Quarterly QOL starting 02/17/2013	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99	K 076		

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K 076	Continued From page 3 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: By observation, 42 CFR 483.70(a) By observation on 1/3/13 at approximately noon the oxygen storage was non-compliant, specific findings include eight (8) oxygen cylinders, were not properly chained or supported in a proper cylinder stand or cart. [NFPA 99 4-3.5.2.1b(27)] (outside bulk oxygen storage-full side)	K 076	TAG K 076 **Corrective Action** The tanks were placed in secure bins on 1/4/2013. **Identification of other life safety issues that may affect residents** The Maintenance Director did a thorough inspection to ensure all oxygen was secured properly on 01/04/2013 **Systemic Changes** Maintenance Director to order two More storage bins for the oxygen by 02/17/2013 to ensure all oxygen is properly secured **Quality Assurance** Maintenance Director to do weekly audits x 4 weeks then monthly audits to ensure oxygen is secured properly to start 02/17/2013	