

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

PRINTED: 12/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2012
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NAME OF PROVIDER OR SUPPLIER NORTHAMPTON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE HWY 305 NORTH JACKSON, NC 27845
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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).</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.

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

PRINTED: 01/22/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345313	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING.01 B. WING _____ JAN 30 2013 01/18/2013	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER NORTHAMPTON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE HWY 305 NORTH JACKSON, NC 27845	
(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 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: A. Based on observation on 01/18/2013 there was a valve on the high and low air alarm that was not electrically supervised. 42 CFR 483.70 (a)	K 061	This plan of correction is submitted as our allegation of compliance. The valve on the high and low air alarm will be electrically supervised. This will be corrected by Williams Fire Sprinkler Company on 2/1/13. This will be monitored weekly for one month, then monthly by the Maintenance Supervisor utilizing a QI Monitoring Tool. This will be evaluated monthly by the Administrator during our monthly QI meeting.	3/4/13
K 062 SS=D	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: A. Based on observation on 01/18/2013 the five (5) year obstruction test had not been done on the dry sprinkler system. B. Based on observation on 01/18/2013 there were sprinkler heads on the loading dock that were corroded. 42 CFR 483.70 (a)	K 062	A. The Five Year Obstruction test will be done on 2/13/13 by Williams Fire Sprinkler Company. This will be monitored monthly utilizing a QI Monitoring Tool by the Maintenance Supervisor. This will be evaluated monthly by the Administrator during our monthly QI meetings. B. The corroded sprinkler heads on the loading dock will be replaced by Williams Sprinkler Company on 2/1/13. The Maintenance Supervisor has checked the sprinkler heads throughout the facility on 1/18/13 to ensure there are no other corroded sprinklers. This will be monitored by the Maintenance Supervisor weekly for one month then monthly utilizing a QI Monitoring Tool. This will be evaluated monthly by the Administrator during our monthly QI meeting.	3/4/13 3/4/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Deloris Babercom Administrator* TITLE Administrator (X6) DATE 1-30-13

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