PRINTED: 08/12/2013 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		245400	B. WING			С	
NAME OF	PROVIDER OR SUPPLIER	340408	B. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	07/	25/2013
					10 E WARDELL DRIVE		
PEMBRO	OKE CENTER				EMBROKE, NC 28372		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTIES OF THE A	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	ΓS	F	000			
		mpliance with the CFR Part 483, Subpart B for acilities (General Health					
		re cited as a result of the tion Event ID # QT9R11.					
				***************************************			
aboratory	OIRECTOR'S OR PROVID	ER/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.

PRINTED: 08/16/2013 FORM APPROVED SEP 0 4 20130MB NO. 0938-0391

(X3) DATE SURVEY

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			01 - MAIN BUILDING 01-00-01-00 SECTION	ÇOMI J}{	PLETED
		345409	B. WING		America September 1964 and a september 1964 and	08/1	13/2013
	PROVIDER OR SUPPLIER  DKE CENTER			3	TREET ADDRESS, CITY, STATE, ZIP CODE 10 E WARDELL DRIVE EMBROKE, NC 28372		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE ATE	(X6) COMPLETION DATE
K 000 K 029 SS≓D	This Life Safety Coconducted as per T at 42CFR 483.70(a Health Care section publications. This beconstruction, one stautomatic sprinkler  The deficiencies deare as follows: NFPA 101 LIFE SA  One hour fire rated fire-rated doors) or extinguishing system and/or 19.3.5.4 proof the approved automoption is used, the apter spaces by sm	ode(LSC) survey was he Code of Federal Register ); using the 2000 Existing n of the LSC and its referenced uilding is Type III (211) cory, with a complete	Κ¢	) 000 029	"This Plan of Correction is prepare and submitted as required by law. By submitting this Plan of correct Pembroke Center does not adm That the deficiency listed on this frexist nor does the Center admit to statements, finding, facts, or conclusions that form the basis for alleged deficiency. The Center reset the right to challenge in legal and/regulatory or administrative proceedings the deficiency, statem facts, and conclusions that form the basis for the deficiency.  K029  1) The corridor door to the storage room across from room 308 was repaired to self close and latch by the Maintenance Director on August 19, 2013.  2) Doors were checked to ensure that the doors self-close and latched by the Maintenance Director on	ion, it orm o any r the erves for	8/26/2013
	This STANDARD is Based on observat approximately 12:30	ive piaces that to aw to the bottom of the door are			3) Staff were re-educated on reporting to Maintenance Director doors that do not self-close or latch on Aug 21, 201 4) The Maintenance Director or design will perform random audits 2 x weekly 4 weeks than monthly x 2 months to assure compliance. The Maintenance Director will submit the audit to the Performance Improvement Committee monthly x 2 months to monitor for compliance and any changes needed.	3. iee for	
SS≖D	NFPA 101 LIFE SA	FETY CODE STANDARD	K0	)52	TILE		(X6) DATE
ABORATORY	DIRECTOR'S OR PROME	FRISUPPLIER REPRESENTATIVE'S SIGI	VATURE	/	TITLE	اه	20/2

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.

Facility ID: 923393

If continuation sheet Page 1 of 5

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	COMPLETED
1		345409	B. WING_		08/13/2013
1	PROVIDER OR SUPPLIER OKE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	·
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE	D BE COMPLETION
K 052	A fire alarm system installed, tested, an with NFPA 70 Natio 72. The system has and testing program requirements of NF  This STANDARD is Based on observati approximately 12:30 1) The strobe lights for the fire alarm sys	ge 1 required for life safety is d maintained in accordance nal Electrical Code and NFPA an approved maintenance complying with applicable PA 70 and 72. 9.6.1.4  s not met as evidenced by: on on Tuesday 8/13/13 at 0 PM the following was noted: (Visual notification devices) stem were not synchronize ery back-up on the long hall.	K 05	K052 1) Simplex Grinnell called to the facility 8/13/2013. 2) The strobe lights (visual notificated devices) for the fire alarm system with synchronized and tested on battery back-up on the long hall. 3) Maintenance Director will audit with Notification devices and test on battery back-up monthly x 2 months for compliance. 4) Report will be submitted to the Performance Improvement Committed monthly x 2 to monitor for compliance any changes needed. The Administrator and the Director of Maintenance will responsible for overcompliance.  K056	isual tery ee ee ee and
				1 DSimplex Grinnell call to the facility	(#25 <u>24,45</u> 2   75.10.154,900.00
K 056 SS=D	If there is an automainstalled in accordar for the Installation of provide complete consultation. The system accordance with NF Inspection, Testing, Water-Based Fire Poupervised. There is supply for the systems are equipped in the systems are equipped in the systems.	atic sprinkler system, it is note with NFPA 13, Standard of Sprinkler Systems, to werage for all portions of the in is properly maintained in PA 25, Standard for the and Maintenance of rotection Systems. It is fully is a reliable, adequate water in. Required sprinkler electrically-connected to the	K 056	8/13/2013  2) Simplex Grinnell submitted a profor fire sprinkler modification in accowith NFPA Standard 13,2010 on 8/1 Engineer will determine the capabilitexisting sprinkler system and install necessary upgrades to current system is required for compliance with the L Safety Codes  3) Maintenance Director will ensure Modification to sprinkler is completed accordance with NFPA standard 13.  4) Report will be submitted to Performan environment Committee for review accompletion.	rdance 9/2013. ies of m that ife d in 2013 mance

•			1		
•		345409	B. WING		08/13/2013
	ROVIDER OR SUPPLIER		1 3	STREET ADDRESS, CITY, STATE, ZIP CODE 110 E WARDELL DRIVE PEMBROKE, NC 28372	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION DATE
K 056	Continued From pa	ge 2	K 056		
a 1 g b in e:	Based on observati approximately 12:30 i) The overhang at greater than 4 ft and by sprinkler coverag nstalled under exter	not met as evidenced by: on on Tuesday 8/13/13 at PM the following was noted: the 400 hall rear exit is is required to be protected e. (Sprinklers shall be ior roofs or canoples n) in depth per NFPA 13			
K 074 N SS=F D ai	Oraperies, curtains, and other loosely ha erving as furnishing are occupancies are	ETY CODE STANDARD including cubicle curtains, nging fabrics and films is or decorations in health is in accordance with	K 074	All draperies, curtains and other similar loosely hanging furnishings hav been removed.     Will only install draperies, curtains value resistant rating and or chemically trees.	vith
th cu No he sp m Ni Ni	ne Installation of Spurtains are in accor lewly introduced up ealth care occupanged when testenethods cited in 10.3 IFPA 13	rinkler Systems. Shower dance with NFPA 701. holstered furniture within cies meets the criteria d in accordance with the 3.2 (2) and 10.3.3. 19.7.5.1, attresses meet the criteria d in accordance with the 2 (3), 10.3.4. 19.7.5.3		INTERIOR FINISH, CONTENTS AND FURNISHINGS.  3) Maintenance Director will install and monitor compliance for all draperies, or and other similar loosely hanging furnisty) A report will be submitted to the Performance Improvement Committee monthly x 3 to monitor for compliance any changes needed. The Director of Maintenance will be responsible for Overcompliance.	urtains shings. and

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		345409	B. WING		08/13/2013	
	PROVIDER OR SUPPLIER OKE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLÉTIC	)N
K 074	Continued From pa	ge 3	K 0	74		
	Based on observat approximately 12:30 1) Facility at the timprovide documentate the windows concer as specified accordinterior FINISH, FURNISHINGS; Specific Section: 10.3.1* CONTENTS Where required by this Code, draperies loosely hanging furn be flame resistant as	AND FURNISHING - he applicable provisions of , curtains, and other similar ishings and decorations shall s demonstrated by testing NFPA 701, Standard Methods	dine discontinue size is	K076 1) Empty oxygen tanks in storage roo were immediately placed in a proper	0/49/204	
K 076 SS=E	Medical gas storage protected in accorda Standards for Health (a) Oxygen storage I 3,000 cu.ft. are encloseparation.	Care Facilities.  ocations of greater than osed by a one-hour  ply systems of greater than	K 07	2) All other oxygen cylinders were checked by the Maintenance Director 08/13/2013 to be certain that each wa cylinder stand with support. All nursin staff will be re-educated to use proper storage methods when tanks are not i 3) Maintenance Director will audit all oxygen cylinder storage areas certain that cylinders are stored prope two times weekly for three months for compliance.  4) A report will be submitted to the Performance Improvement Committee monthly X 3 to monitor for compliance any changes needed. The Administra and the Maintenance Director will be responsible for overall compliance	on s in a g n use. s to be rly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION 3 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		345409	345409 B. WING		08/13/2013	
	PROVIDER OR SUPPLIER  OKE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	7 00/10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETIO	
K 076	Continued From pa	ge <b>4</b>	K 076			
	Based on observati approximately 12:3( 1) By observation, of properly chained or	s not met as evidenced by: ion on Tuesday 8/13/13 at ) PM the following was noted: oxygen cylinders were not supported in a proper cylinder (A 99 4-3.5.2.1b(27)] (Empty m on Long Hall)		·		
SS=D		FETY CODE STANDARD ected weekly and exercised nutes per month in PA 99. 3.4.4.1.		<ol> <li>Cummins Atlantic called to facility 8/13/2013.</li> <li>Cummins submitted proposal to regenerator annunciator 8/19/2013.</li> <li>The Maintenance Director will insperse Generator weekly and exercise under 30min per month insuring annunciator Show generator supplying load where</li> </ol>	ect load for panel power	
a   1   n   L	Based on observation approximately 12:30 less in the generator ann aurse station did not se	not met as evidenced by: n on Tuesday 8/13/13 at PM the following was noted: unicator panel located at the show Generator Supplying s transferred from normal to		is transietred from normal to emergent power.  4) Report will be submitted to Performal Improvement Committee monthly x 3 to Monitor for compliance and any chang needed. The Administrator and the Maintenance Director will be responsib overall compliance.	ance o es	
4	2-CFR-483.70(a)					