DEPARTMENT OF HEALTH AND HUMAN 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
	345170	A. BUILDING ______ B. WING ______	08/01/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL BLUFFS REHABILITATION AND HEALTH CARE CENT	4010 BRIDGES STREET EXTENSION MOREHEAD CITY, NC 28557

(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	INITIAL COMMENTS The facility was found to be in compliance with the Medicare/Medicaid Long Term Care regulations, 42 CFR part 483, subpart B during the recertification survey of 8/01/2013.	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.

PRINTED: 09/04/2013
FORM APPROVED
OMB NO. 0938-0391

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	345170	A. BUILDING 02 - CRYSTAL BLUFFS B. WING ____	09/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL BLUFFS REHABILITATION AND HEALTH CARE CENT	4010 BRIDGES STREET EXTENSION MOREHEAD CITY, NC 28557

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K 000	INITIAL COMMENTS Surveyor: 26594 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type III(111) construction, ,one story, with a complete automatic sprinkler system.	K 000	Preparation and submission of this Plan of Correction is in response to the HCFA Form 2567. It does not constitute an agreement or admission by Crystal Bluffs Rehabilitation and Health Care Center of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiency. The facility reserves the rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction also functions as the facility's credible allegation of compliance.	
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-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 in approved 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. 18.3.7.3, 18.3.7.5, 18.1.6.3 This STANDARD is not met as evidenced by: Surveyor: 26594 Based on observation on 9/4/13 between 10:00 AM and 1:30 PM the following was noted: 1) The smoke walls in the attic located on 300 and 400 Hall had penetrations and/or holes that were not sealed in order to maintain the required fire resistant rating of the wall. 42 CFR 483.70	K 025	(1) Smoke walls were re-chalked with fire stop chalking to eliminate penetrations and/or holes so ensure seal and fire resistance (2) An audit on all smoke walls was completed (3) Maintenance Director will complete quarterly audits to ensure deficient practice does not recur. (4) Maintenance Director will bring the monitoring process to daily meeting five (5) times per week for two (2) weeks and then weekly for six (6) weeks. Monitoring process will then be forwarded to QA committee for compliance. The QA committee will review and record plan in meeting minutes with compliance or non-compliance noted and revise process as needed.	09.09.13 09.09.13 09.09.13 09.09.13

RECEIVED SEP 23 2013 CONSTRUCTION SECTION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature] LNHA MS	ADMINISTRATOR	9.19.13

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3-PASS-05874

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	345170	A. BUILDING 02 - CRYSTAL BLUFFS B. WING ___	09/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL BLUFFS REHABILITATION AND HEALTH CARE CENT	4010 BRIDGES STREET EXTENSION MOREHEAD CITY, NC 28557

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K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: Surveyor: 26594 Based on observation on 9/4/13 between 10:00 AM and 1:30 PM the following was noted: 1) The corridor door to the environmental service manager office/storeroom was not self-closing. 42 CFR 483.70	K 029	(1) Self-closing hinge was attached to the corridor door leading to the environmental service office. (2) An audit of all south facing Corridor doors was completed. (3) Maintenance Director will complete weekly audits to ensure deficient practice will not recur. (4) Maintenance Director will bring the monitoring process to daily meeting five (5) times per week for two (2) weeks and then weekly for six (6) weeks. Monitoring process will then be forwarded to QA committee for compliance. The QA committee will review and record plan in meeting minutes with compliance or non-compliance noted and revise process as needed.	09.09.13 09.09.13 09.09.13 09.09.13
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 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 NFPA 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:	K 056	(1) All audio and visual linked to alarm system was checked by Telecommunications company. (2) Telecommunications reset tamper switches activation to ensure proper operation. (3) Maintenance Director will complete weekly audits to ensure deficient practice will not recur. (4) Maintenance Director will bring the monitoring process to daily meeting five (5) times per week for two (2) weeks and then weekly for six (6) weeks. Monitoring process will then be forwarded to QA committee for compliance. The QA committee will review and record plan in meeting minutes with compliance or non-compliance noted and revise process as needed.	09.13.13 09.13.13 09.13.13 09.13.13

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K 056	Continued From page 2 Surveyor: 26594 Based on observation on 9/4/13 between 10:00 AM and 1:30 PM the following was noted: 1) One of two sprinkler valve tamper alarms located in the hot box by the street was not properly connected to the Fire Alarm Control Panel (FACP) The tamper alarm did not register as a supervisory signal for the sprinkler valve in the hot box. 42 CFR 483.70	K 056		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Surveyor: 26594 Based on observation on 9/4/13 between 10:00 AM and 1:30 PM the following was noted: 1) The transfere switch ATC-DC failed to operate when normal power was disconnected at the Main Electrical Panel for the utility side of the transfer switch. 42 CFR 483.70	K 144	(1) Carolina Generator Company checked all connections between generator and main electrical panel (2) Carolina Generator replaced PC Board in the transfer switch (3) Maintenance Director will complete monthly audits to ensure deficient practice will not recur. (4) Maintenance Director will bring the monitoring process to daily meeting five (5) times per week for two (2) weeks and then weekly for six (6) weeks. Monitoring process will then be forwarded to QA committee for compliance. The QA committee will review and record plan in meeting minutes with compliance or non-compliance noted and revise process as needed.	09.13.13 09.13.13 09.13.13 09.13.13