STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345383	A. BUILDING _____ B. WING _____	C 08/29/2013

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CENTURY CARE OF LAURINBURG	620 JOHNS ROAD LAURINBURG, NC 28352

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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation conducted on 8/29/2013. Event ID # QH4211.	F 000	DISCLAIMER Scottish Pines Rehabilitation and Nursing acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by (facility name). The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.	
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record review the facility failed to implement, evaluate and revise interventions to prevent weight loss for 1of 3 sampled residents reviewed for weight loss (Resident #100). The findings included: Resident #100 was admitted to the facility on 5/23/13 from a hospital with a diagnosis of multiple sclerosis. Review of Resident #100 ' s hospital laboratory (lab) work dated 5/22/13 included the following results: sodium = 138 (normal range 135-148); potassium = 3.8 (normal range 3.5-5.3); chloride = 108 (normal range 100-112); glucose = 129 (normal range 68-116);	F 325	ALLEGATION OF COMPLIANCE The plan of correction is submitted as written allegation of compliance. **The below plan of correction pertains to F Tag 325** 1. a) On 9/4/2013, facility medical director initiated Megace for appetite stimulate on resident (#100). b) On 9/4/2013, resident (#100) care plan was updated with new interventions and will continue to be updated during weekly weight meeting with any changes in resident interventions as needed. See attachment A.	9/4/13 9/4/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Margaret L. Dickens, NHA | TITLE: Executive Director | (X6) DATE: 9/20/13

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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F 325	Continued From page 1 and albumin = 3.4 (normal range 3.2-5.5). A review of the facility ' s medical record for Resident #100 included an Admission Skin Observation Form dated 5/24/13 which revealed the resident had a dime-sized healing pressure wound on the sacral area, Stage II pressure ulcer on his right ankle and right lower extremity edema (an accumulation of an excessive amount of fluid in the tissues). Review of the medical record also included a Nutritional Evaluation with a notation Resident #100 had been interviewed by the Dietary Lead staff member on 5/24/13. His appetite was noted as good with no food preferences communicated at the time of the evaluation (with the exception of no pork due to religious observance). The Nutritional Evaluation dated 5/29/13 was completed by the facility ' s Registered Dietitian (RD) and estimated his nutritional needs as 1865-2235 calories with 75-89 grams protein daily. The resident received vitamin E, vitamin C and zinc sulfate as dietary supplements. Resident #100 was noted as having no chewing or swallowing difficulties. The evaluation indicated the resident ' s usual weight was 195 pounds (#) and there had been no recent weight changes. Right lower extremity edema and pressure areas on skin were noted. The intervention specified on the evaluation form by the Registered Dietitian was noted as, " Ensure adequate kcal (calories), prot (protein) and fluid intakes. " The initial Minimum Data Set (MDS) dated 5/30/13 indicated Resident #100 had moderately impaired cognitive skills for daily decision making. He required extensive assistance for all activities	F 325	c) On 9/4/2013, facility interdisciplinary team met with resident's responsible party to discuss current weight interventions during care plan meeting. See attachment B. 9/4/13 d) Facility registered dietician completed consult secondary to recent decline (8/29/2013) and noted dietary progress (9/4/2013) in resident's medical record. See attachment C. 9/4/13 e) On 9/19/2013, facility medical director reassessed resident use of Megace related to continue weight loss, medication ineffectiveness and initiated use of Periactin 4g po bid for appetite stimulate. See attachment d and attachment e. 9/19/13 f) Resident (#100) will continue to be discussed weekly during facility weight team meeting. See attachment f. 9/26/13 2. a) Facility Registered Dietician created "Weight Loss Intervention Reference Sheet" for facility weight team to utilize as reference during weekly weight team meeting for all residents discussed. The purpose of the reference sheet is to ensure that the weight team exhausts all	

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F 325	Continued From page 2 of daily living, including eating. The resident ' s height was 68 inches and weight was 197#. The resident received a Regular diet. The resident ' s initial care plan dated 5/30/13 included the following problem/need: " (Resident) is at risk for further weight loss/associated complications secondary to overall compromised health status. " The stated goal of the care plan indicated, " (Resident) will receive adequate nutrition daily as evidenced by stable or healthy weight gain documented in facility documentation. " The initial care plan included the following approaches: " 1) Dietitian to evaluate and follow PRN (as needed) for signs/symptoms indicative of nutritional problems (i.e., weight loss, decreased po intake, consistent refusal of meals, etc.); 2) Interview often to determine changing food preferences (Cater to his food preferences as ordered to maximize intake); 3) Ask family/significant others about resident ' s food preferences ...invite them to bring favorite foods from home or to join him for meals and encourage intake); 4) Provide assistance with meals ...encourage him to consume 75-100% of meals ...offer alternate PRN; 5) Encourage him to dine in the dining room for meals to encourage socialization; 6) Allow resident ample time to consume food. Provide assistance as needed (i.e., cueing, feeding, assist); 7) Monitor food intake at each meal and record. Report any decline to MD (Medical Doctor) and Dietitian; 8) Review drug regimen for possible medications that may interfere with dietary intake. Report	F 325	means of interventions available for residents with weight decline. See attachment g. b) Facility "Weight Loss/Gain Tracking and Meeting Minute" form has been updated with the following changes: i. "Review current weight to ADW/UBW"- This is to ensure that the weight team members are reviewing the overall weight status of the residents from admission to present and comparing weights appropriately. ii. "Current Interventions (date initiated)"- This is to ensure that the weight team members are reviewing what current interventions are in place and for what period of time to assess their appropriateness and/or effectiveness for all residents with weight decline. iii. "Care Plan Updated with Current Interventions"- This	9/26/13

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F 325	Continued From page 3 findings to physician; 9) Weight/labs/dietary consult/nutritional supplements per order ...report abnormal lab values or significant weight changes to MD/Dietitian. " On 5/31/13, the resident was prescribed one packet of Juven (a therapeutic nutrition drink mix), given twice daily, to promote wound healing. Each packet of Juven provided approximately 80 calories with 14 grams of protein. A review of the resident ' s Meal and Snack Intake records from May 2013 revealed the resident averaged 59% meal intake with 4 evening snacks noted as refused. The percentage of each snack consumed was not documented. A review of Resident #100 ' s medical record revealed his weight on 6/3/13 = 193.0# (representing a 4# weight loss as compared to his 5/28/13 admission weight of 197#). A review of the medical record indicated Resident #100 was reviewed by the Interdisciplinary Team (IDT) Weight Loss Committee on 6/5/13. IDT Notes reported the resident ' s current weight represented a slight decrease from admission and indicated his weight would continue to be monitored weekly. A review of Resident #100 ' s medical record revealed his weight on 6/10/13 = 187.0# (representing a 10# weight loss from his 5/28/13 admission weight). On 6/12/13, the Registered Dietitian recorded an IDT Note which indicated Resident #100 had a 6#	F 325	is to ensure that all interventions are updated on resident's care plan during facility weekly weight meeting. The facility care plan nurse or designee will complete this task during the meeting. See attachment h. c). Facility weight team members werein-serviced on facility new reference guide for appropriate interventions for all residents with weight decline ("Weight Loss Intervention Reference Sheet") and changes/updates made to facility Weight Loss/Gain Tracking and Meeting Minutes form. See attachment i. 3. a) Facility registered dietician created "Weight Loss Intervention Reference Sheet" for facility weight team to utilize as reference during weekly weight team meeting for all residents discussed. The purpose of the reference sheet is to ensure that the weight team exhausts all means of interventions available for residents with weight decline. See attachment g.	9/26/13 9/26/13 9/26/13

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F 325	Continued From page 4 weight loss in one week. His weight status was reported to have trended downward since admission. The resident ' s oral intake was noted as varied and averaged 57%. The IDT Note indicated weekly weight monitoring would continue. An IDT note dated 6/13/13 indicated the resident ' s pressure wounds were healed. A review of Resident #100 ' s medical record revealed his weight on 6/17/13 = 183.0# (representing a 14# weight loss from his 5/28/13 admission weight). On 6/19/13, the resident was reviewed by the IDT Weight Loss Committee. IDT Notes indicated the resident was added to the weekly weights based upon the decline in weight noted during the monthly review. Resident #100 ' s weight had declined 3.8# in one week. IDT Notes recommended the initiation of Med Pass (a high calorie, high protein nutritional supplement) and on that same date, a physician ' s order was obtained to provide 120 cc (4 ounces) of Med Pass four times a day. If consumed, Med Pass 120 cc four times daily would provide approximately 960 calories with 40 grams of protein daily. The care plan was revised to include this Med Pass as an additional approach for the weight loss. A review of Resident #100 ' s medical record revealed his weight on 6/24/13 = 184.0# (representing a 13# weight loss from his 5/28/13 admission weight). On 6/27/13, the resident was reviewed by IDT Weight Loss Committee and a weight increase of 0.6# was noted. The IDT Notes indicated the current interventions and weekly monitoring of the	F 325	b) Facility "Weight Loss/Gain Tracking and Meeting Minute" form has been updated with the following changes: i. "Review current weight to ADW/UBW"- This is to ensure that the weight team members are reviewing the overall weight status of the residents from admission to present and comparing weights appropriately. ii. "Current Interventions (date initiated)"- This is to ensure that the weight team members are reviewing what current interventions are in place and for what period of time to assess their appropriateness and/or effectiveness for all residents with weight decline. iii. "Care Plan Updated with Current Interventions"- This is to ensure that all interventions are updated on resident's care plan during facility weekly	

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F 325	Continued From page 5 resident ' s weight would continue. A review of the resident ' s Meal and Snack Intake records from June 2013 revealed the resident averaged 60% meal intake with 7 evening snacks noted as refused. The Medication Administration Record (MAR) indicated 100% of Resident #100 ' s Med Pass was checked as given. The percentage of each snack consumed and the actual intake of the Med Pass were not documented. A review of Resident #100 ' s medical record revealed his weight on 7/1/13 = 180.0# (representing a 17# weight loss from his 5/28/13 admission weight). On 7/3/13, the resident was reviewed by IDT Weight Loss Committee and a weight loss of 4.3# was noted in one week. The IDT Notes indicated the resident had requested and received a snack on the previous day with 100% intake. Dietary noted a sandwich would be scheduled as a bedtime snack for the resident. A review of Resident #100 ' s medical record revealed his weight on 7/8/13 = 179.0# (representing an 18# weight loss from his 5/28/13 admission weight). On 7/10/13, the resident was reviewed by the IDT Weight Loss Committee. The Registered Dietitian recorded an IDT Note which indicated Resident #100 ' s weight had stabilized the past week. The note indicated the resident requested snacks which the Dietary Department provided. The IDT Note also indicated Resident #100 was currently eating in the dining room. The note stated all current interventions and weekly weight	F 325	weight meeting. The facility care plan nurse or designee will complete this task during the meeting. See attachment h. c).Facility weight team members were in-serviced on facility new reference guide for appropriate interventions for all residents with weight decline ("Weight Loss Intervention Reference Sheet") and changes/updates made to facility Weight Loss/Gain Tracking and Meeting Minutes form. See attachment i. 4). a) Results of plan and audits will be discussed during morning administrative clinical meeting weekly X 4 weeks with adjustments to plan made as needed with appropriate staff re-inserviced as needed, followed by: b) Results of audits and compliance with plan will be discussed and minutes recorded X 4 months during the facility's monthly QA meeting, with adjustments to plan made as needed, followed by: c) Results of audits and compliance with plan will	9/26/13 9/26/13 9/26/13 9/26/13

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F 325	Continued From page 6 monitoring would continue. A review of the medical record revealed a 7/11/13 Nursing Note indicated the resident ' s appetite was poor at times. A review of Resident #100 ' s medical record revealed his weight on 7/15/13 = 177.0# (representing a 20# weight loss from his 5/28/13 admission weight). On 7/17/13, the resident was reviewed by the IDT Weight Loss Committee and a weight loss of 2.3# was noted in one week. The meeting notes indicated all current interventions and weekly weight monitoring would continue. A review of Resident #100 ' s medical record revealed his weight on 7/23/13 = 173.0# (representing a 24# weight loss from his 5/28/13 admission weight). A review of the medical record revealed a 7/25/13 Nursing Note indicated the resident had a poor appetite at times. On 7/25/13, the resident was reviewed by the IDT Weight Loss Committee and a weight loss of 2.3# was noted in one week. The meeting notes indicated all current interventions and weekly weight monitoring would continue. A review of Resident #100 ' s medical record revealed his weight on 7/29/13 = 173.0# (representing a 24# weight loss from his 5/28/13 admission weight). A review of the resident ' s Meal and Snack Intake records from July 2013 revealed the	F 325	be discussed and minutes recorded quarterly X 3 quarters during the facility's quarterly QA committee meeting, with adjustments to plan made as needed, followed by: d) Ongoing as needed.	9/26/13

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resident averaged a 53% meal intake with 4 evening snacks noted as refused. The Medication Administration Record (MAR) indicated 100% of Resident #100 ' s Med Pass was checked as given. The percentage of each snack consumed and the actual intake of the Med Pass were not documented.

A review of Resident #100 ' s medical record revealed his weight on 8/6/13 = 174.4# (representing a 22.6# weight loss from his 5/28/13 admission weight).

On 8/7/13, the resident was reviewed by the IDT Weight Loss Committee. The resident was noted to have gained 1.1# in the past week. The meeting notes indicated all current interventions and weekly weight monitoring would continue.

A review of Resident #100 ' s medical record revealed his weight on 8/13/13 = 171# (representing a 26# weight loss from his 5/28/13 admission weight).

A review of the medical record revealed an 8/16/13 Nursing Note which indicated the resident had a poor appetite at times.

A review of Resident #100 ' s medical record revealed his weight on 8/20/13 = 168# (representing a 29# weight loss from his 5/28/13 admission weight).

On 8/21/13, an IDT Note revealed the resident continued to have weight loss in spite of "several interventions." The IDT recommended a Registered Dietitian consult related to weight loss. No additional notations from the IDT or assessments from the Registered Dietitian

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pertaining to nutritional status were included in the resident ' s medical record.

A Quarterly MDS assessment was completed for Resident #100 on 8/21/13. The MDS indicated Resident #100 continued to have moderately impaired cognitive skills for daily decision making and required extensive assistance for most activities of daily living, including eating. His weight was noted to be 174# (the weight taken on 8/6/13). No significant weight loss was reported in the last 30 days or last 180 days.

A review of the resident ' s Meal and Snack Intake records from August 2013 to date revealed the resident averaged 53% meal intake with 4 evening snacks noted as refused. The Medication Administration Record (MAR) indicated 100% of Resident #100 ' s Med Pass was checked as given. The percentage of each snack consumed and the actual intake of the Med Pass were not documented.

On 8/27/13 at 1:05 PM, Resident #100 was observed being assisted with his lunch in the Activities Dining Room with fair acceptance. An observation was also made of Resident #100 on 8/27/13 at 5:20 PM as he slept in his geri-chair prior to meal service in the Activities Dining Room. The resident was observed to be awakened and appeared startled by a nursing assistant when she placed a shirt protector on him. Meal intake at the evening meal was noted to be 50%.

On 8/29/13 at 8:25 AM, Resident #100 was observed as he was served a breakfast tray in his room. At 9:07 AM observed the resident ' s refusal to allow Nursing Assistant (NA) #1 assist

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him with the meal. An interview was conducted with NA #1 on 8/29/13 at 9:10 AM. NA #1 revealed the resident was offered menu substitutions but he had refused alternatives. An observation made of the breakfast tray confirmed the resident consumed 120 cc (4 ounces) of juice from the meal tray. No other food/fluids were accepted.

An interview was conducted on 8/29/13 at 9:30 AM with MDS Nurse #1. The MDS Nurse indicated that all residents were weighed once a week for the first 4 weeks after admission, then monthly thereafter. The MDS Nurse revealed a computerized report of resident weight changes was generated and reviewed at both the weekly and monthly Weight Loss meetings. The Weight Loss meetings typically included the Registered Dietitian (RD), Director of Nursing (DON), Quality Assurance (QA) Nurse, one or both of the MDS Nurses, the Wound Care Nurse, and the Administrator. MDS Nurse #1 indicated that if weight loss was identified for a resident, this concern would be included on the care plan and the interventions would be revised as needed. The MDS Nurse reported potential interventions for weight loss would likely include initiation of a Med Pass nutritional supplement first and then possible consideration of an appetite stimulant.

An interview was conducted on 8/29/13 at 10:49 AM with the facility ' s Registered Dietitian. The RD reviewed the facility ' s practice for the identification of residents with weight losses and the implementation of interventions to stabilize their weight. She reported residents were weighed when first admitted to the facility and once a week for at least three more weeks after that. If no problems were identified with the

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resident ' s weight, the resident would be taken off of the weekly weight list and his/her weight would be monitored once a month thereafter. The RD noted the facility held Weekly Weight meetings on Wednesday mornings. A computer generated list was used to review and discuss the residents ' weights and as a team, the group would decide which residents required continued weight monitoring. Interventions would be implemented and tracked. The RD explained that a review of the residents ' weights at the Weekly Weight meeting allowed the facility to catch an unintended weight loss before it became a significant weight change. The RD stated that if a resident had a weight loss, she preferred to use a " food first strategy " to try and provide more of what the resident liked to eat. She noted they would honor the resident preferences and provide double portions if he/she was eating. She stated that ice cream, yogurt, and puddings were frequently used to encourage intake. If a resident had a poor appetite, she indicated Med Pass may be used to boost calories. She noted the last intervention may be to ask the physician to consider prescribing a medication as an appetite stimulant. Upon inquiry, the RD stated she would review and chart on residents with a weight loss once every quarter, unless a consult was generated. She reiterated that the residents on weekly weights were reviewed at the IDT (Weekly Weight) meeting.

A follow-up interview was conducted with the RD at 11:09 AM on 8/29/13. Upon review of Resident #100 ' s records, the RD noted this resident was on weekly weights. Based on the 30-day and 180-day time frames used for the 8/21/13 MDS assessment, it was noted that Resident #100 ' s weight loss was not termed a significant loss.

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The RD stated, " We acknowledge he is at risk. " She noted he was receiving a whole deli meat sandwich each night at bedtime and double portions with meals. She added, " We are intervening with food first which we hope he will respond to. "

On 8/29/13 at 2:20 PM, an interview was conducted with Resident #100. The resident stated he was aware he weighed 197# upon admission in May 2013 and that his weight was last recorded as 168#. The resident stated he used to weigh 300# but was unsure how long ago that was. At this point, the resident stated he wanted to remain at his current weight and did not wish to gain or lose weight. The resident was asked three different times as to whether he had wanted to lose weight over the past three months and he consistently responded, " No. " The resident indicated he did not have any particular complaints regarding the food he received and acknowledged he had been offered food substitutions by staff.

On 8/29/13 at 3:15 PM a follow-up interview was conducted with resident. At that time, the resident stated he "mostly" drank the Med Pass at medication administration times. He stated he did not recall being asked whether or not he liked the Med Pass nutritional supplement. Likewise, he did not recall being asked about his food preferences prior to this date. The resident stated he usually went to sleep around 10PM and did not recall regularly receiving a sandwich at bedtime. When asked if he felt hungry, he said "yes...but what can I do? " When asked if he told anyone when he was hungry, he repeated, " What can I do? " The resident indicated he did not know whether or not staff would bring him a

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	345383	A. BUILDING _____ B. WING _____	C 08/29/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY CARE OF LAURINBURG	620 JOHNS ROAD LAURINBURG, NC 28352

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snack if he requested one.

An interview was conducted with the Director of Nursing on 8/29/13 at 5:12PM. The DON stated the facility did work very hard on resident weights and she reviewed the role of the Weekly Weight meetings in reviewing weekly weights. She indicated that Med Pass would typically be started for a resident who was losing weight and that an appetite stimulant could be used for a resident with a poor appetite. In regards to Resident #100, the DON stated initially it was thought the change in weight may have been due to edema. However, upon review of the resident ' s weight history, the DON identified a concern as to why it took so long to initiate the Med Pass for him. The DON also stated she would have expected any new intervention(s) to have been incorporated into the resident ' s care plan. She confirmed that the resident ' s cognition could be described as lucid, although she noted at times he would forget his surroundings. The DON then noted the resident ' s weight loss suggested he may need more diagnostics done.

A follow-up interview was conducted with the DON on 8/29/13 at 6:00 PM upon her request. The DON stated a nurse working with the resident reported that he did not accept the Med Pass provided. She noted the computerized MAR only allowed nurses to record the Med Pass as given or refused. The DON indicated the MAR did not note whether the resident accepted all or only some of the Med Pass. She indicated it may have been helpful to have additional information on how well the Med Pass was accepted.

An interview was conducted with Nurse #1 on 8/29/13 at 6:17 PM. Nurse #1 was covering the

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F 325	Continued From page 13 hall Resident #100 resided on. Nurse #1 indicated that the resident would accept the Med Pass offered most of the time but did need encouragement to do so. Upon inquiry, the nurse indicated that if a resident consistently refused the Med Pass nutritional supplement, she would expect this information to be passed on to other staff members for review.	F 325		

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

PRINTED: 09/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345383	A. BUILDING 03 - SCOTTISH PINES REHAB. & NURSING B. WING	09/17/2013

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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 2000 New Health Care section of the LSC and its referenced publications. This building is Type V (111) construction, fire retardant treated wood trusses,one story, with a complete automatic sprinkler system.	K 000	**This plan of correction is submitted by the facility as written credible allegation of compliance.** Tag K 018 1. Resident room corridor door #405 was corrected and currently has positive latching and closes smoke tight. See attached letter noting completion from Engineered Construction Company.	10/2/13
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3 This STANDARD is not met as evidenced by: Based on observation on Tuesday 9/17/13 at approximately 10:30 AM onward the following deficiencies were noted. 1) Resident room corridor door # 405 did not have positive latching and did not close smoke tight. 42 CFR 483.70	K 018	2. Facility maintenance director accessed other areas for possible deficient door latching and not being able to close smoke tight. No other areas that were identified as needing to be corrected. 3. Facility maintenance director accessed other areas for possible deficient door latching and not being able to close smoke tight. No other areas that were identified as needing to be corrected. 4. The Safety Committee will continue to review any possibility for deficiency. The Safety Committee Chairperson, or designee, will present their findings at the QA Committee meeting for additional information as needed. This will be documented in the QA meeting minutes.	11/1/13 11/1/13 11/1/13 and ongoing
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted.	K 027	Tag K 027 1. One of two cross corridors smoke doors on the 500 Hall that did not close and seal was corrected. Door currently does not drag on the floor. See attached letter noting completion from Engineered Construction Company.	10/2/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Margaret Dickerson, NHA | Executive Director | 10/2/13

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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	345383	A. BUILDING 03 - SCOTTISH PINES REHAB. & NURSING B. WING _____	09/17/2013

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K 027	Continued From page 1 Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8 This STANDARD is not met as evidenced by: Based on observation on Tuesday 9/17/13 at approximately 10:30 AM onward the following deficiencies were noted. 1) One of two cross corridors smoke doors on the 500 Hall does not close and seal. Door is dragging on the floor. 42 CFR 483.70	K 027	2. Facility maintenance director accessed all other corridor smoke doors in the facility to ensure that they close and seal, without dragging the floor. No other areas that were identified as needing to be corrected. 3. Facility maintenance director accessed all other corridor smoke doors in the facility to ensure that they close and seal, without dragging the floor. No other areas that were identified as needing to be corrected. 4. The Safety Committee will continue to review any possibility for deficiency. The Safety Committee Chairperson, or designee, will present their findings at the QA Committee meeting for additional information as needed. This will be documented in the QA meeting minutes. <u>Tag K 029</u> 1. Holes in the and/or penetrations in and around the conduit serving as chases for electrical wiring in the IT room were sealed. See attached letter noting completion from Engineered Construction Company.	11/1/13 11/1/13 11/1/13 and ongoing 10/2/13
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	K 029	2. Facility maintenance director accessed all other holes in and around the conduit serving as chases for electrical wiring to ensure they are sealed. No other areas that were identified as needing to be corrected. 3. Facility maintenance director accessed all other holes in and around the conduit serving as chases for electrical wiring to ensure they are sealed. No other areas that were identified as needing to be corrected.	11/1/13 11/1/13

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K 029	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation on Tuesday 9/17/13 at approximately 10:30 AM onward the following deficiencies were noted. 1) There are holes in the and/or penetrations in and around the conduit serving as chases for electrical wiring in the IT room that were not sealed. 42 CFR 483.70	K 029	4. The Safety Committee will continue to review any possibility for deficiency. The Safety Committee Chairperson, or designee, will present their findings at the QA Committee meeting for additional information as needed. This will be documented in the QA meeting minutes. **Tag K 147** 1. The electrical respectable in the cabinet above the Rehab Therapy Room stove on the right side is now installed in an electrical box and is now properly protected. See attached letter noting completion from Engineered Construction Company.	11/1/13 and ongoing 10/2/13
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation on Tuesday 9/17/13 at approximately 10:30 AM onward the following deficiencies were noted. 1) There is an electrical receptacle in the cabinet above in the Rehab Therapy Room the stove on the right side that is not installed in a electrical box and is not properly protected. 42 CFR 483.70	K 147	2. Facility maintenance director accessed other areas for possible electrical receptacle not installed in electrical box and not properly protected. No other areas that were identified as needing to be corrected. 3. Facility maintenance director accessed other areas for possible electrical receptacle not installed in electrical box and not properly protected. No other areas that were identified as needing to be corrected. 4. The Safety Committee will continue to review any possibility for deficiency. The Safety Committee Chairperson, or designee, will present their findings at the QA Committee meeting for additional information as needed. This will be documented in the QA meeting minutes.	11/1/13 11/1/13 11/1/13 and ongoing