

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

PRINTED: 12/10/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/25/2013
NAME OF PROVIDER OR SUPPLIER  WILMINGTON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVE WILMINGTON, NC 28401		
(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	<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> <p>No deficiencies were cited as a result of the complaint investigation Event ID #SG3V11.</p>	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.

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NAME OF PROVIDER OR SUPPLIER  WILMINGTON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVE WILMINGTON, NC 28401	
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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 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story, with a complete automatic sprinkler system.	K 000		
K 038 SS=D	The deficiencies determined during the survey are as follows: 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	K 038	The dead bolt lock was removed from the kitchen door on 10/23/13. A single handle level lock was installed to provide one range of motion operation to exit.  All facility doors were assessed by the Maintenance Department on 10/24/13, to ensure they were operable with only one releasing operation.	10/24/13
K 067 SS=E	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation the following exit egress was non-compliant, specific findings include; the door exiting the kitchen to the dining room had a dead bolt that required more than one range of motion to exit the area. Doors shall be operable with not more than one releasing operation. NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	The Maintenance Department will audit egress areas monthly to ensure compliance. Any egress issues will be corrected immediately and reported to the Quality Assessment and Performance Improvement Committee.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jerry Quierbark* TITLE *Administrator* (X6) DATE 11/21/13

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K 067	Continued From page 1	K 067	A. Kellers Alarm Company assessed the HVAC systems on 10/23/13. The HVAC system to the 100 and 200 halls was wired on 11/08/13 to provide shut down relay when the fire alarm is activated. Kellers Alarm Company completed the installation of the shut down relay on 11/21/13.  On 11/08/13 all other HVAC systems within the facility were assessed by a Licensed Contractor to ensure proper shut down during duct detector activation.	11/22/13
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation the facility's cooking system was not protected in accordance with NFPA 96 - Ventilation Control and Fire Protection of Commercial Cooking Operations. Inspections must be held every six months. Specific findings include the date of the most recent system was held in January 2013.	K 069	HVAC system shut down will be a part of facility routine audits. Annual inspections will be conducted by a Licensed Contractor. Any negative findings will be addressed immediately and reported to QAPI Committee.  B. Kellers Alarm Company replaced a relay board for the main fire alarm system on 10/23/13.  Upon activation of the fire alarm system immediately after the relay board replacement and thereafter, all smoke dampers have functioned appropriately.  Smoke dampers will be assessed as part of the facility's routine fire alarm monitoring by the Maintenance Department. Any negative findings will be addressed immediately and reported to QAPI Committee.	

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K 067	Continued From page 1				
K 069 SS=D	<p>This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation the following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include</p> <p>A. The HVAC system did not shut down with fire alarm activation.</p> <p>B. The smoke damper on the 200 hall did not close with fire alarm activation.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation the facility's cooking system was not protected in accordance with NFPA 96 - Ventilation Control and Fire Protection of Commercial Cooking Operations. Inspections must be held every six months. Specific findings include the date of the most recent system was held in January 2013.</p>	K 069	<p>BFPE International inspected the kitchen hood suppression system on 10/24/13, without issues. Inspection is now current.</p> <p>Maintenance Director will use an electronic monitoring system weekly to assist in managing inspection due dates.</p> <p>Administrator will audit monitoring program monthly to ensure compliance. Any negative findings will be addressed immediately and reported to QAPI Committee.</p>	10/24/13	