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

DEC 0 2 2013

PRINTED: 11/19/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345267	B. WNG	B. WING			11/14/2013	
NAME OF PROVIDER OR SUPPLIER			•	s	TREET ADDRESS, CITY, STATE, ZIP CODE	•		
POPLARI	HEIGHTS CENTER			i	04 SOUTH POPULAR STREET			
1 OI LAN				E	LIZABETHTOWN, NC 28337			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE	
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to ensure kitchenware was stored dry before stacking it on a storage shelf to prevent contamination. The findings include: The undated Facility Policy for "Cleaning Procedure, Warewashing Manual: reads as follows: 8. "Immerse ware in sanitizer sink for at least one minute for chemical sanitizing and 30 seconds for hot water sanitizing. Remove ware from sink. 9. Place ware on drain board, inverted to drain and air dry; do not wipe dry. " During a kitchen observation with the Dietary Manager on 11/14/13 at 11:55 PM pans were observed stacked on a storage rack ready for use. Four of four half size steam table pans observed stacked on top of one another were wet inside. Three of four third size pans observed stacked on top of one another were wet inside.		F	The pans were removed allowed to air dry per poli returned to the storage rate by the Certified Dietary M Re-education was held won proper procedure for vidrying pots and pans-11/Certified Dietary Manager Food Service Director or observe pot and pan was and complete a monitoring to ensure that pans are becorrectly. Food Service Director will monitoring sheet for reviewany trends monthly for 3 and Quality Assurance Comments.		being 2013 staff nd by the will nely reekly	11/20/2013	
					The statements made on this Plan Correction are not an admission to do not constitute an agreement with alleged deficiencies herein. To remain in compliance with all Fe and State regulations, the Center has taken or will take the actions set for the following Plan of Corrections. Plan of Correction constitutes the Center's allegation of compliance s that all alleged deficiencies cited has been or will be corrected by the dat dates indicated.			
LABORATORY	DIRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'Ş 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: IZUH11

Facility ID: 943301

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345267	B. WING			11/14/2013			
NAME OF PROVIDER OR SUPPLIER POPLAR HEIGHTS CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			BE COMPLÉTION		
F 371	During an interview w 11/14/13 at 1:59 PM s finished washing the l	e 1 ith the Dietary Manager on she stated that staff had just lunch dishes and had been lishware air dry before	F	371					
							! !		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (XII) DATE SURVEY COMPLETED QXI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION A BUILDING O1 - MAIN BUILDING O1 12/10/2013 846267 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **804 SOUTH POPULAR STREET** POPLAR HEIGHTS CENTER ELIZABETHTOWN, NC 28937 PROVIDER'S PLAN OF CORRECTION COMPLETION DATE **BUXINARY STATEMENT OF DEFICIENCIES** (BACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) YAG TAG DEFICIENCY K 000 INITIAL COMMENTS K 000 This Life safety Code(LSC) survey was conducted as per The Federal Register, using the DEC 3 1 2013 Existing Health Care section of the LSC and its referenced publications. This building is type III construction, one story with a complete automatic aprinkler system. K012- Maintenance director is currently NFPA 101 LIFE SAFETY CODE STANDARD K 012 K 012 repairing the crack in the ceiling \$\$¤D above the nurse's station near the DON'S Building construction type and height meets one office. Repairs will be completed by 1/3/14. of the following. 19.1.8.2, 19.1.8.3, 19.1.6.4, 19,3,5,1 K012- Maintenance director has completed repairs to the penetration in the wall next to the master door monitor This STANDARD is not met as evidenced by: system at the nurse's station near the 42 CFR 483.70(a) By observation on 12/10/13 at approximately DON's office. noon the following construction type was observed as non-compliant, specific findings A. There was a crack in the ceiling above the nurses station near the DON's office. B. There was a penetration in the wall next to the master "door monitor" system at the nurses station near the DON's office. NFPA 101 LIFE SAFETY CODE STANDARD K 050 K 050 SS⊴D Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announdement may be used instead of audible (X6) DAYE

administrator teapen Burroughs Any deficiency statemen) ending with an exterisk (*) 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 number, the findings stated above are declarable 60 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.

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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			AND HUMAN SERVICES			O	PORMA MB NO. (1938-0391		
STATEMENT OF DEFICIE AND FLAN OF CORRECT		MEDICARE & MEDICAID SERVICES ICIES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:			TIPLE	CONSTRUCTION 1 - MAIN BUILDING OF	(X3) DATE SURVEY COMPLETED			
		345287					12/10/2013			
NAME OF P	ROYDERO	SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE				
POPLAN	HEIGHTS	СЕМТЕЯ			BD4 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337					
(X4) ID PREFIX TAG	(EAC)	SUMMARY STATEMENT OF DEFICIENCIES H DEFICIENCY MUST BE PRECEDED BY FULL JUAYORY OR LEO IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION BHOULD TAG CROSS-REFERENCED TO THE APPROP		DE 1	COUPLETION DATE			
K 050	Continue alarms,	d From pa 19.7.1.2	-	K	050	K 050- Maintenance director will be on the by holding the required number of fire 12/31/13 on all shifts.	ompliant drills by	12/31/13		
К 052 98¤D	42 CFR By documon approximate observed include; were held 2013. NFPA 10 A fire all installed with NFI 72. The and test	483.70(a) rent revie ately noo as non-c less than d on seco 1 LIFE S. rm syster tested, a A 70 Nat system ha ind proors	is not met as evidenced by: w on 12/10/13 at in the following fire drills were compliant, epecific findings the required number of drills and third shift of 3rd quarter AFETY CODE STANDARD in required for life safety is and maintained in accordance tional Electrical Code and NFPA as an approved maintenance im complying with applicable FPA 70 and 72. 9.6.1.4		052	K 052- On 12/16/13 BFPE internation Safety and Security company from Control C	isyton, o nd the	12/34/13		
K 082	42 CFF By dock approxi Control non-cor FACP s	483.70(a imentation mately non Panel (FA inpliant, sp innual rep innual rep	is not met as evidenced by: i) i review on 12/10/13 at on the following Fire Alarm CP) was observed as ecific findings include; the ort, which includes all fire elarm not available on site. BAFETY CODE STANDARD		(06 <i>i</i>					

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PRINTED: 12/13/2013 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES QMB NO. 0938-0391 CENTERS FOR MEDICARE A MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED DENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING OF - MAIN BUILDING OF 12/10/2013 345267 B. WING STREET ADDRESS, CITY, SYATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **804 SOUTH POPULAR STREET** POPLAR HEIGHTS CENTER ELIZABETHTOWN, NC 28337 (XS) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION Summary statement of deficiencies (Each Deficiency must be preceded by full regulatory or LGC Identifying Information) ID PREFIX TAG EACH CORRECTIVE ACTION SHOULD BE PRÉFIX TAG CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY K 062- On 11/25/13 BFPE international Fire. K 062 K 062 Continued From page 2 Safety, and Security completed preventative 12/31/13 SS¤D maintenance on the sprinkler system. Required automatic sprinkler systems are continuously maintained in retiable operating Certification from BFPE had not yet been condition and are inspected and tested received at the time of the LSC visit. Since periodically, 19.7.6, 4.6.12, NFPA 13, NFPA the LSC visit, proper documents have been 25, 9.7,6 sent to Della Woollen at (919)733-6592 verifying compliance of the sprinkler system. This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By documentation review on 12/10/13 at approximately noon the following automatic sprinkler system was observed as non-compliant, specific findings include; the sprinkler system annual report was not available on site. K 066- Maintenance director has ordered NFPA 101 LIFE SAFETY CODE STANDARD K 066 K 066 proper metal containers with self-closing 35-D cover devices into which ashtrays can be Smoking regulations are adopted and include no emptied and readily available to all areas less than the following provisions: where smoking is available. (1) Smoking is prohibited in any room, ward, or Ash trays of non-combustible material compartment where flammable figuids, have also been ordered by the combustible gases, or oxygen is used or stored maintenance director to replace and in any other hazardous location, and such combustible ones. area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtraya of noncombustible material and safe design are provided in all areas where smoking is permitted.

(4) Matal containers with self-closing cover devices into which ashtrays can be emptied are

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			AND HUMAN SERVICES A MEDICAID SERVICES			FORM	12/13/2013 APPROVED 0938-0391			
STATEMENT OF DEFICIE AND PLAN OF CORRECTI		ICIES	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED			
			345267	8. WING			10/2013			
NAME OF	PROVIDER OF	GUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE						
POPLAR	HEIGHT\$	CENTER			804 SOUTH POPULAN STREET ELIZABETHTOWN, NC 28337					
(X4) ID PREFIX TAQ	Bummary Statement of Deficiencies (Each Deficiency Must be preceded by Full Regulatory or LSC (Dentifying Information)		PRIFFIY BACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION COMPLETION				
K 066	1		all areas where smoking is	K	088					
K 147 SS=0	42 CFR By observed include; A. Ashbidesign printhe empl NFPA 10 Electrica with NFP This STA 42 CFR By observed incom the were observed include; A. The croom we breaker.	AB3.70(a) vation on following as non-criparagraph pyee smooth LIFE Solution on following erved as not lab	12/10/13 at approximately smoking regulations were ompliant, specific findings accombustible material and safe uph 3 above were not provided noking area. Her with a self-closing cover into the emplied in the smoking of 4 above was not provided in king area. AFETY CODE STANDARD and equipment is in accordance tional Electrical Code. 9.1.2		147	K 147- Maintenance director has completed labeling the electrical panels in the outside electrical room as to it's master service breaker. The maintenance director has completed labeling the fire alarm control panel as to panel and breaker served.	12/3/13			

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			AND HUMAN SERVICES & MEDICAID SERVICES					FORM A	12/13/2013 PPROVED 0938-0391		
STATEMENT	(EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER;			(X2) MU A. SUILI			(X3) DATE SURVEY COMPLETED				
			345267	B, WING				12/10/2013			
NAME OF P	ROVIDER O	R SUPPLIER		STAEET ADDRESS, CITY, SYATE, ZIP CODE			•				
POPLAR	невнть	СЕНТЕЯ			601 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28397						
(X4) ID PREFIX YAG	(EAC)	R DEFICIENCY	NTEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRES	TΧ	Frovider's Flan of Corre (Each Corrective Action Sho Cross-Referenced to the App Deficiency)	QJUC	86	OYLE OXALE OXP		
K 147	Continue	d From pa	lge 4	к	147						
			ker served.						-		
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