PRINTED: 11/07/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	.TIPL	E CONSTRUCTION	(X3) DATE	SURVEY LETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING .	ALTERNATION OF THE PROPERTY OF			
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	T T 2. 2	345217	B. WNG	,		10/	24/2013	
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
PREMIER	NURSING AND REHABI	LITATION CENTER			226 WHITE ST		·	
				Ŀ	JACKSONVILLE, NC 28546			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
	INITIAL COMMENTS No deficiencies were complaint investigation NC00091150. 483.10(b)(11) NOTIF' (INJURY/DECLINE/R) A facility must immed consult with the reside known, notify the resion an interested family accident involving the injury and has the posintervention; a significantly of the physical, mental, or produced the deterioration in health status in either life the clinical complications significantly (i.e., a new existing form of treatment); or a decise the resident from the \$483.12(a). The facility must also and, if known, the resor interested family mentange in room or rospecified in §483.15(a).	cited as a result of the on. Event ID O50F11. Intake Y OF CHANGES COOM, ETC) iately inform the resident; ent's physician; and if dent's legal representative y member when there is an eresident which results in tential for requiring physician cant change in the resident's eychosocial status (i.e., an, mental, or psychosocial eatening conditions or it; a need to alter treatment ent due to adverse commence a new form of ion to transfer or discharge facility as specified in	F		Premier Nursing and Rehability tion Center acknowledges re- ceipt of the Statement of Defi- clencies and proposes this plan	a- d ce i- is	1 (18/20/3	
	this section. The facility must reco	ed in paragraph (b)(1) of			ceeding.	; ,		
ADODATODA	legal representative o	ne number of the resident's or interested family member.		·	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.

Facility ID: 923022

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		E CONSTRUCTION	(X3) DATE	SURVEY PLETED
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		345217	B. WING			10	/24/2013
NAME OF P	ROVIDER OR SUPPLIER	4			STREET ADDRESS, CITY, STATE, ZIP CODE 226 WHITE ST		
PREMIER	NURSING AND REHAB	ILITATION CENTER			JACKSONVILLE, NC 28546		
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F 157	by: Based on record revinterview, the facility responsible party regmedical/dental information residents sampled (If Resident admitted 5 atrial fibrillation, corollypertension, Diabed degenerative joint different that Resident admitted 5 atrial fibrillation, corollypertension, Diabed degenerative joint different that Resident admits a limpaired for cognition assistance for all Active Interview	T is not met as evidenced view and staff and family failed to notify a resident's garding new and pertinent nation for one of three Resident #117). 18/2009 with diagnoses of onary artery disease, tes Mellitus, and	F	157	F157 483.10(b)(11)Notify of Change (Injury/Decline/Room, ETC) Resident #117, the responsibe party has been notified of the results/ recommendations on the Detal Consultation dated 8/21/2 and at this time the responsibe party has declined any further dental interventions and this has been documented in the residents medical record.	le n- L3 pole	ા (18/2હ્ય3
	The care plan dated requiring assistance cognitive impairmen resident will maintain maintain the ability to review. Approaches segments; encouragin self care as able; resident; mouth care and as necessary. The the dentist, the nursident physician and responsessions.	8/14/13 noted a focus of for hygiene/bathing related to ts with a goal that the n good oral hygiene and o wash his face till next included: break tasks into ge the resident to participate praise all efforts made by the e was to be given every day the resident has some natural 0/23/13 at 11:00 AM, Nurse sident needs to be seen by e will call the resident 's insible party and then be e seen by the facility dentist.			All residents that were seen the dentist since August 2013 have had their consultations reviewed. Any interventions needed were done including MD/RP notifications. This wa completed on 10/23/2013 by Ward Clerk and/or DON. 100% in-servicing was comple ed with staff on MD/RP notification on 11/13/2013 by DON and/or Staff Facilitator Coordinator.	s t- :a-	
	On 8/21/13, Reside	nt #117 was seen by the					

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	ROVIDER OR SUPPLIER NURSING AND REHABI	LITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 225 WHITE ST JACKSONVILLE, NC 28546	
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F 157	facility dentist. A reviet Record revealed that to the hospital for all to rampant decay. No nurse has notified the responsible party (RF recommended, the nuthat schedules appoin on the list to be clear would document that A review of nurse not revealed no document being scheduled to he that the physician or On 10/24/13 at 9:50 / resident's RP stated	Resident #117 needed to go leeth to be extracted related arse #1 stated that when the physician and the P) about what the dentist arse would notify the staff attments to put the resident ed for the extraction, and it had been done. The stated that when the physician and the extraction, and it had been done. The stated that when the extraction and it had been done.	F 15	Resident's charts are reviewed daily for notifications to MD/RF using a QI tool. Instructions for scheduling on sight specialty appointments will be available to back up appointment scheduling designee. The staff persor responsible for scheduling appointments and/or designee will review the consultations for follow up with interventions (such as assuring that MD/RP has been notified, an appointment scheduled) as needed using a QI tool weekly. This too will be turned into DON for further action.	11/18/2013
F 312 SS=D	(DON) stated that she scheduler would get to first, then send it to the would get the recommand the physician, and scheduler. 483.25(a)(3) ADL CA DEPENDENT RESIDENT RESIDENT RESIDENT A resident who is unadaily living receives the maintain good nutrition and oral hygiene.	the dentist recommendation ne nurse; or if the nurse nendation first, notify the RP and would then send it to the RE PROVIDED FOR	F 31:	The Executive QI committee will meet monthly X3 to review trends and/or issues and to determine the continued need and frequency of monitoring. F312 483.25(a)(3)ADL Care Provided For Dependent Residents Oral Hygiene for resident #117 is being done per staff on a daily basis and as needed.	d

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PREFERX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SEP PRINCESSO BY FULL REGULATORY OR LSC IDEMINIFYING INFORMATION) F 312 Continued From page 3 by: Based on observation, record review, and staff and family interviews, the facility failed to provide oral hygiene to one of forty residents sampled (Resident #117). Resident #117 was admitted 5/8/2009 with diagnoses of atrial fibrillation, coronary artery diseases, hyperfension, Diablest Mellitus, and degenerative joint disease. The quarterly Minimum Data Set (MDS) dated 8/1/4/13 noted that Resident #117 was severely impaired for cognition and required extensive assistance for all Activities of Daily Living (ADLs), with the physical assistance of one person. The care plan dated 9/14/13 noted a focus of requiring assistance for hygiene/bathing related to cognitive impairments, with a goal that the resident would maintain the ability to wash his face through the next review. Approaches included: break tasks into segments; encourage the resident to participate in self care as abla; praise all efforts; mouth care every day and as necessary. The care plan noted that the resident that the resident that the resident that the resident fair in the process of the participate in self-care as abla; praise all efforts; mouth care every day and as necessary. The care plan noted that the resident that the resident fair in the process of the participate in self-care as abla; praise all efforts; mouth care every day and as necessary. The care plan noted that the resident that grayish, brown matter covering all of his teeth. On 10/22/13 at 2:55 PM, in an interview, the resident did not brush his teeth, and that the resident did not brush his teeth, and that the resident did not brush his teeth, and that the resident did not brush his teeth, and that the resident did not brush his teeth, and that the resident did not brush his teeth.					22	5 WHITE ST		·
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On 10/23/13 at 11:20 AM, in an interview, Nursing	F 312	by: Based on observati and family interview oral hygiene to one (Resident #117). Resident #117 was diagnoses of atrial fi disease, hypertensidegenerative joint d The quarterly Minim 8/14/13 noted that F impaired for cognitic assistance for all Ac with the physical as The care plan dated requiring assistance cognitive impairment resident would main maintain the ability to next review. Approa into segments; enco participate in self ca mouth care every di care plan noted that natural teeth. On 10/21/13 at 3:00 observed to have be grayish, brown matt On 10/22/13 at 2:55 resident's family me did not brush his teeth.	con, record review, and staff is, the facility failed to provide of forty residents sampled admitted 5/8/2009 with ibrillation, coronary artery on, Diabetes Mellitus, and isease. Sum Data Set (MDS) dated Resident #117 was severely on and required extensive stivities of Daily Living (ADLs), sistance of one person. Is 8/14/13 noted a focus of a for hygiene/bathing related to his, with a goal that the hatain good oral hygiene and to wash his face through the hickes included: break tasks burage the resident to here as able; praise all efforts; any and as necessary. The the resident has some O PM, Resident #117 was roken, decayed teeth with her covering all of his teeth. S PM, in an interview, the ember stated that the resident eth, and that the staff did not	F	312	been identified per their MDS and oral care is being done dail per staff and as needed. 100% in-servicing for direct car staff on oral care was completed on 11/13/2013 by DON and/or Staff Facilitator Coordinator. Resident's oral care will be reviewed at random by Administrative nurses daily x 1 week and then weekly on-goin using QI tool. The QI tool will be turned into DON or designee for review and further action. The Executive QI committee we meet monthly X3 to review trends and/or issues and to determine the continued need and to the staff and the staff and the continued need and the staff and the staff and the continued need and the staff and the	e g oe or	11/18/2013

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F 312	Assistant (NA) #1 star Resident #117 wash is she would wash the restated that she would stated that the resident teeth, but the care tracoral care. NA#1 stated resident to brush his tis she does not ask the teeth. On 10/24/13 at 9:05 A stated that she would much as possible for can feed themselves, brush their teeth. NA#1 can't brush their teeth does encourage them On 10/24/13 at 9:15 A Director of Nursing (Dexpectation for a NA vextensive assist would would be bathing, drecare. 483.55(a) ROUTINE/ISERVICES IN SNFS The facility must assist routine and 24-hour e A facility must provide resource, in accordant part, routine and emement the needs of each Medicare resident an	ted that she would have his own face and hands, and esident elsewhere. NA #1 also shave him. NA #1 his the ability to brush his cker has no specific area for d that she does not cue the eeth. NA#1 also stated that resident if he brushes his his with an interview, NA #2 have the residents do as their ADLs. If the residents the assumes that they can #2 stated that if they won't or a she does it, although she ho do it. Which is an interview, the hon's stated that her with a resident who was do be that the AM cares ssing, feeding, and oral his emergency dental care. For obtain from an outside ce with §483.75(h) of this regency dental services to che resident; may charge a additional amount for ey dental services; must if	F3	F411 483.55(a) Routine/Emerger Dental Services in SNF's	ible he en- /13 sible ner is	/2013

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F 411	to and from the denti- residents with lost or dentist. This REQUIREMENT by: Based on record rev interview, the facility services to one of for (Resident #117). Resident admitted 5/ atrial fibrillation, coro hypertension, Diabet degenerative joint dis The quarterly Minimus 8/14/13 noted that Re impaired for cognition assistance for all Act with the physical ass The care plan dated requiring assistance cognitive impairment resident will maintain maintain the ability to review. Approaches is segments; encourage in self care as able; president. Mouth care and as necessary. It that the resident has	y arranging for transportation of soffice; and promptly refer damaged dentures to a soffice; and promptly refer damaged dentures to a soffice; and family failed to provide dental ar residents sampled soffices Mellitus, and sease. Im Data Set (MDS), dated esident #117 was severely and required extensive exities of Daily Living (ADLs), istance of one person. 8/14/13 noted a focus of for hygiene/bathing related to se with a goal that the good oral hygiene and o wash his face till next included: break tasks into the resident to participate oraise all efforts made by the was to be given every day was stated in the care plan	F	411	All residents that were seen by the dentist since August 2013 have had their consultations reviewed. Any interventions needed were done including MD/RP notifications. This was completed on 10/23/2013 by Ward Clerk and/or DON. 100% in-servicing was completed with staff on MD/RP notification on 11/13/2013 by DON and/or Staff Facilitator Coordinator. Resident's charts are reviewed daily for notifications to MD/RP using a QI tool. Instructions for scheduling on sight specialty appointments will be available to back up appointment scheduling designed. The staff person responsible for scheduling appointments and/or designee will review the consultations for follow up with interventions (such as assuring that MD/RP has been notified, an appointment scheduled) as needed using a QI tool weekly. This tool will be turned into	e. or e h	11/18/2013
	#1 stated that if a res	ident needs to be seen by will call the resident 's			DON for further action.		

NAME OF PROVIDER OR SUPPLIER PREMIER NURSING AND REHABILITATION CENTER (X4) ID PREFIX TAG (X4) ID PREMIX REGULATORY OR LSC IDENTIFYING INFORMATION) FACTOR DEFICIENCY F 411 Continued From page 6 physician and responsible party (RP) and then be placed on a list to be seen by the facility dentist. A review of the Dental History and Record revealed that Resident #117 needed to go to the hospital for all teeth to be extracted related to rampant decay. Nurse #1 stated that when the nurse has notified the physician and the RP about what the dentist recommended, the nurse would notlify the staff that schedules appointments to put the resident on the list to be cleared for the extraction, and would document that it had been done.		DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION		E SURVEY PLETED
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PREMIER NURSING AND REHABILITATION CENTER 225 WHITE ST JACKSONVILLE, NC 28546			345217	B. WING			1 10	/24/2013
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F 411 Continued From page 6 physician and responsible party (RP) and then be placed on a list to be seen by the facility dentist. On 8/21/13, Resident #117 was seen by the facility dentist. On 8/21/13, Resident #117 needed to go to the hospital for all teeth to be extracted related to rampant decay. Nurse #1 stated that when the nurse has notified the physician and the RP about what the dentist recommended, the nurse would notify the staff that schedules appointments to put the resident on the list to be cleared for the extraction, and would document that it had been PREFIX TAG F 411 F 411 The Executive QI committee will meet monthly X3 to review trends and/or issues and to determine the continued need and frequency of monitoring. I 18 20/3	PREMIER	NURSING AND REHABI	LITATION CENTER		JA	ACKSONVILLE, NC 28546		
physician and responsible party (RP) and then be placed on a list to be seen by the facility dentist. On 8/21/13, Resident #117 was seen by the facility dentist. On 8/21/13, Resident #117 was seen by the facility dentist. A review of the Dental History and Record revealed that Resident #117 needed to go to the hospital for all teeth to be extracted related to rampant decay. Nurse #1 stated that when the nurse has notified the physician and the RP about what the dentist recommended, the nurse would notify the staff that schedules appointments to put the resident on the list to be cleared for the extraction, and would document that it had been	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETION
A review of nurse notes from 8/21/13 to present revealed no documentation of Resident #117 being scheduled to have his teeth extracted, or that the physician or RP were contacted. On 10/24/13 at 9:50 AM, in an interview, the resident's RP stated that she had not been notified of the result of the dentist visit in August. On 10/24/13 at 10:40 AM the Director of Nursing (DON) stated that she did not know if the scheduler would get the dentist recommendation first, then send it to the nurse; or if the nurse would get the recommendation first, notify the RP and the physician, and would then send it to the scheduler; but that she would find out. On 10/24/13 at 10:55 AM in an interview, the facility scheduler stated that usually the dentist would see the residents on the list, meet with the scheduler and indicate, by his Dental History and Record sheets, which residents needed treatments, etc. and the scheduler would take the sheets to the nurses and the nurses would call	F 411	physician and responded on a list to be On 8/21/13, Resident facility dentist. A reving Record revealed that to the hospital for all to rampant decay. No nurse has notified the what the dentist recondify the staff that set the resident on the liextraction, and would done. A review of nurse no revealed no docume being scheduled to be that the physician or On 10/24/13 at 9:50 resident's RP stated notified of the result On 10/24/13 at 10:40 (DON) stated that she scheduler would get first, then send it to twould get the recommand the physician, as scheduler; but that so On 10/24/13 at 10:50 facility scheduler state would see the reside scheduler and indicate Record sheets, which treatments, etc. and	nsible party (RP) and then be seen by the facility dentist. It #117 was seen by the ew of the Dental History and the Resident #117 needed to go teeth to be extracted related urse #1 stated that when the exphysician and the RP about the state of the nurse would chedules appointments to put state to be cleared for the didocument that it had been the state of the extracted, or RP were contacted. AM, in an interview, the state had not been of the dentist visit in August. O AM the Director of Nursing the did not know if the the dentist recommendation the nurse; or if the nurse mendation first, notify the RP and would then send it to the he would find out. S AM in an interview, the state of the dentist recommendation the he would find out. S AM in an interview, the state of the list, meet with the late, by his Dental History and the residents needed the scheduler would take the	F	411	meet monthly X3 to review trends and/or issues and to d termine the continued need a	e-	11/18/2013

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	ROVIDER OR SUPPLIER NURSING AND REHABII	LITATION CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 25 WHITE ST ACKSONVILLE, NC 28546	÷	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 411	treatments that were a stated that she was no the month of August, resident was not sche The scheduler stated kind of heart problem,	icians to inform them of the needed. The scheduler of working in the facility for so she did not know why the duled for tooth extraction. that if a resident had any they would be scheduled th the cardiologist to be extraction, and then	F	411	ULFIOIENC!)		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 11/26/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DAYE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 345217 B, WING 11/25/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 225 WHITE ST PREMIER NURSING AND REHABILITATION CENTER JACKSONVILLE, NC 28546 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR USC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE. TAG DEFICIENCY K 000 INITIAL COMMENTS K 000 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 (211) construction, one story, with a complete automatic sprinkler system, The deficiencies determined during the survey are as follows: K 029 NFPA 101 LIFE SAFETY CODE STANDARD The Maintenance Director ad-K 029 SS-D justed the door to the clean side One hour file rated construction (with % hour of laundry on 11/25/2013 to fire-rated doors) or an approved automatic fire ensure that it would close and extinguishing system in accordance with 8.4.1 and/or 19:3:5:4 protects hazardous areas. When latch tightly in its frame. the approved automatic fire extinguishing system. option is used, the areas are separated from The Maintenance Director and other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or his assistant checked all facility field-applied protective plates that do not exceed doors on 11/26/2013 to ensure 48 inches from the bottom of the door are closure and latching. This will be permitted. 19.3.2.1.. continued on a weekly basis and corrections made as necessary. A QI tool will be utilized. QI This STANDARD is not met as evidenced by: tools will be reviewed by the 42 CFR 483.70(a) 1 By observation on 11/25/13 at approximately Quality Improvement Commitnoon the hazardous area was non-compliant, tee monthly for determination specific findings include: the door to the clean of the need for additional QI side of laundry did not close and latch tightly in it's frame. monitoring and for follow up as K.038 NFPA 101 LIFE SAFETY CODE STANDARD K 038 needed. SS=D Exit access is arranged so that exits are readily ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Iny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing 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 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

ATEMEN	RS FOR MEDICARE	I AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	}		FOR	D: 11/26/2 M APPRO D. 0938-0
D PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	£	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01		NTE SURVEN MPLETED
, 		345217	B. WING		11	1/25/2013
	PROVIDER OR SUPPLIER	IABILITATION CENTER		STREET ADDRESS, CITY, STATE, 216 225 WHITE ST JACKSONVILLE, NC 28546	CODE	<u> 125/20 (3</u>
(X4) ID PREFIX TAG	i (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C	N SHOULD BE E APPROPRIATE	COMPLETE DATE
K 038	Continued			The state of the s		
. 030	Continued From pagaccessible at all time	ge 1 es in accordance with sect	ion K Ø	The Maintenance Dire	et dente de la companya de la compa	ļ
	7.1. 19.2.1	4000. ad/100 4/11/100(stalled an illuminated	CIOT'In- exit also	ļ
	, ,			In the freezer and in the	ie coolet	
.]	•		1.	on 11/29/2013.		
		٠,		The Maintenance of	•	
.	This STANDARD is 42 CFR 483,70(a)	not met as evidenced by:	ļ.	The Maintenance Direction his assistant checked expenses the control of the contr	itor and ach faxili	
ŀ	By observation on 11	1/25/13 at approximately		ty exit access to ensure	thataii	
•	noon the exit access	was non-compliant, species, from the freezer and	fic	are readily visible. This	monitor-	12/01/2
:	cooler was not readil	y visible,		ing of each facility exit a	iccèss	· · · · · · ·
			. .	will continue on a week and corrections made a	ly basis	, :
				sary.	i liedes.	
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				A QI tool will be utilized.	QI .	
,		.;		tools will be reviewed by Quality Improvement Co	the	;
	٠	•		tee monthly for determin	iation	
].	of the need for additiona	i@i	
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AND PLAN	nt of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(iple construction NG 02 - Main Building 02	(X3) DATE SURVE COMPLETED
<u> </u>		345217	8, WING_		dd Incinna
PREMIE		IABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 225 WHITE ST JACKSONVILLE, NC 28546	11/25/201
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K 000	INITIAL COMMENT	8	K 00	0	
	conducted as per The at 42CFR 483:70(a); Health Care section	de(LSC) survey was the Code of Federal Register the Justing the 2000 Existing of the LSC and its referenced allding is Type III (211) the Justine Complete the Street Complete the Justine Complete constants.			
	There were no Life S noted at time of surv	afety Code Deficiencies ey.			
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RATORY DI	RECJOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNAT	TUDE	and the second s	Secretary of the secret
eficiency s	Marcy K. of	Dlen	4	TITLE Type A to the type of the providing it is the providing the stated above are discovered to the providing th	(X8) DATE

Event ID: 050F21

Facility ID: 923022

If conlinuation sheet Page 1 of 1

FORM CMS-2587(02-99) Praylous Versions Obsolete