

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345164	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 2/6/2014
NAME OF PROVIDER OR SUPPLIER CHOWAN RIVER NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1341 PARADISE RD P O BOX 566 EDENTON, NC	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 278	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to code the Minimum Data Set (MDS) accurately for oral/dental status for two of eight residents (Res#13 and Res #150) sampled for oral/dental status in the MDS. The findings included:</p> <ol style="list-style-type: none"> Resident # 13 's admission Minimum Data Set (MDS), dated 10/15/2013, indicated no dental/oral problems. The MDS noted that Resident # 13 was cognitively intact. <p>On 2/3/2014 at 2:54 PM, in an interview, Resident # 13 was observed to have missing and dark brown stubs of teeth. The resident stated that she needed to see a dentist, and probably needed to go into a hospital to have teeth pulled.</p> <p>In an interview on 2/5/2014 at 3:00 PM, the MDS nurse indicated that there was no dental/oral status in any of the MDS assessments. The nurse stated, " I guess I forgot it. "</p> <p>On 2/6/2014 at 11:30 AM, in an interview, the Director of Nursing stated that her expectation would be that the MDS nurse would provide an accurate assessment on a timely basis.</p> <ol style="list-style-type: none"> Resident #150's five day MDS dated 12/23/2013 indicated no oral/dental status problems. The MDS noted that Resident # 150 was moderately impaired for cognition. 		

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The above isolated deficiencies pose no actual harm to the residents

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F 278	<p>Continued From Page 1</p> <p>On 2/3/2014 at 4:13 PM, Resident # 150 was observed to have missing teeth. The resident stated that she only had three or four teeth.</p> <p>On 2/6/2014 at 8:00 AM, in an interview, the MDS nurse stated that she must have missed that Resident # 150 had very few teeth.</p> <p>A review of the dietary supplement assessment dated 1/13/2014 noted that Resident # 150 had good oral intake, did receive supplements, and had maintained a stable weight since admission.</p> <p>On 2/6/2014 at 11:30 AM, in an interview, the Director of Nursing stated that her expectation would be that the MDS nurse would provide an accurate assessment on a timely basis.</p>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345164	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2014
NAME OF PROVIDER OR SUPPLIER CHOWAN RIVER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1341 PARADISE RD P O BOX 566 EDENTON, NC 27932		
(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	
K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a), using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is type V protected construction, one story with a complete automatic sprinkler system.	K 000			
K 011 SS=D	The Deficiencies determined during the survey area as follows: NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2	K 011	Fire door latch near room 134 will be repaired to latch when activated by fire alarm Maintenance will check all fire doors to ensure that they will latch when activated by fire alarm Maintenance will take all non-compliant issues to the fire and safety meeting.	3-12-14 3-12-14 4-11-14	
K 029 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 02/25/2014 the fire doors near room 134 failed to latch when the doors closed upon activation of the fire alarm. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 1/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and	K 029	Ceiling hole in boiler room will be repaired with 5/8 fire retardent sheet rock. Maintenance will check building ceilings to ensure any holes are found are repaired with fire retardent sheet rock or caulking	3-10-14 3-10-14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Sharon King

Administrator

3-13-14

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K 029	Continued From page 1 doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	Maintenance will take all non-compliant issues to the fire and safety meeting.	4-11-14
K 038 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 02/25/2014 there was a hole in the ceiling of the out side boiler room. 42 CFR 483.70 (a) 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	Map of wiring diagram for secured exits will be placed by the FACP under glass Maintenance will take all non-compliant issues to the fire and safety meeting.	3-6-14 4-11-14
K 062 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 02/25/2014 there was no component location map nor a wiring diagram under glass near the FACP. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	Light will be removed in the oxygen room and replaced with a smaller light so sprinkler will not be blocked Maintenance will check sprinklers in to ensure they are not blocked.	3-11-14 3-11-14

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K 062	Continued From page 2 This STANDARD is not met as evidenced by: A. Based on observation on 02/25/2014 the sprinkler head in the O2 storage room was blocked by a light fixture. 42 CFR 483.70 (a)	K 062	Maintenance will take all non-compliant issues to the fire and safety meeting.	4-11-14	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345164	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2014
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K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: A. Based on observation on 02/25/2014 there was not enough light for the exit pathway at the exit outside the D & R Nurses Station #2. B. There was only a one (1) bulb fixture outside the exit at room 324 42 CFR 483.70 (a)	K 045	(A) Lights will be installed on building exit outside D&R Nurses station#2 and placed on generator (B) A 2 bulb fixture will be placed outside exit at room 324. Maintenance will check all outside exits for 2 bulb fixtures and ensure they are on generator Maintenance will take all non-compliant issues to the fire and safety meeting. MAR 13 2014	4-11-14 4-11-14 4-11-14 4-11-14
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: A. Based on observation on 02/25/2014 there was no Hi & Low air pressure switch alarm on the	K 056	A Hi/Low air pressure switch alarm will be placed on the dry system in the D/R side of building. Maintenance will check to ensure Hi/Low air pressure switch is on sprinkler system located in boiler room for ABC wing. Maintenance will take all non-compliant issues to the fire and safety meeting.	3-31-14 3-31-14 4-11-14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Deanne C. [Signature] TITLE: Administrator (X6) DATE: 3-13-14

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K 056	Continued From page 1 dry system . 42 CFR 483.70 (a)	K 056			

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K 029 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 02/25/2014 the fire doors near room 134 failed to latch when the doors closed upon activation of the fire alarm. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and	K 029	Maintenance will take all non-compliant issues to the fire and safety meeting. Ceiling hole in boiler room will be repaired with 5/8 fire retardent sheet rock. Maintenance will check building ceilings to ensure any holes found are repaired with fire retardent sheet rock or caulking	3-11-14 3-10-14 3-10-14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Sharon N...

Administrator

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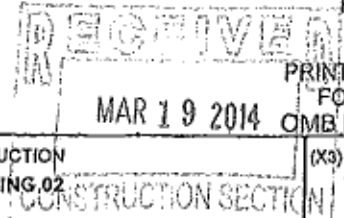
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NAME OF PROVIDER OR SUPPLIER CHOWAN RIVER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1341 PARADISE RD P O BOX 568 EDENTON, NC 27932	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Doranne C. [Signature]* TITLE Administrator DATE 3-13-14

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