

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

PRINTED: 03/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345372	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/28/2015
NAME OF PROVIDER OR SUPPLIER WILSON PINES NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 403 CRESTVIEW AVENUE WILSON, NC 27893		
(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 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. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count =***95 SNF + 30 ACH =125 beds Census = 93 SNF + 19 ACH = 112 The deficiencies determined during the survey are as follows:	K 000			
K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 1/28/15 at	K 022	Wilson Pines Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes	2/3/15	

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

TITLE

(X6) DATE

Electronically Signed

02/13/2015

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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K 022	<p>Continued From page 1</p> <p>approximately 11 AM onward, the following deficiencies were noted: The means of egress was non-compliant, specific findings include: The doors from the front entrance to the enclosed exterior courtyard did not have a sign reading "NO EXIT". The doors have glass vision panels and appeared to lead to the exterior of the building; therefore it could be mistaken for an exit.</p> <p>Ref: 2000 NFPA 101 Sections 18.2.10, 10.8.1 Any door that is likely to be mistaken for an exit shall be identified by a sign reading "NO EXIT". Such sign shall have the word NO in letters 2" high with a stroke width of 3/8" and the EXIT in letters 1" high, with the word EXIT below the word NO.</p> <p>This deficiency affected one smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 022	<p>this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Wilson Pines Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Wilson Pines Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>K-022 A not an exit sign was installed above the door to the courtyard on 2/3/15 by the Maintenance Supervisor.</p> <p>All doors that are not an exit were inspected to assure a not an exit sign was in place on each door on 1/29/15 by the Maintenance Supervisor.</p> <p>An in-service was conducted with the Maintenance Supervisor on 1/29/15 by the Administrator to ensure understanding that the doors to the courtyard must have a not an exit sign at all times.</p> <p>The Maintenance Supervisor will monitor</p>	

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K 022	Continued From page 2	K 022	the courtyard doors monthly times 3 months to ensure the not an exit sign is present using a QI monitoring tool. The Maintenance Supervisor will submit the QI monitoring tool to the Administrator for review upon completion. The Administrator will review the findings monthly with the QA Committee to determine if further monitoring is necessary to ensure compliance.		
K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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 announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 1/28/15 at approximately 11 AM onward, the following deficiencies were noted: The fire drills were non-compliant, specific findings include, documentation indicated less than the required number of drills were held on first and third shift of 1st quarter, second shift of 3rd quarter and third shift of 4th quarter 2014.</p>	K 050	<p>K-050</p> <p>An in-service was conducted with the Maintenance Supervisor on 1/29/15 by the Administrator to ensure understanding of conducting monthly fire drills per NFPA 101 section 19.7.1.2</p> <p>A fire drill was conducted on 1/23/15 and 2/2/15 by the Maintenance Supervisor which illustrated compliance with NFPA</p>	2/3/15	

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K 050	Continued From page 3 Reference NFPA 101 section 19.7.1.2 This deficiency affected all smoke compartments and all residents. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 050	101 section 19.7.1.2 The Maintenance Supervisor will conduct quarterly fire drills on each shift at unexpected times under varying conditions and document the outcome on the monthly fire drill report. The Maintenance Supervisor will submit the QI monitoring tool to the Administrator for review upon completion. The Administrator will review the findings monthly with the QA Committee to determine if further monitoring is necessary to ensure compliance.		
K 062 SS=F	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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 1/28/15 at approximately 11 AM onward, the following deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings include, documentation from certifications indicated facility was aware of the item that is in need of repair. There is no indication that this item has been corrected. Report from service on 11/3/14 indicated that the tamper switch on	K 062	The tamper switch on bleeder valve on low air switch was wired by the alarm technician from Williams Fire Sprinkler on 1/29/15. The tamper switch on bleeder valve on low air switch was wired by the alarm technician from Williams Fire Sprinkler on 1/29/15. An in-service was conducted with the Maintenance Supervisor on 1/29/15 by the	1/29/15	

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K 062	Continued From page 4 bleeder valve on low air switch still needs to be wired into the fire alarm control panel. Reference NFPA 101 section 19.7.6, 4.6.12, NFPA 13, NFPA 25 9.7.5 Required automatic sprinkler systems are continuously maintained in reliable operating condition. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	technician from Williams Fire Sprinkler and the Administrator to ensure understanding of following repair recommendation from the annual inspection of Williams Fire Sprinkler. The Maintenance Supervisor and Administrator will review the annual fire sprinkler report from Williams Fire Sprinkler and will repair any negative findings from the report as soon as practical. The Maintenance Supervisor will submit the QI monitoring tool to the Administrator for review upon completion. The Administrator will review the findings monthly with the QA Committee to determine if further monitoring is necessary to ensure compliance.		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 1/28/15 at	K 144	The low water temp light on the generator was repaired on 1/29/15 by Clarke Generators	1/29/15	

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K 144	<p>Continued From page 5</p> <p>approximately 11 AM onward, the following deficiencies were noted: The generator annunciator panel and/or generator was non-compliant, specific findings include, the annunciator panel indicated that the generator had a "Low water" temperature.</p> <p>Reference NFPA 99 3-4.1.1.15, NFPA 70, National Electrical Code, Section 700-12 A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate the following:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load 2. When the battery charger is malfunctioning <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure 2. Low water temperature (below those required in 3-4.1.1.9) 3. Excessive water temperature 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply 5. Overcrank (failed to start) 6. Overspeed <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15 (a) and (b) occur, but need not display these conditions individually.</p>	K 144	<p>The low water temp light on the generator was repaired on 1/29/15 by Clarke Generators.</p> <p>An in-service was conducted with the Maintenance Supervisor on 1/29/15 by the Administrator to ensure understanding of monitoring generator lights as they come on.</p> <p>The Maintenance Supervisor will monitor the generator per policy and procedure to ensure the generator is operating normally using the emergency generator report.</p> <p>The Maintenance Supervisor will submit the QI monitoring tool to the Administrator for review upon completion. The Administrator will review the findings monthly with the QA Committee to determine if further monitoring is necessary to ensure compliance.</p>	

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K 144	Continued From page 6 [110: 3-5.5.2] This deficiency affected one smoke compartment where the generator annunciator was located, however the generator could affect the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144		