

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

PRINTED: 03/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345371	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2015
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-TRENT			STREET ADDRESS, CITY, STATE, ZIP CODE 836 HOSPITAL DRIVE NEW BERN, NC 28560	
(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 1 (442) construction, two 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 =116 Census =81 The deficiencies determined during the survey are as follows:	K 000		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 1/21/15 at approximately 10:00 AM onward, the following deficiencies were noted: The fire drills were	K 050	-All fire drills are current and up to date since September 2014 - New Maintenance Director has fire drill programs on a PM schedule.	2/16/15

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 050	Continued From page 1 non-compliant, specific findings include, documentation for 1st, 2nd and 3rd quarter 2014, before the current maintenance person, were missing. 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	-LNHA will review fire drill in-services on a monthly basis - Any negative findings will be reported to monthly QA committee		
K 059 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have water flow devices to give warning of the operation of the systems. 13-3.5.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 1/21/15 at approximately 10:00 AM onward, the following deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings include; An elevator key was not available to determine A and B below: A. There is a sprinkler head installed at the elevator pit. B. There is a sprinkler head installed at the top of elevator hoistways or Documentation available to indicate car enclosure materials that meet the requirements of ASME A17.1 Safety Code for Elevators and Escalators. Ref: NFPA 101 Life Safety Code refers to 1999 NFPA 13 5-13.6 Elevator Hoistways and Machine Rooms 5-13.6.1 Sidewall spray sprinklers shall be installed at the bottom of each elevator hoistway not more than 2 ft. (0.61 m) above the floor of the pit. Exception: For enclosed, noncombustible elevator shafts that do not contain combustible	K 059	-Elevator key was located on top of the Life Safety panel in med room, first floor -Sprinkler head is located at elevator base -Maintenance Director will monitor on a monthly basis to ensure key is in place and sprinkler head is intact. -Any negative findings will be reported to monthly QA committee	2/16/15	

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K 059	Continued From page 2 hydraulic fluids, the sprinklers at the bottom of the shaft are not required. 5-13.6.3 Upright or pendent spray sprinklers shall be installed at the top of elevator hoistways. Exception: Sprinklers are not required at the tops of noncombustible hoistways of passenger elevators with car enclosure materials that meet the requirements of ASME A17.1 Safety Code for Elevators and Escalators. 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.	K 059			
K 144 SS=D	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 1/21/15 at approximately 10:00 AM onward, the following deficiencies were noted: The generator records were non-compliant, specific findings include, documentation for 1st, 2nd and 3rd quarter 2014, before the current maintenance person, were missing. The emergency generator is inspected weekly and exercised under load for 30 minutes	K 144	-Generator record checks are now up to date since September 2014. -New Maintenance Director has generator checks on a PM schedule -LNHA will review generator checks on a monthly basis. -Any negative findings will be reported to	2/16/15	

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K 144	Continued From page 3 per month in accordance with NFPA 99 section 3.4.4.1. 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 144	the monthly QA committee		