

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345465</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/21/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BAYVIEW NURSING &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3003 KENSINGTON PARK DRIVE NEW BERN, NC 28560</b>	
(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 = 60 SNF + 20 ACH = 80 beds Census =58 SNF +10 ACH=68 beds  The deficiencies determined during the survey are as follows:	K 000		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 1/21/15 at approximately 1 PM onward, the following deficiencies were noted: The kitchen fire suppression system was non-compliant, specific findings include; The facility's kitchen fire suppression system had not been inspected within the past six months. The date of the most recent inspection was 6/23/14.  Ref: NFPA 17A, 5-3.1*. A trained person who has undergone the instructions necessary to perform	K 069	On 2/3/15 the kitchen fire suppression system was inspected by BFPE. The kitchen suppression system is in complinace and up to code. Inspections will be scheduled every six months in compliance with life safety code. The bi-annual inpection will be reviewed with the QA Committee for one year. If any problems are found during the bi-annual inspection they will be address with the QA Committee and the problem will be resolved.	2/13/15

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

TITLE

(X6) DATE

Electronically Signed

02/12/2015

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 069	Continued From page 1 the maintenance and recharge service reliably and has the applicable manufacturer's listed installation and maintenance manual and service bulletins shall service the wet chemical fire extinguishing system 6 months apart as outlined in 5-3.1.1.  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 069			
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 1/21/15 at approximately 1 PM onward, the following deficiencies were noted: The oxygen storage was non-compliant, specific findings include; the oxygen storage room at the main nurses station	K 076	Combustible items, boxes, plastics and shelving were removed from the oxygen storage area as of 2/1/15. O2 tanks are being stored at least 5'0" from any combustible materials. The facilities director and/or designee will check the oxygen storage room at least weekly to	2/13/15	

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K 076	<p>Continued From page 2</p> <p>had combustible items, plastics and supplies in cardboard boxes stored within 5'-0" of the E sized O2 tanks.</p> <p>Ref: 2000 NFPA 101 Section 18.3.2.4, 1999 NFPA 99 Section 8-3.1.11.2, CMS S&amp;C 07-10 In storage locations protected by automatic sprinkler system where the volume of oxygen is less than 3000 cubic feet (approx. 120 E sized cylinders) oxidizing gases shall be separated from combustible materials by a minimum distance of 5'-0" or be enclosed with 1/2 hour fire resistant rated construction or in a flammable liquid storage cabinet. Volumes of oxygen less than 300 CF of O2 (approx. 12 E sized cylinders) may be kept in each smoke compartment at location open to the corridor.</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 076	<p>ensure continued compliance. If there are combustible materials in the room during a compliance check they will be removed immediately. Results of the weekly compliance checks will be discussed as the QA committee meeting monthly for one quarter and quarterly thereafter for 3 consecutive quarters.</p>		