

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

PRINTED: 03/31/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345491</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROATAN RIDGE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>210 FOXHALL ROAD NEWPORT, NC 28570</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  A 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. In the exit conference all deficiencies noted were discussed with administration.  Stories: one Construction Type V(111) Constructed: 01/27/1999 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 64 Census - 50	K 000			
K 029 SS=D	NOT MET as evidence by: 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 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  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 029		3/2/15	
			K029		

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

TITLE

(X6) DATE

Electronically Signed

02/27/2015

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 029	Continued From page 1  Based on observations, on 02/11/2015 at approximately 8:30 AM onward, the following deficiencies were noted: dry storage door in kitchen did not close and latch due to tape over strike plate in door frame.. To maintain fire/smoke rating of dry storage room, door must close and latch in frame. NFPA 101: 19.3.2 NFPA 101: 8.4.1  This deficiency affected one of three kitchen doors. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	The tape covering the strike plate on the dry storage door frame was removed by the maintenance supervisor on 2/11/2015.  A 100% audit of all doors was conducted on 2/11/15 to ensure all doors latched properly to their door frame.  Additionally, a 100% in-service of all staff was initiated 2/11/15 and completed 2/27/15 to re-educate not to block or prevent doors from closing in anyway, to include tape coving strike plates.  The Maintenance director will monitor all doors weekly for 4 weeks then monthly for 3 months utilizing a quality improvement audit tool to ensure all doors latch properly to the door frame.  The administrator will review the results of the audit tool for any identified area of concern or trends and will follow up with the Maintenance Director as indicated.  The Executive QI Committee will review the results of the audits for any identified area of concerns or trends and will follow up as indicated.		
K 062 SS=E	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		3/2/15	

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K 062	Continued From page 2  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 02/11/2015 at approximately 8:30 AM onward, the following deficiencies were noted: 1. boxes of food stored within 18 inches of sprinkler head in freezer(kitchen). 2. in dry storage room in kitchen, boxes stored within 18 inches of sprinkler head. NFPA 101: 19.7.6 NFPA 13 NFPA 25: 9.7.5  This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	K062  The boxes of food stored within 18 inches of the sprinkler head in both the kitchen dry storage room and freezer were adjusted by dietary staff to ensure 18 inches of clearance on 2/11/2015.  A 100% audit of facility storage areas was conducted on 2/11/2015 by the maintenance director to ensure all areas maintained 18 inches of clearance from sprinkler heads. Additionally, a 100% in-service of all staff was initiated on 2/11/15 and completed 2/27/15 to re-educate that all items must be stored in a manner providing 18 inches of clearance from sprinkler heads.  The Maintenance director will monitor all storage areas weekly for 4 weeks then monthly for 3 months utilizing a quality improvement audit tool to ensure all items stored allow for 18 inches of clearance from sprinkler heads.  The administrator will review the results of the audit tool for any identified area of concern or trends and will follow up with the Maintenance Director as indicated.  The Executive QI Committee will review the results of the audits for any identified area of concerns or trends and will follow up as indicated.		

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K 144 K 144 SS=D	Continued From page 3 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 02/11/2015 at approximately 8:30 AM onward, the following deficiencies were noted: two indication lights on transfer switch (supplying load on emergency power and normal power) did not function when generator was tested.. NFPA 99: 4.42.1.4(H)  This deficiency affected 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 K 144	K144  The administrator contacted Hillco Support services on 2/11/2015 to notify of identified issue with generator.  On 2/13/15 the indication lights to the generator where repaired by Clarke Power Generation, Inc.	3/2/15	