

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

PRINTED: 04/28/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345160</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAVIS HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 PORTERS NECK ROAD WILMINGTON, NC 28411</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: 1 Construction Type II (222) Constructed: 4/1/1976 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 179 Census - 159	K 000		
K 038 SS=E	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  This STANDARD is not met as evidenced by: 42 CFR 483.70(a)  Based on observations, on 02/19/2015 at approximately 11:00 am onward, the following deficiencies were noted: required exit access by room E-40, was not a solid path to a public way. NFPA 101 19.2.2.2.1, 7.2.1.5.1	K 038	The identified area was corrected during survey.  Other areas with required exit access were reviewed to ensure a solid path to a public way.  Maintenance and general contractor	3/27/15

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

TITLE

(X6) DATE

Electronically Signed

03/11/2015

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 038	Continued From page 1  This deficiency affected all residents on that wing., Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	representative have been retrained regarding the requirements for a solid path to a public way.  Requirements for a solid path to a public way will be monitored daily for two weeks, weekly for four weeks then monthly for the duration of the construction project.  The Safety Committee will meet monthly for two months then quarterly for two quarters to monitor the scheduled audits to ensure the corrections are sustained and determine the continued need for monitoring as appropriate.		
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  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 02/19/2015 at approximately 11:00 AM onward, the following deficiencies were noted: 1) The sprinkler heads located in the kitchen were not cleaned and maintained in good condition and showing signs of corrosion. 2) The sprinkler heads located on the loading dock were not maintained clean and in good condition. Sprinkler heads had dust and lint on the heads.	K 062	The sprinkler heads in the three identified areas have been corrected.  Sprinkler heads throughout other areas have been checked and cleaned as needed to ensure good condition and no signs of corrosion.  Maintenance staff has been retrained regarding the requirements to maintain automatic sprinkler systems in a reliable, operating condition.	3/27/15	

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K 062	Continued From page 2 3) The sprinkler head located in resident bathroom R-1 has paint on the glass bulb and was not maintained in good condition. 4) Scatted throughout the building sprinkler heads were found to have dust and lint on the sprinkler head and were not maintained in good condition.  This deficiency affected the entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	Sprinkler heads will be checked weekly for four weeks and then monthly for three months to ensure the correction and monitoring is sustained.  The Safety Committee will meet monthly for two months then quarterly for two quarters to monitor the scheduled audits to ensure the corrections are sustained and determine the continued need for monitoring as appropriate.		
K 144 SS=F	42 CFR 483.70 (a) 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)	K 144	The annunciator panel identified was corrected to show EPS load.	3/27/15	

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K 144	<p>Continued From page 3</p> <p>Based on observations, on 02/19/2015 at approximately 11:00 AM onward, the following deficiencies were noted:</p> <p>1) The generator annunciator panel for generator #1 did not show Emergency Power Supplying Load (EPS) when power was transferred from normal to emergency connected load. NFPA 99, 3.4.4.1, NFPA 110 , 8.4.2</p> <p>This deficiency affected the entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to loss of power.</p>	K 144	<p>Other generator annunciator panels were assessed to ensure proper operation.</p> <p>Maintenance staff has been retrained regarding the requirement for generator annunciator panels to show EPS load when power is transferred from normal to emergency connected load.</p> <p>The annunciator panels will be checked weekly for four weeks and then monthly for three months to ensure the correction and monitoring is sustained.</p> <p>The Safety Committee will meet monthly for two months then quarterly for two quarters to monitor the scheduled audits to ensure the corrections are sustained and determine the continued need for monitoring as appropriate.</p>		