

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

PRINTED: 06/22/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2015
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450	
(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 V construction, one story, with a complete automatic sprinkler system and utilizing delayed locking system. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count =127 Census =96 The deficiencies determined during the survey are as follows:	K 000		
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 05/05/2015 at	K 052	(1) The fire alarm vendor for the facility was contacted on 5/5/15 to make them aware of the concerns noted during the	6/1/15

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

TITLE

(X6) DATE

Electronically Signed

05/29/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/05/2015
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450		
(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 052	<p>Continued From page 1</p> <p>approximately 10:30 AM onward, the following deficiencies were noted:</p> <ol style="list-style-type: none"> on activation of fire alarm system, strobe's on horn/strobe device on short 300 hall did not work and strobe in Dining room did not work. HVAC system on 100 and 400 hall did not shut down on activation of fire alarm(units are over 2000 cfm). <p>NFPA 101, 19.5.2.1 NFPA 90A, 4.2</p> <p>This deficiency affected two of seven compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p> <p>NFPA 70 &72</p> <p>This deficiency affected two of seven compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 052	<p>survey. As of 5/12/15 the horn/strobe circuit for the 300 hallway was rewired to provide for proper operation upon fire alarm activation.</p> <p>All other areas that have the same potential to be affected have been tested and are working properly as of 5/12/15.</p> <p>To ensure the deficient practice does not occur, strobe operation will be noted during monthly/quarterly fire alarm drills and noted on the logs at that time.</p> <p>Maintenance Director is responsible.</p> <p>(2) The fire alarm vendor for the facility was contacted on 5/5/15 to make them aware of the concerns noted during the survey. On 5/5/15 the HVAC vendor was contacted to work in tandem with the fire alarm vendor to ensure proper wiring and shutdown of HVAC system on 100 and 400 halls upon activation of the fire alarm. (Note: While troubleshooting the noted deficiencies and upon inspection, Fire Alarm and HVAC vendors have determined that none of the air handlers throughout the facility exceed 2000 CFMs. Per conversation with surveyor on 5/28/15, Gordon Washburn, he is aware that units do not exceed 2000 CFMs and is in agreement that this item is NOT out of compliance.)</p> <p>All other areas that have the same potential to be affected have been tested and are working properly as of 5/12/15.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/05/2015
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450		
(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 052	Continued From page 2	K 052	To ensure the deficient practice does not occur, testing will be done during monthly/quarterly fire drills and noted on the logs at that time.		
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 05/05/2015 at approximately 10:30 AM onward, the following deficiencies were noted:</p> <ol style="list-style-type: none"> 1. sprinkler heads in kitchen are not maintained in good condition. 2. paint is on sprinkler head in linen room by day room on 100 hall. 3. sprinkler heads in electrical closet by room 201 are not maintained in good condition. <p>NFPA 101, 19.7.6.12 NFPA 25 and 13</p> <p>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.</p>	K 062	<p>Maintenance Director is responsible.</p> <p>On 5/5/15, the sprinkler vendor was contacted and made aware of the concerns noted during the survey. As of 5/12/15 all sprinkler items noted have been inspected and cleaned or replacements made as necessary.</p> <p>All other areas that have the potential to be affected will be inspected and cleaned or replacements made as necessary. Audit to be completed as of 5/29/15.</p> <p>To ensure the deficient practice does not occur, the sprinkler heads will be inspected upon regular routine sprinkler maintenance and cleaned or replaced as necessary and noted on documentation records.</p> <p>Maintenance Director is responsible</p>	6/16/15	