

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345318</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 0101</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/03/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRUNSWICK COVE NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1478 RIVER ROAD WINNABOW, NC 28479</b>
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(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
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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 special locking. In the exit conference all deficiencies noted were discussed with administration.  At time of survey the: Total Certified Bed Count = 175 Census = 175  The deficiencies determined during the survey are as follows:	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 06/03/2015 at approximately 8:30 AM onward, the following deficiencies were noted: doors listed below require two motion of hand to open door.  1. Director of Nursing office. 2. Storage room across from room 222. 3. Dr. office.	K 038	All door knobs identified have been replaced with single motion door knob. Maintenance conducted a search of building to ensure there were no other locks that were out of compliance. He will ensure that any additional locks that are needed are single motion. Maintenance has explained to the management team the need for only single motion door knobs and requested that any found be	6/26/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>06/30/2015</b>
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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 4. Physical therapy.  NFPA 101,19.2.1,7.1  This deficiency affected three of six smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	reported. Any future knobs found that are out of compliance will be reported to the maintenance supervisor and the administrator and followed up on in monthly QA.		
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10  This STANDARD is not met as evidenced by: Based on observations, on 06/03/2015 at approximately 8:30 AM onward, the following deficiencies were noted: at time of survey objects were hanging down from light fixtures on administration hall(below 6' 8").  NFPA 101,7.1.5  This deficiency affected one of six smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 072		6/3/15	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance	K 147	Activities hung seasonal decorations from the light fixtures in the hallway. They were removed on the day of the survey (6/3/2015). Maintenance supervisor in serviced department heads on the need to maintain 6'8" clearance in the hallways. Daily rounds will be made to ensure compliance with the hallways maintaining 6'8" clearance. Any future violations found should be reported to maintenance and administrator and will be followed up in monthly QA meeting.	7/10/15	

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

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K 147	Continued From page 2 with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observations, on 06/03/2015 at approximately 8:30 AM onward, the following deficiencies were noted: exhaust fan not working in whirlpool room across from oxygen storage room at station #1.  NFPA 70, 9.1.2  This deficiency affected three of six smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	Maintenance supervisor research and located replacement fan. Replacement fan has been ordered and scheduled to be delivered by July 3. Maintenance supervisor will install as soon as it arrives but not later than 7/10/2015. All fans have been checked to ensure that they work. Maintenance will do periodic checks and report any issues to administrator and to the Monthly QA meeting.		