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

PRINTED: 10/15/2015 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER CHERRY POINT BAY NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCES BEACH DEPICENCY BUST BE PRECEDED BY FULL ACCOUNTY AND THE PROVIDER OF THE PROVIDER BOULEVARD HAVELOCK, NC 28532 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(111) construction, one story, with a complete automatic sprinkler system and utilizing special locking, in the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count = 70 Census = 57 The deficiencies determined during the survey are as follows: SS=D Smoke barriers are constructed to provide at least at one half hour fire resistance rating in accordance with 83. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor, Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 08/04/2015 at STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 08/04/2015 at	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
CHERRY POINT BAY NURSING AND REHABILITATION CENTER 19 MCCOTTER BOULEVARD			345487	B. WING		08/05/2015
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) 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(111) construction, one story, with a complete automatic sprinkler system and utilizing special locking, in the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count = 70 Census = 57 The deficiencies determined during the survey are as follows: K 025 SS=D Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an artium wall. Windows are protected by fire-rated glazing or by wire digass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) K 000 K 005 K 005 K 005 K 005 K 005 K 000 K 00				1	10 MCCOTTER BOULEVARD	
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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(111) construction, one story, with a complete automatic sprinkler system and utilizing special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count =70 Census = 57 The deficiencies determined during the survey are as follows: K 025 SS=D Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at a natrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) K 025 SS=D The smoke barrier wall on 400 Hall was	K 000	INITIAL COMMENTS	5	K 000		
Scaled and repaired by the Waintenance		conducted as per That 42CFR 483.70(a); Health Care section of publications. This but construction, one stort sprinkler system and the exit conference at discussed and acknowledge of the exit conference at discussion of the exit conference at discussed and acknowledge of the exit conference at discussion of the exit conference at a discussion of the exit conference at discussion of the	e Code of Federal Register using the 2000 Existing of the LSC and its referenced ilding is Type V(111) ry, with a complete automatic utilizing special locking. In all deficiencies noted were owledged with administration. Count =70 ermined during the survey ETY CODE STANDARD constructed to provide at fire resistance rating in Smoke barriers may m wall. Windows are ad glazing or by wired glass nes. A minimum of two onts are provided on each ot required in duct the barriers in fully ducted and air conditioning systems. 2.1.6.3, 19.1.6.4	K 025	K 025 SS=D The smoke barrier wall on 400 Hall was	
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	4000/====					

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

08/21/2015

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

Electronically Signed

program participation.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 - MAIN BUILDING 01 345487 B. WING 08/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 MCCOTTER BOULEVARD CHERRY POINT BAY NURSING AND REHABILITATION CENTER HAVELOCK, NC 28532 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 1 K 025 approximately 12:30 PM onward, the following Director on 8/5/15. A 100% audit was completed on 8/5/15 of all smoke barrier deficiencies were noted: The smoke wall located on the 400 hall, (front and back smoke walls) walls was also completed by the have holes and/or penetrations that were not Maintenance Director to ensure that the walls are sealed and retain their fire sealed in order to maintain the fire resistance rating of the wall. resistance rating with no further deficiencies found. NFPA 101, 19.3.7.3 NFPA 101, 8.3.6.1 This deficiency affected one of five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke. K 062 NFPA 101 LIFE SAFETY CODE STANDARD K 062 9/19/15 SS=D 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) K 062 SS=D A 100% audit of all sprinkler heads in the Based on observations, on 08/04/2015 at kitchen was completed by the approximately 12:30 PM onward, the following Maintenance Director on 8/6/15. All deficiencies were noted: could not identity sprinkler heads in the kitchen were also temperature rating of sprinkler head in cooler inspected by BFPE on 8/19/15. All because filament was missing from head. sprinkler heads that are in need of repair to include the sprinkler head in the walk-in NFPA 101, 19.7.6 cooler will be repaired on or before NFPA 13 9/19/15 by BFPE. Following this repair the Maintenance Director will audit all NFPA 25, 5.2.1.3

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		345487	B. WING _			08/05/2015	
NAME OF PROVIDER OR SUPPLIER CHERRY POINT BAY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 110 MCCOTTER BOULEVARD HAVELOCK, NC 28532				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
K 062		ed kitchen only. n minimum standards as the risk of death or injury	К0	sprinkler heads in the kitchen monthly X 3, and quarterly X they remain in good repair.			
K 067 SS=E	Heating, ventilating, a		К 0	67		9/19/15	
	Based on observation approximately 12:30 deficiencies were not 1. emergency shut of not work on test. 2. facility could not pr 4 year radiation test h 3. damper through ou material on damper a 4. dampers in laundry good condition. NFPA 90A, 3.4.7 This deficiency affect compartments.	PM onward, the following ed: If switch at nurse station did ovide documentation that a las been performed. It the facility have a white and link. If room are not maintained in		K067 SS=E 1. The emergency shut off nurses station will be repaired before 9/19/15 by Commercia Following this repair the eme off switch will be tested week monthly X 3, and quarterly X remains functional. 2. The facility had the 4 Year Test performed by Commercia 8/19/15. The Administrator wischedule with Hillco Support ensure that future 4 Year Racoccur timely. 3. The Maintenance Directa a 100% audit of the facility da 8/17/15. 100% of all dampers checked by Commercial AC owith none found to be needin Commercial AC stated that the	d on or al AC. rgency shut ly X 4, 3 to ensure it ar Radiation al AC on ill set up a Services to diation Tests or completed ampers on a were also on 8/19/15 g changed.	t	

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K 067	Continued From page 3 referenced increases the risk of death or injury due to fire and/or smoke. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2		K 0	material; on the dampers was not concerning however they did find of link that was broken and it was rep during the time of their inspection. 4. 100% of all dampers in the facting include the laundry area will be cle The Maintenance Director on or be 9/19/15. Following this cleaning, the Maintenance Director will audit dar for cleanliness and condition month and quarterly X 3 to ensure that the remain in good repair.	one (1) aired cility to aned by efore e mpers nly X 3
	42 CFR 483.70 (a) Based on observation approximately 12:30 deficiencies were not 404 was not working NFPA 70, 9.1.2 This deficiency affect compartments. Failure to comply with	PM onward, the following ed: exhaust in bathroom at time of survey. ed one of five smoke minimum standards as the risk of death or injury		K147 SS=D The exhaust for bathroom 404 was repaired by the Maintenance Direc 8/5/15. A 100% audit of all exhaust completed by the Maintenance Dire 8/5/15 with 1 found to not be worki properly. This exhaust will be repaireplaced on or before 9/19/15 by the Maintenance Director and Triple R Following this repair the Maintenance Director will audit the exhausts were 4, monthly X 3, and quarterly X 3 to ensure they remain in working contributions.	tor on ts was ector on ng ired or ne . nce ekly X