

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345487	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 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	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(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 000		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 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	K 025	K 025 SS=D The smoke barrier wall on 400 Hall was sealed and repaired by the Maintenance	8/5/15

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

TITLE

(X6) DATE

Electronically Signed

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 program participation.

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K 025	Continued From page 1 approximately 12:30 PM onward, the following deficiencies were noted: The smoke wall located on the 400 hall, (front and back smoke walls) have holes and/or penetrations that were not sealed in order to maintain the fire resistance rating of the wall. 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 025	Director on 8/5/15. A 100% audit was completed on 8/5/15 of all smoke barrier walls was also completed by the Maintenance Director to ensure that the walls are sealed and retain their fire resistance rating with no further deficiencies found.		
K 062 SS=D	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 08/04/2015 at approximately 12:30 PM onward, the following deficiencies were noted: could not identify temperature rating of sprinkler head in cooler because filament was missing from head. NFPA 101, 19.7.6 NFPA 13 NFPA 25, 5.2.1.3	K 062	K 062 SS=D A 100% audit of all sprinkler heads in the kitchen was completed by the Maintenance Director on 8/6/15. All sprinkler heads in the kitchen were also inspected by BFPE on 8/19/15. All sprinkler heads that are in need of repair to include the sprinkler head in the walk-in cooler will be repaired on or before 9/19/15 by BFPE. Following this repair the Maintenance Director will audit all	9/19/15	

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K 062	Continued From page 2	K 062	sprinkler heads in the kitchen weekly X 4, monthly X 3, and quarterly X 3 to ensure they remain in good repair.		
K 067 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 08/04/2015 at approximately 12:30 PM onward, the following deficiencies were noted:</p> <ol style="list-style-type: none"> 1. emergency shut off switch at nurse station did not work on test. 2. facility could not provide documentation that a 4 year radiation test has been performed. 3. damper through out the facility have a white material on damper and link. 4. dampers in laundry room are not maintained in good condition. <p>NFPA 90A, 3.4.7</p> <p>This deficiency affected all five smoke compartments. Failure to comply with minimum standards as</p>	K 067	<p>K067 SS=E</p> <ol style="list-style-type: none"> 1. The emergency shut off switch at the nurses station will be repaired on or before 9/19/15 by Commercial AC. Following this repair the emergency shut off switch will be tested weekly X 4, monthly X 3, and quarterly X 3 to ensure it remains functional. 2. The facility had the 4 Year Radiation Test performed by Commercial AC on 8/19/15. The Administrator will set up a schedule with Hillco Support Services to ensure that future 4 Year Radiation Tests occur timely. 3. The Maintenance Director completed a 100% audit of the facility dampers on 8/17/15. 100% of all dampers were also checked by Commercial AC on 8/19/15 with none found to be needing changed. Commercial AC stated that the white 	9/19/15	

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K 067	Continued From page 3 referenced increases the risk of death or injury due to fire and/or smoke.	K 067	material ₂ on the dampers was not concerning however they did find one (1) link that was broken and it was repaired during the time of their inspection. 4. 100% of all dampers in the facility to include the laundry area will be cleaned by The Maintenance Director on or before 9/19/15. Following this cleaning, the Maintenance Director will audit dampers for cleanliness and condition monthly X 3 and quarterly X 3 to ensure that they remain in good repair.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 08/04/2015 at approximately 12:30 PM onward, the following deficiencies were noted: exhaust in bathroom 404 was not working at time of survey. NFPA 70, 9.1.2 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 147	K147 SS=D The exhaust for bathroom 404 was repaired by the Maintenance Director on 8/5/15. A 100% audit of all exhausts was completed by the Maintenance Director on 8/5/15 with 1 found to not be working properly. This exhaust will be repaired or replaced on or before 9/19/15 by the Maintenance Director and Triple R. Following this repair the Maintenance Director will audit the exhausts weekly X 4, monthly X 3, and quarterly X 3 to ensure they remain in working condition.	9/19/15	