

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

PRINTED: 08/31/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345150	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2016
NAME OF PROVIDER OR SUPPLIER KENANSVILLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC 28349	
(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(211) construction, one story, with a complete automatic sprinkler system and using Delayed egress locking system. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count 92 Census 71 The deficiencies determined during the survey are as follows:	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		6/9/16

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

TITLE

(X6) DATE

Electronically Signed

06/23/2016

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 018	Continued From page 1 19.3.6.3 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 06/09/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: corridor door (with positive latching) to the Janitors closet by oxygen storage room that opens to corridor did not close and latch. 2000 NFPA 101, 19.3.6.3 This deficiency affected one of four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 018	The Maintenance Director immediately repaired the latch as needed in order to operate properly and reliably on June 9, 2016. The Maintenance Director surveyed the remainder of the facility to check all corridor doors for close and positive latch on June 9, 2016. Any needed repairs were made upon discovery. The Maintenance Director will continue with weekly door checks for the next four weeks then continue with monthly checks ongoing. A summary of all findings and their results will be presented and discussed during the facility Quality Assurance and Performance Improvement Committee Meeting for the next three month with continued review quarterly thereafter until next annual survey.		
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 06/09/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The standard was	K 067	The Maintenance Director immediately engaged HVAC contractor to check, repair, and test damper as needed to restore damper to proper working condition on June 9, 2016.	6/9/16	

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K 067	Continued From page 2 non-compliant, specific findings include: The smoke damper located in attic on 300 hall did not open back up when fire alarm system was reset. 2000 NFPA 101, 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This deficiency affected two of four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 067	The HVAC contractor surveyed the remainder of the facility on June 9, 2016. The Maintenance Director will survey the remainder of facility to locate and conduct weekly tests of all dampers for the next four weeks to ensure reliable operation, and then continue with monthly tests during fire drills. A summary of all findings and their results will be presented and discussed during the Quality Assurance and Performance Improvement Committee Meeting for the next three months, with continued reviews quarterly thereafter until next annual survey.	