STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345002	A. BUILDING **01 - BUILDING 0101** B. WING _____	**07/20/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS POINTE REHABILITATION CENTER	**2006 S 16TH STREET** **WILMINGTON, NC 28401**

(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 II 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 90 Census 81 The deficiencies determined during the survey are as follows:	K 000		
K 038 SS=D	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 07/20/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: listed below are doors that require two motion of hand to open door. 1. door to dry storage room in kitchen. 2, door to kitchen manger office. 2000 NFPA 101,19.2.1/7.2.1.5.4 This deficiency affected kitchen area only.	K 038	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of the state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.	8/15/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/02/2016

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	345002	A. BUILDING **01 - BUILDING 0101** B. WING _____	**07/20/2016**

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K 038	Continued From page 1 Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	1. On 7/20/2016,it was discovered that the Dietary Manager's Office door, kitchen dry storage closet door, and Administrator's Office Door required a two step process in order to exit location. 2. Facility Doors were inspected for single hand motion for egress while locked by Maintenance Director and Maintenance Assistant on 7/20/2016. 3. Maintenance Director and Assistant performed a facility wide door audit to ensure that all internal doors provide a single hand motion for means of exit on 7/21/2016. New single action door knobs were ordered on 7/26/2016 to replace those cited during survey and audit. 4. The Maintenance Director will perform annual and as indicated audits and report the findings to the Quality Assurance and Performance Committee. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendations to ensure compliance is sustained ongoing and determine the need for further auditing.	
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.	K 076		8/15/16

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	345002	A. BUILDING **01 - BUILDING 0101** B. WING _____	**07/20/2016**

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K 076	Continued From page 2 (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 07/20/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: an E-size tank not properly secured in room # 45.. Ref: 2000 NFPA 101,Ref: 2000 NFPA 101 Section 18.3.2.4, 1999 NFPA 99 Section 4-3.5.2.1b(27) Oxygen cylinders should be properly chained or supported in a proper cylinder stand or cart. This deficiency affected one of four smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 076	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of the state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. 1. On 7/20/2016, An oxygen tank was discovered in a room without proper storage and removed out of room immediately. 2. Facility rooms were inspected to ensure no other tanks were left out un-properly stored by Maintenance Director and Maintenance Assistant on 7/20/2016. 3. Maintenance Director and Staff Development Coordinator will inservice facility staff on the process of proper use and storage of an oxygen tank(s). Maintenance Director and/or SDC will perform audits for proper storage once a week for 12 weeks. 4. Monthly for a minimum of three	

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K 076	Continued From page 3 This deficiency affected *** of *** smoke compartments *** of Resident rooms*** Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 076	months, the Maintenance Director will report the observation audits to the Quality Assurance and Performance Committee. The Quality Assurance And Improvement Performance Committee will review the audits to make recommendations to ensure compliance is sustained ongoing and determine the need for further auditing beyond three months.	