

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345170	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - CRYSTAL BLUFFS B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2016
NAME OF PROVIDER OR SUPPLIER CRYSTAL BLUFFS REHABILITATION AND HEALTH CARE CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4010 BRIDGES STREET EXTENSION MOREHEAD CITY, NC 28557	
(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 A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. In the exit conference all deficiencies noted were discussed with administration. Stories: 1 Construction Type V (111) Constructed: 3/18/2018 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 92 Census - 89	K 000		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: Based on observations, on Wednesday 8/16/2016 at approximately 12:00 PM onward, the following deficiencies were noted: The generator was non-compliant, specific findings include: 1. The emergency generator located on the exterior of the building did not have remote manual stop switch located outside the generator set location in a safe area to stop the generator in case of an emergency. 2. Documentation for monthly load test was conducted without recording percent rated load or temperature rise. A load bank test had not been	K 144	Preparation and submission of this Plan of Correction is in response to the HCFA Form 2567. It does not constitute an agreement or admission by Crystal Bluffs Rehabilitation and Health Care Center of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiency. The facility reserves the rights to contest the deficiencies, findings, conclusions, and actions of the agency. Plan of Correction: 1A. Electrician consultation and	9/23/16

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

TITLE

(X6) DATE

Electronically Signed

09/01/2016

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 144	<p>Continued From page 1</p> <p>completed within the past year. Upon staff interview only one of three transfer switched were engaged when conducting the monthly load test.</p> <p>3. The generator annunciator panel for the generator did not show generator supplying load when power was tranferred form normal to emergency connected load.</p> <p>Reference NFPA 101: 18.2.9.1, 7.9.2. 3, NFPA 110, 3-5.5.6 All level 1 and level 2 installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building.</p> <p>NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating</p> <p>(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPPS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. (load bank testing)</p>	K 144	<p>recommendations for addition of a kill switch for the generator.</p> <p>1B. Kill switch installation by Electrician located outside the generator set location in a safe area.</p> <p>1C. Test Kill switch for proper function, following installation by Electrician.</p> <p>1D. Inservice staff regarding location and function of kill switch for the generator.</p> <p>1E. Discuss concern at quarterly QA meetings for one (1) year.</p> <p>2A. Purchase infrared thermometer.</p> <p>2B. Check stack temperature of generator with infrared thermometer per manufacturers instructions</p> <p>2C. Complete monthly stack temperature of generator with infrared thermometer to ensure compliance</p> <p>2D. Inservice staff regarding instructions for checking stack temperature of generator</p> <p>2E. Discuss concern at quarterly QA meetings for one (1) year.</p> <p>3A. Facility completed power transfer from normal to emergency connection</p> <p>3B. Generator annunciator panel showed generator power upon use of 1000 AMP transfer switch level.</p> <p>3C. Monthly generator test completed to ensure generator annunciator panel shows generator power upon activation of emergency connection of 1000 AMP transfer switch.</p> <p>3D. Inservice staff regarding performance of generator annunciator panel upon transfer from normal to emergency connection with 1000 AMP transfer switch</p>	

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

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K 144	Continued From page 2 NFPA 99. 3-4.1.1.15 This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144	level. 3E. Discuss concern at quarterly QA meetings for one (1) year.		