

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
NAME OF PROVIDER OR SUPPLIER WILMINGTON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVENUE 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 III (211) construction, one story, with a complete automatic sprinkler system and using special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count 120 Census 106 The deficiencies determined during the survey are as follows:	K 000		
K 062 SS=F	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, record review and staff interview, on 8/25/16 at approximately 9 AM onward, the following deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings include; documentation for a five year flush inspection was not available. Ref: 2000 NFPA 101 19.7.6, 4.6.12, 1999 NFPA 13, NFPA 25, 9.7.5 Standard for the Inspection,	K 062	K62, Sprinkler Inspection " We have approved BFPE's proposal to perform the five year flush test on our two dry sprinkler systems to be completed by 10-9-2016. We will submit the inspection report to the Life Safety inspector. " We have only two sprinkler systems in our building, both of which will be flush tested as noted above. So, there is no potential for other sprinkler systems to be	10/9/16

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

TITLE

(X6) DATE

Electronically Signed

09/16/2016

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 062	Continued From page 1 Testing and Maintenance of Water-Based Fire Protection Systems. 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 062	untested. " BFPE performs all required quarterly and annual inspections on our sprinkler systems, including the five year flush inspection. " At our monthly Safety Meeting, we report on recent and upcoming inspections, which include sprinkler system inspections. These inspections are included with the safety report in our monthly QA Meeting. If the QA Committee determines that there are continued problems with this, it will receive monthly reports until the issues are resolved.	
K 067 SS=F	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 8/25/16 at approximately 9 AM onward, the following deficiencies were noted: The Heating, Ventilating, and Air Conditioning (HVAC) system and/or it's components were non-compliant, specific findings include; A. The smoke damper, on the right side, at the 600 hall Riverwalk nurses station did not function when tested with fire alarm activation. B. The ceiling radiation dampers in the 100 hall in bathrooms of room 105 and 110 were not maintained. The facility could not provide documentation that the radiation dampers	K 067	K67, Dampers " The smoke damper on the 600 Hall was adjusted for proper activation by Cannon Heat and Air on 9-6-16. The radiation dampers located in rooms 105 and 110 were cleaned and checked for proper operation by Cannon Heat and Air and completed on 9-14-2016. " Cannon Heat and Air checked all smoke dampers that are tied into the fire alarm system and confirmed proper operation on 9-7-2016. All radiation dampers were cleaned and checked for proper operation. One damper in room	10/9/16

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K 067	Continued From page 2 throughout the facility were checked within the past four years. Ref: 2000 NFPA 101, 19.5.2.1, 9.2, 19.5.2.2, NFPA 90A 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. 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 067	109 bathroom was replaced as it was not operating properly. Any links that showed sign of corrosion were replaced. " Cannon Heat and Air performs an annual check of these smoke dampers to assure proper operation. Cannon will also perform an inspection of the radiation dampers every four years. " The maintenance director will spot check three smoke dampers monthly for three months. He will also spot check 15 radiation damper grills monthly. He will report on these checks in the monthly Safety Meeting. These checks will be reported in the monthly Safety Meeting and included with the safety report in our monthly QA Meeting. If the QA Committee determines that there are continued problems with these damper checks, it will receive monthly reports until the issues are resolved.	
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: 42 CFR 483.70(a) Based on observations, on 8/25/16 at approximately 9 AM onward, the following deficiencies were noted: The emergency generator operational inspection and testing was non-compliant, specific findings include; A. A load bank test had not been completed within the past year. Documentation for monthly	K 144	K144, Generator " A four-hour generator load bank test is scheduled to be completed by 10-9-2016 by Power Pro Tech. We will submit the report to the Life Safety inspector. Also by 10-9-2016, Power Pro Tech will install a muffler blanket on the generator to reduce the heat created by the	10/9/16

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K 144	<p>Continued From page 3</p> <p>load test percent rated load was less than 30 percent over the past year.</p> <p>B. The muffler to the interior generator is within 18" of the rated ceiling assembly; the ceiling temperature with a generator running a capacity is an endangerment the integrity of the ceiling due to temperature rise.</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 EPSS 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> <p>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.</p>	K 144	<p>generator, in order to diminish the ceiling heat.</p> <p>" We have only one generator at our building, which will be load tested by 10-9-2016. So, there is no potential for other generators to remain untested. Power Pro Techs performs a quarterly inspection, which will include observation that the muffler blanket installation remains properly intact.</p> <p>" During our monthly generator tests under a load, if the unit does not exceed 30% load in any month, we will schedule another load bank within a year's time. The maintenance director will also check weekly to assure the blanket is intact.</p> <p>" At our monthly Safety Meeting, we report on recent inspections and tests, including generator tests. Temperature measurements will be made when running the generator, which will be reported in the Safety Meeting. These tests are included with the safety report in our monthly QA Meeting. If the QA Committee determines that there are continued problems with this, it will receive reports until the issues are resolved.</p>		