

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

PRINTED: 08/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2017
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF BURKE			STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612	
(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 utilizing the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC) and its referenced publications. The facility plan/construction approval occurred prior to July 5, 2016. The facility is utilizing special locking systems. In the exit conference all LSC deficiencies noted were discussed and acknowledged with Administration. Stories: 1 Construction Type: III(211) one story Constructed: Fully Sprinklered At time of survey the Licensed bed capacity = 90 Total Certified Bed Count = 90 Census = 85	K 000		
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.	K 324		3/31/17

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

TITLE

(X6) DATE

Electronically Signed

03/06/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2017
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF BURKE			STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(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 324	<p>Continued From page 1</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This STANDARD is not met as evidenced by: Based on observations, on February 24, 2017 at approximately 8:00AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>There are no placards placed above or in the vicinity of fire extinguishers located in the kitchen - signs shall address the operation of range hood fire suppression system in the event of fire exposure.</p> <p>NFPA 96, NFPA 10.</p> <p>This deficiency affected one of two smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 324	<p>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 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 centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>K324 How corrective action will be accomplished for each resident to have been affected by the deficient practice; Placards that address the operation of range hood fire suppression system were ordered and will be placed in the vicinity of fire extinguishers located in the kitchen by 3/31/2017. How corrective action will be accomplished for those residents having the potential to be affected by the same practice; The installation of placards</p>		

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

PRINTED: 08/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2017
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF BURKE			STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(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 324	Continued From page 2	K 324	addressing the operation of range hood fire suppression located in the kitchen will ensure future compliance.		
K 353 SS=D	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observations, on February 24, 2017 at</p>	K 353	<p>Measures to be put into place or systematic changes made to ensure practice will not re-occur; Monthly during preventative maintenance rounds, the Maintenance Director or Designee will check to ensure the placards are present. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur; Preventative maintenance round results will be reported to the QAA committee monthly.</p> <p>K353</p>	3/31/17	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2017
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF BURKE			STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(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 353	Continued From page 3 approximately 8:00AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is ice formation on pendant sprinkler in walk-in freezer. NFPA 25, 9.7.5, 9.7.7, 9.7.8 This deficiency affected one of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 353	How corrective action will be accomplished for each resident to have been affected by the deficient practice; The walk-in freezer will be serviced to prevent ice formations on the pendant sprinkler by 3/31/2017 How corrective action will be accomplished for those residents having the potential to be affected by the same practice; The walk-in freezer will be serviced to prevent ice formations on the pendant sprinkler. Measures to be put into place or systematic changes made to ensure practice will not re-occur; The Maintenance Director will monitor ice formations on the pendant sprinkler monthly during preventative maintenance rounds. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur; Preventative maintenance round results will be reported to the QAA committee monthly.		
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	K 511		3/31/17	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2017
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF BURKE			STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(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 511	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations, on February 24, 2017 at approximately 8:00AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is a broken conduit fitting at electrical junction box under dishwash sink. NFPA 101, 19.5.1.1, 9.1.2 This deficiency affected one of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 511	K511 How corrective action will be accomplished for each resident to have been affected by the deficient practice; The broken conduit fitting under the dishwash sink will be repaired by 3/31/2017. How corrective action will be accomplished for those residents having the potential to be affected by the same practice; Electrical junction boxes have been checked to ensure no conduits are broken. Measures to be put into place or systematic changes made to ensure practice will not re-occur; The Maintenance Director will monitor electrical junction boxes during monthly preventative maintenance rounds. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur; Preventative maintenance round results will be reported to the QAA committee monthly.		
K 929 SS=E	NFPA 101 Gas Equipment - Precautions for Handling Oxyg Gas Equipment - Precautions for Handling Oxygen Cylinders and Manifolds Handling of oxygen cylinders and manifolds is based on CGA G-4, Oxygen. Oxygen cylinders, containers, and associated equipment are protected from contact with oil and grease, from contamination, protected from damage, and handled with care in accordance with precautions provided under 11.6.2.1 through 11.6.2.4 (NFPA 99)	K 929		3/31/17	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2017
NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF BURKE			STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(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 929	<p>Continued From page 5</p> <p>11.6.2 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by: Based on observations, on February 24, 2017 at approximately 8:00AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>There are oxygen cylinders stored less than five feet from combustible items - located in clean utility room on Azalea Hall.</p> <p>NFPA 99, 11.6.2.1 through 11.6.2.4</p> <p>This deficiency affected one of two smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 929	<p>K929</p> <p>How corrective action will be accomplished for each resident to have been affected by the deficient practice; The oxygen cylinders were moved to a location greater than 5 feet from combustibles by 3/31/2017.</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same practice; Oxygen cylinders will be stored in a location greater than 5 feet from any combustible.</p> <p>Measures to be put into place or systematic changes made to ensure practice will not re-occur; During monthly preventative maintenance rounds, the Maintenance Director or Designee will monitor to ensure all oxygen cylinder storage is greater than 5 feet from combustibles.</p> <p>How facility will monitor corrective action(s) to ensure deficient practice will not re-occur; Preventative maintenance round results will be reported to the QAA committee monthly.</p>		