

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

PRINTED: 05/13/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/28/2011
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NAME OF PROVIDER OR SUPPLIER  SENTARA NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3907 CARATOKE HIGHWAY BARCO, NC 27917
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345289	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  05/26/2011
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NAME OF PROVIDER OR SUPPLIER  SENTARA NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3907 CARATOKE HIGHWAY BARCO, NC 27917
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K 067 SS=D	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 By observation at approximately noon the following Heating Ventillation and Air Conditioning (HVAC) item was non-compliant, specific findings include:  A. The Air Handling Units (AHU's) did not shut down with fire alarm activation. B. The AHU's did not have an emergency shut off switch.	K 067	1. The units identified as not turning off will be repaired so that they turn off when the fire alarm system is activated. A master switch to shut down all air handlers will be added. 2. Each air handling unit will be reviewed. 3. Once per month the Maintenance Director or designee will activate the fire alarm system to insure the air handlers turn off appropriately. Monthly the master switch will be activated to insure all units shut down. 4. The Maintenance Department will report at the quarterly Quality Assurance Committee meeting for the next four meetings as to the monthly checks of the master switch and verification of air handlers turning off with the fire alarm activation.	7/3/11
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K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 5/26/11 at approximately noon	K 144	1. The facility converted the amperage pull of the generator to a percentage of usage which showed to average above 30% of capacity. 2. This is the only generator used by the facility. 3. Going forward, a monthly load test will be conducted by the Maintenance Director or designee and recorded to insure the 30% requirement is met. 4. The Maintenance Department will report at the quarterly Quality Assurance Committee meeting for the next four meetings as to the results of the monthly generator load tests.	7/8/11
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**RECEIVED**  
JUN 09 2011  
CONSTRUCTION SECTION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 6-9-11
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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>the following operational inspection and testing was non-compliant. Specific findings include: documentation for monthly load test was conducted without recording percent rated load or temperature rise. A load bank test had not been completed within the past year.</p> <p>NFPA 99 3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</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: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (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>This plan of correction does not constitute either an admission or concession of the existence, scope, or significance of any alleged deficiencies. Rather, it constitutes actions taken and recorded to comply with federal regulations. This plan of correction is submitted as our allegation of compliance.</p>	
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