

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

PRINTED: 06/28/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345266</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/26/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROANOKE LANDING NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1084 US 64 EAST PLYMOUTH, NC 27962</b>	
(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
F 000	INITIAL COMMENTS  The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey.) There were no deficiencies cited as a result of the complaint survey Event ID #OSDC11.	F 000		

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.

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NAME OF PROVIDER OR SUPPLIER  ROANOKE LANDING NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1084 US 64 EAST PLYMOUTH, NC 27962	
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K 052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 10px auto;"> <p><b>RECEIVED</b></p> <p>JUL 19 2011</p> <p>CONSTRUCTION SECTION</p> </div> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 6/28/2011 during the inspection and testing of the facility fire alarm system, the fire alarm control panel audio annunciator panel was showing a zone trouble audio alert that was not able to be cleared during the survey.</p> <p>NOTE: This zone alert was not associated with any alarm zones that were tested touring the Life Safety Survey.</p>	K 052	<p>Roanoke Landing Nursing and Rehab acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as written allegation of compliance.</p> <p>The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Plumlee Nursing Center. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.</p> <p>The panel for the audio annunciator has been replaced and tested. It will be monitored routinely with inspections and reported in QI meeting.</p>	8-12-11
K 062 SS=F	<p>CFR#: 42 CFR 483.70 (a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>	K 062	<p>The sprinkler system is scheduled to be flushed. Sediment will be monitored with routine inspections and reported in QI meeting.</p>	8-12-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 7-14-11

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K 062	Continued From page 1  This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 6/28/2011 the review of the Sprinkler Certification documentation and sprinkler contractor letter to the local building official noted that the sprinkler system had over the 1/2 cup of sediment discharged during the annual inspection. This result requires a five year flush of the sprinkler system.  NOTE: The facility staff noted that the fire year flush of the sprinkler system was under contract with and is to be scheduled with their sprinkler contractor.	K 062		
K 076 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 6/28/2011 there were full	K 076	Signage is place in area for sealed O2 tankd and another area for used tanks. Racks available to the tanks to be placed for each area. Will monitor O2 storage area and report in QI meeting.	8-7-11

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K 076	Continued From page 2 oxygen cylinders stored in the empty cylinder rack in the oxygen storage room on the 200 hallway.  CFR#: 42 CFR 483.70 (a)	K 076		

*JFH*