

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

PRINTED: 07/14/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2011
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NAME OF PROVIDER OR SUPPLIER CYPRESS POINTE REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2006 S 16TH ST WILMINGTON, NC 28401
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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	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) recertification investigation survey conducted on 07/13/11.	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.

2011-09-02 15:48

>> 919 733 6592 P 3/5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 0101 B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2011
NAME OF PROVIDER OR SUPPLIER CYPRESS POINTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2006 S 16TH ST WILMINGTON, NC 28401	
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K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: resident bedroom doors 1, 3 and 13 had a gap at the top of the door between the door and it's frame. Doors are required to resist the passage of smoke.	K 018	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
K 076 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD	K 076	K018 <ul style="list-style-type: none"> Door molding placed on doors with gaps between door and frame All doors visually inspected and molding placed on doors found to have problem Door inspection for all new or replaced doors will occur prior to being installed to ensure that problem does not reoccur All doors will be audited 3x per week for the next twelve weeks and then the process will be re-evaluated. Any problem identified will be addressed immediately. Results of the audits will be brought to the monthly safety meeting & to the monthly Quality Assurance meeting 	09/23/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Wanda Erskine* TITLE: *Administrator* (X6) DATE: *9/1/2011*

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 076	Continued From page 1 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: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: in bedroom # 4 oxygen cylinder was not properly chained or supported in a proper cylinder or stand(cylinder was free standing).	K 076	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
K 144 SS=F	42 CFR 483.70(a) 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.	K 144	K076 <ul style="list-style-type: none"> Tank was immediately removed from room #4 All rooms were inspected for "free-standing" oxygen cylinders to ensure that the problem was an isolated issue Staff educated on proper oxygen cylinder use and storage. Nursing Management will audit oxygen cylinder use and storage 3x per week for the next twelve weeks and then the process will be re-evaluated. Audits will be presented at the monthly safety and quality assurance meetings. 	9/23/11 per conversation with Mr. Eskew

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K 144	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following item were noncompliant, specific findings include: generator did not crank and transfer within 10 seconds when test was conducted on survey. 42 CFR 483.70(a)</p>	K 144	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statements of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K.144</p> <ul style="list-style-type: none"> Generator Company immediately called to facility to adjust time to 10 seconds or less on generator crank test and transfer. Maintenance Director educated on generator timelines for crank/transfer. During weekly generator testing, maintenance director will ensure that generator cranks and transfers within 10 seconds or less. If problem found, generator company will immediately be called to adjust/repair Maintenance Director will monitor generator crank/transfer at least weekly. Generator Company will inspect at least quarterly for compliance Results from weekly generator testing from maintenance director, as well as, quarterly inspections by the generator company will be brought to both the safety and the quality assurance monthly meeting to ensure compliance with crank/transfer timelines of 10 seconds or less. 	<p>9/23/11 per copy with Mr. Biskin</p>
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