

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

PRINTED: 08/11/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2011
NAME OF PROVIDER OR SUPPLIER CRYSTAL BLUFFS REHABILITATION AND HEALTH CARE CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4010 BRIDGES STREET EXTENSION MOREHEAD CITY, NC 28557		
(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) No deficiencies were cited as a result of the complaint investigation Event ID # 986111.	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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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RECEIVED
SEP 29 2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 346170	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - CRYSTAL BLUFFS B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2011
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NAME OF PROVIDER OR SUPPLIER CRYSTAL BLUFFS REHABILITATION AND HEALTH CARE CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 4010 BRIDGES STREET EXTENSION MOREHEAD CITY, NC 28557
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K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: By observation on 9/15/11 at approximately noon the following hazardous area was non-compliant, specific findings include the closure to the kitchen back door leading to the exit egress corridor had been removed so the door would remain open.	K 029	Preparation and submission of this Plan of Correction is in response to the HCFA Form 2567. It does not constitute an agreement or admission by Crystal Bluffs Rehabilitation and Health Care Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction also functions as the facility's credible allegation of compliance.	
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 9/15/11 at approximately noon 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.	K 144	<ol style="list-style-type: none"> Kitchen door was closed and signage placed to keep door closed at all times. 9/15/11 Automatic door closers installed on all one hour fire-rated doors. 9/16/11 Staff education was completed regarding keeping fire-rated doors closed at all times. 9/15/11 Monthly audit records will be reviewed by the Quality Assurance Committee. Policies/Procedures and/or In-servicing will be adjusted accordingly. 9/16/11 <ol style="list-style-type: none"> Generator load bank test was completed at 25%, 50% and 75% load by certified generator specialist. 9/28/11 Certified generator specialist reviewed test logs for the past year and verified that testing was done appropriately and in compliance with regulations. 9/28/11 Monthly documentation of generator testing to include evidence of 30% load for at least 30 minutes. 9/28/11 Monthly audit records will be reviewed by the Quality Assurance Committee. Policies/Procedures and/or In-servicing will be adjusted accordingly. 9/28/11 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Administrator (X6) DATE 9-29-11

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.

DRW

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K 144	<p>Continued From page 1</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:</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 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			