

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

PRINTED: 12/09/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345537	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2011
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NAME OF PROVIDER OR SUPPLIER SILVER STREAM HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2305 SILVER STREAM LANE 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	<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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345537	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SILVER STREAM B. WING _____		(X3) DATE SURVEY COMPLETED 12/21/2011
NAME OF PROVIDER OR SUPPLIER SILVER STREAM HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2306 SILVER STREAM LANE WILMINGTON, NC 28401		
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K 029 SS=E	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: Surveyor: 27871 Based on observation and staff interview at 8:30 am onward, the following item were noncompliance; specific findings include: door to dry storage room in kitchen would close and latch for smoke tight seal.	K 029	K029 The door to dry storage room in Kitchen was repaired on 12/21/11 and will close, latch and forms a smoke tight seal. All doors in building were checked for compliance with no other issues found. This facility alleges compliance with K029 on 12/21/11. This will be monitored monthly through QA&A.	12-21-11	
K 038 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observation and staff interview at 8:30 am onward, the following item were noncompliance; specific findings include: bathroom door in staff lounge across from Administration office and door in physical therapy requires was not equipped with pass through hardware to allow a "one motion" of the hand for egress from that location into egress corridor.	K 038	K038 The Bathroom door in staff lounge and door in Physical therapy: door handles were replaced on 12/22/11 with "one motion of the hand" handles. The entire building was inspected and no other doors discovered needing repair/replacement. This facility alleges compliance with K038 on 12/22/11. This will be monitored monthly through QA&A.	12-22-11	

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

A. Sue Rauls

TITLE

Administrator

(X6) DATE

1/12/12

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 SILVER STREAM HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2306 SILVER STREAM LANE WILMINGTON, NC 28401		
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K 038	Continued From page 1	K 038	K052 Smoke Detector (D059) at nurses station has been replaced. All smoke detectors in building have had sensitivity testing by a professional contractor and all were within proper limits. We will have this sensitivity testing completed once a year. This facility alleges compliance with K052 on 1/12/12. Compliance will be monitored monthly through QA&A.	1-12-12	
K 052 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observation and staff interview at 8:30 am onward, the following item were noncompliance; specific findings include: smoke detector(D059) at nurse station did not activate when tested. Also facility could not provide documentation on when last smoke sensitivity test was performed.	K 052			
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	K144 The generator failed to crank & transfer within 10 minutes. A new transfer switch has been ordered and will be installed by a professional contractor on Thursday 1/19/12. We will continue to monitor the generator weekly. This facility will allege compliance of K144 on 1/19/12. Compliance will be monitored through QA&A.	1-19-12	

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K 144	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871</p> <p>Based on observation and staff interview at 8:30 am onward, the following item were noncompliance; specific findings include: generator failed to crank and transfer within 10 seconds when test was performed.</p> <p>42 CFR 483.70(a)</p>	K 144		
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