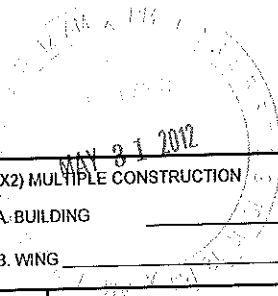


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450
---	--

(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 253 SS=D	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to ensure that resident 's personal care equipment was labeled and properly stored for 2 of 4 halls observed (Rooms 109/111, 110/112, 201/203, 202/204, 206/208 and 211). The findings include:</p> <p>1. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: " 1. This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: washbasin. Guidelines: 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident 's name. 3. These are stored in the resident 's bedside stand. "</p> <p>On 05/15/12 at 11:14 AM an observation of the bathroom shared by 2 residents in rooms 109 and 111 revealed an unlabeled wash basin stored on the back of the commode.</p> <p>On 05/17/12 at 11:30 AM an unlabeled wash basin was observed on the back of the commode shared by the 2 residents in rooms 109 and 111.</p> <p>Nursing Assistant #1 stated in an interview on 05/17/12 at 11:35 AM that wash basins should be</p>	F 253	<p>DISCLAIMER:</p> <p>Submission of this response and Plan of Correction is not to be construed as an admission against interest by the facility, the Administrator or any employee, agent or other individuals who draft or may be discussed the response and Plan of Correction. In addition, preparation and submission of these Plans of correction does not constitute an admission or agreement of any kind by the facility of any conclusions set for the in this allegation. The submission of this time frame should in no way be considered or construed as agreement with the allegations of noncompliance or admissions by the facility.</p> <p>All areas identified: 109/111, 110/112, 201/203, 202/204, 206/208, and 211 have been corrected by labeling bedpans and basins and placing personal items in plastic bags and stored in individual resident nightstands.</p> <p>All other areas with the potential to be affected by the same practice were reviewed to ensure compliance. No other deficiencies were noted.</p>	6/7/12
---------------	--	-------	---	--------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jinda B. Parrell, CNHA</i>	TITLE Administrator	(X8) DATE 5-29-12
--	------------------------	----------------------

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.

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

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2012
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450		
(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 253	<p>Continued From page 1</p> <p>labeled and placed in a plastic bag and stored in the resident ' s bedside table.</p> <p>Nursing Assistant (NA) #2 stated in an interview on 05/17/12 at 11:40 AM that wash basins were supposed to be labeled and put in a plastic bag and stored on the top shelf of the resident ' s bedside table. The NA stated that they were not supposed to be left in the bathroom.</p> <p>The Director of Nursing (DON) stated in an interview on 05/17/12 at 11:50 AM that wash basins were supposed to be labeled and placed in a plastic bag and stored in the bathroom.</p> <p>The Administrator stated in an interview on 05/17/12 at 1:44 PM that wash basins should be labeled and stored in the resident ' s nightstand.</p> <p>2. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: " 1. This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: washbasin. Guidelines: 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident ' s name. 3. These are stored in the resident ' s bedside stand. "</p> <p>On 05/15/12 at 11:18 AM an observation of the bathroom shared by 3 residents in rooms 110 and 112 revealed an unlabeled wash basin stored on the back of the commode.</p> <p>On 05/17/12 at 11:33 AM an unlabeled wash basin was observed on the back of the commode shared by the 3 residents in rooms 110 and 112.</p>	F 253	<p>Directed inservicing began on 5/18/12 with all nursing and nurse aides staff and were provided with a current copy of the policy and procedure entitled: "Infection Control: Bedside Equipment-Sanitation Policy". Education will be completed by 6/7/12.</p> <p>Systemic Changes Include:</p> <p>Effective 5/21/12, all new hires in the nursing department will receive a copy of the policy and procedure as part of our ongoing orientation process.</p> <p>Focused Rounding Sheets, addressing specifically, storage of bedpans, bath basins, and toothbrushes were implemented on 5/21/12. Random audits will occur on each hall weekly for 4 weeks to ensure compliance by administrative nursing staff and issues addressed immediately if noted. This policy will be integrated as part of the annual ongoing education process related to infection control.</p> <p>Results of random audits will be forwarded to QA for further recommendations.</p> <p>Director of Nursing is responsible.</p>		

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

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2012
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450	
(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 253	Continued From page 2 Nursing Assistant #1 stated in an interview on 05/17/12 at 11:35 AM that wash basins should be labeled and placed in a plastic bag and stored in the resident ' s bedside table. Nursing Assistant (NA) #2 stated in an interview on 05/17/12 at 11:40 AM that wash basins were supposed to be labeled and put in a plastic bag and stored on the top shelf of the resident ' s bedside table. The NA stated that they were not supposed to be left in the bathroom. The Director of Nursing (DON) stated in an interview on 05/17/12 at 11:50 AM that wash basins were supposed to be labeled and placed in a plastic bag and stored in the bathroom. The Administrator stated in an interview on 05/17/12 at 1:44 PM that wash basins should be labeled and stored in the resident ' s nightstand. 3. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: " 1.This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: washbasin, bedpan as required. 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident ' s name. 3. These are stored in the resident ' s bedside stand. b. Bedpans are to be wrapped in a clean towel or bag and stored on the bottom of the bedside stand. " On 05/15/12 at 10:44 AM an observation of the bathroom shared by the 4 residents in rooms 201 and 203 revealed 3 unlabeled wash basins	F 253		

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

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2012
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450		
(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 253	<p>Continued From page 3</p> <p>stacked in one another on the floor to the right of the sink. To the right of the commode were two unlabeled bed pans sitting beside each other on the floor. One of the bed pans contained a wash basin with " 203 " written on it.</p> <p>On 05/17/12 at 11:28 the bathroom shared by the residents in rooms 201 and 203 revealed 3 unlabeled wash basins stacked in one another on the floor to the right of the sink. To the right of the commode were two unlabeled bed pans sitting beside each other on the floor. One of the bed pans contained a wash basin with " 203 " written on it.</p> <p>Nursing Assistant #1 stated in an interview on 05/17/12 at 11:40 AM that wash basins and bed pans should be labeled and placed in a plastic bag and stored in the resident ' s bedside table.</p> <p>Nursing Assistant (NA) #2 stated in an interview on 05/17/12 at 11:40 AM that Wash basins were supposed to be stored in a plastic bag on the top shelf of the resident ' s bedside table and that bed pans were to be in a plastic bag and stored on the bottom shelf of the resident ' s bedside table. The NA stated that the items were not supposed to be left in the bathroom.</p> <p>The Director of Nursing (DON) stated in an interview on 05/17/12 at 11:50 AM that bed pans and wash basins were supposed to be labeled and placed in a plastic bag and stored in the bathroom.</p> <p>The Administrator stated in an interview on 05/17/12 at 1:44 PM that bed pans and wash</p>	F 253			

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

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2012
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450		
(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 253	<p>Continued From page 4</p> <p>basins should be labeled and stored in the resident ' s nightstand.</p> <p>4. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: " 1.This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: washbasin, bedpan as required. 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident ' s name. 3. These are stored in the resident ' s bedside stand. b. Bedpans are to be wrapped in a clean towel or bag and stored on the bottom of the bedside stand. "</p> <p>On 05/15/12 at 10:49 AM an observation of the bathroom shared by 3 residents in rooms 202 and 204 revealed 2 unlabeled wash basins on the floor to the right of the sink. There was one unlabeled wash basin on the floor to the right of the commode and a wash basin labeled " 204B " on the back of the commode that contained an unlabeled bed pan.</p> <p>On 05/17/12 at 11:28 AM an observation of the bathroom shared by the residents in rooms 202 and 204 revealed 2 unlabeled wash basins on the floor to the right of the sink. There was one unlabeled wash basin on the floor to the right of the commode and a wash basin labeled " 204B " on the back of the commode that contained an unlabeled bed pan.</p> <p>Nursing Assistant #1 stated in an interview on 05/17/12 at 11:40 AM that wash basins and bed pans should be labeled and placed in a plastic bag and stored in the resident ' s bedside table.</p>	F 253			

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

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450
---	--

(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 253	<p>Continued From page 5</p> <p>Nursing Assistant (NA) #2 stated in an interview on 05/17/12 at 11:40 AM that wash basins were supposed to be stored in a plastic bag on the top shelf of the resident ' s bedside table and that bed pans were to be in a plastic bag and stored on the bottom shelf of the resident ' s bedside table. The NA stated that the items were not supposed to be left in the bathroom.</p> <p>The Director of Nursing (DON) stated in an interview on 05/17/12 at 11:50 AM that bed pans and wash basins were supposed to be labeled and placed in a plastic bag and stored in the bathroom.</p> <p>The Administrator stated in an interview on 05/17/12 at 1:44 PM that bed pans and wash basins should be labeled and stored in the resident ' s nightstand.</p> <p>5. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: " 1.This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: washbasin, bedpan as required. 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident ' s name. 3. These are stored in the resident ' s bedside stand. b. Bedpans are to be wrapped in a clean towel or bag and stored on the bottom of the bedside stand. "</p> <p>On 05/15/12 at 11:04 AM an observation of the bathroom shared by 4 residents in rooms 206 and 208 revealed an unlabeled bed pan in a plastic bag on the floor to the right of the sink. There</p>	F 253		
-------	---	-------	--	--

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

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2012
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450		
(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 253	<p>Continued From page 6</p> <p>were 2 unlabeled wash basins stacked together and stored in the bed pan on top of the plastic bag.</p> <p>On 05/16/12 at 8:50 AM one unlabeled bed pan was observed in a plastic bag on the floor in the bathroom. There was one unlabeled wash basin stored in the bed pan on top of the plastic bag.</p> <p>Nursing Assistant #1 stated in an interview on 05/17/12 at 11:40 AM that wash basins and bed pans should be labeled and placed in a plastic bag and stored in the resident ' s bedside table.</p> <p>Nursing Assistant (NA) #2 stated in an interview on 05/17/12 at 11:40 AM that wash basins were supposed to be stored in a plastic bag on the top shelf of the resident ' s bedside table and that bed pans were to be in a plastic bag and stored on the bottom shelf of the resident ' s bedside table. The NA stated that the items were not supposed to be left in the bathroom.</p> <p>The Director of Nursing (DON) stated in an interview on 05/17/12 at 11:50 AM that bed pans and wash basins were supposed to be labeled and placed in a plastic bag and stored in the bathroom.</p> <p>The Administrator stated in an interview on 05/17/12 at 1:44 PM that bed pans and wash basins should be labeled and stored in the resident ' s nightstand.</p> <p>6. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: " 1. This facility recommends the procurement and utilization of disposable</p>	F 253			

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

PRINTED: 05/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2012
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450		
(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 253	<p>Continued From page 7</p> <p>individually provided bedside equipment or utensils. 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident ' s name. 3a. Emesis basins are to store the mouth care items (toothbrush) and rested inside the washbasin and stored on the top shelf of the cupboard. "</p> <p>On 05/15/12 at 11:08 AM an observation of the bathroom shared by the 3 residents in room 211 revealed 2 unlabeled white toothbrushes on the metal shelf over the sink.</p> <p>On 05/16/12 at 9:25 AM there were 2 unlabeled white toothbrushes observed on the metal shelf over the sink in the bathroom in room 211.</p> <p>The Director of Nursing stated in an interview on 05/17/12 at 11:50 AM that toothbrushes should be stored in the top drawer of the resident ' s bedside table.</p>	F 253			

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

PRINTED: 08/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2012
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450	
(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
K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	K012 The area noted to be noncompliant within the ceiling areas in the generator room; laundry room, outside storage and riser room have been repaired with fire-rated materials. All other areas that have the potential to be affected by the same practice have been observed via visual inspection and no other areas noted to be deficient. M - F Daily Preventive Maintenance QA (DPMQA) rounding sheets will be updated to include inspection of ceilings and other areas that may be affected by the same practice and any areas identified will be repaired immediately. Maintenance personnel will be inserviced and made aware of updated DPMQA form. DPMQA forms will be forwarded to monthly QA meetings for review and recommendations as necessary x's 1 quarter, for further recommendations. Maintenance Director will be responsible. Corrective Action Completed: 08/30/2012	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/16/12 at approximately noon the following building construction was non-compliant, specific findings include; penetrations in the ceiling in the following areas: generator room, laundry room, outside storage room, riser room.	K 012		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/16/12 at approximately noon	K 046	K046 Glow in the dark paint was obtained from the local hardware store and applied to the inside handles of the doors located in the walk-in cooler and freezer as soon as it was available. Additionally, Glow-In-The-Dark tape has been ordered to reinforce the painted areas to ensure this deficient practice does not recur. After reviewing facility layout and physical walkthrough of building, it was determined that there are no other areas within the facility that were noncompliant.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ginela B. Parrell, LMSW TITLE: Administrator (X6) DATE: 8-30-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided 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
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2012
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450	
(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)	(X6) COMPLETION DATE
K 046	Continued From page 1 the following emergency lighting was non-compliant, specific findings include, the method of operation for the door latch to the walk-in cooler and freezer was not obvious under all lighting conditions, the light was not on emergency power.	K 046	Areas will be monitored through the facilities' Quarterly Preventive Maintenance QA reviews to ensure that paint/tape remains intact and is functioning properly.	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/16/12 at approximately noon the following exit and directional sign was non-compliant, specific findings include, exit light located in dietary was not functioning properly.	K 047	Maintenance Director is responsible Corrective Action Completed: 08/30/2012 K047 The exit/directional sign located in the dietary kitchen was replaced on 8/22/12. All other exit/directional signs were observed and no other areas noted to be noncompliant. Exit signs will be monitored for continuous illumination and noted on the Daily Preventive Maintenance QA forms. Corrective actions will be taken immediately if sign is found to be out in compliance. DPMQA forms will be forwarded to QA committee x's 1 month for further recommendations. Maintenance Director will be responsible. Corrective Action Completed: 08/30/2012	