

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

PRINTED: 06/05/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345549</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE / BRUNSWICK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422</b>
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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). Event ID TC9711.	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.

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

PRINTED: 07/10/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345549	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BLDG  B. WING _____	(X3) DATE SURVEY COMPLETED  07/10/2013
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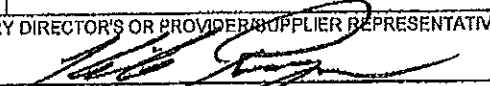
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE / BRUNSWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422
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RECEIVED

AUG 01 2013  
CONSTRUCTION SECTION

(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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K 000	INITIAL COMMENTS  Surveyor: 27871 This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type V(111) construction, one story, with a complete automatic sprinkler system.  The deficiencies determined during the survey are as follows: NFFPA 101 LIFE SAFETY CODE STANDARD	K 000	Upon observance of the concern the e-cylinder was properly secured. An interview with the resident revealed that the resident had removed the e-cylinder from her wheel chair just minutes prior to the surveyor entering the room. The resident was educated to not remove the e cylinder from her wheel chair and to ask for staff assistance if needed regarding her O2 cylinder.	
K 076 SS=D	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, 18.3.2.4  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observation and staff interview at 9:00 am onward, the following item was noncompliance; specific findings include: oxygen cylinder tank in room 306 was not in a secure rack or transport stand.  42 CFR 483.70(a)	K 076	As a result of this concern all e cylinder storage areas and resident areas where e cylinders are used were inspected and no further problems were noted.  Staff were in-serviced over monitoring proper storage / containment of e-cylinders in resident rooms. A monitoring system for storage of e-cylinders is in place and will be done at least weekly by either the Central Supply Coordinator, Housekeeping Supervisor, Plant Manager or designee. Results of monitoring will be reported to the QA committee monthly for at least three (3) months. Findings through the QA process will be reviewed by the Administrator and recommendations will be made as needed through the QA process.	8/1/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 7/31/13
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