STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CENTER	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

(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 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to ensure kitchenware was stored dry before stacking it on a storage shelf to prevent contamination. The findings include: The undated Facility Policy for " Cleaning Procedure, Warewashing Manual: reads as follows: 8. " Immerse ware in sanitizer sink for at least one minute for chemical sanitizing and 30 seconds for hot water sanitizing. Remove ware from sink. 9. Place ware on drain board, inverted to drain and air dry; do not wipe dry. " During a kitchen observation with the Dietary Manager on 11/14/13 at 11:55 PM pans were observed stacked on a storage rack ready for use. Four of four half size steam table pans observed stacked on top of one another were wet inside. Three of four third size pans observed stacked on top of one another were wet inside.	F 371	The pans were removed and re-washed, allowed to air dry per policy before being returned to the storage rack-11/14/2013 by the Certified Dietary Manager Re-education was held with dietary staff on proper procedure for washing and drying pots and pans-11/18/2013 by the Certified Dietary Manager Food Service Director or designee will observe pot and pan washing routinely and complete a monitoring sheet weekly to ensure that pans are being stored correctly. Food Service Director will present monitoring sheet for review to identify any trends monthly for 3 months to the Quality Assurance Committee. The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all Federal and State regulations, the Center has taken or will take the actions set forth in the following Plan of Corrections. The Plan of Correction constitutes the Center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.	11/20/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Stephen L. Burroughs 11/25/2013

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CENTER	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

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F 371	Continued From page 1 During an interview with the Dietary Manager on 11/14/13 at 1:59 PM she stated that staff had just finished washing the lunch dishes and had been told before to let the dishware air dry before stacking.	F 371		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING 01 - MAIN BUILDING 01 B. WING	12/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CENTER	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

(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 Federal Register, using the Existing Health Care section of the LSC and its referenced publications. This building is type III construction , one story with a complete automatic sprinkler system.	K 000		
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 12/10/13 at approximately noon the following construction type was observed as non-compliant, specific findings include; A. There was a crack in the ceiling above the nurses station near the DON's office. B. There was a penetration in the wall next to the master "door monitor" system at the nurses station near the DON's office.	K 012	K012- Maintenance director is currently repairing the crack in the ceiling above the nurse's station near the DON'S office. Repairs will be completed by 1/3/14. K012- Maintenance director has completed repairs to the penetration in the wall next to the master"door monitor" system at the nurse's station near the DON's office.	12/31/13 12/31/13
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible	K 050		

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DEC 31 2013
CONSTRUCTION SECTION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stephen Burroughs
TITLE: Administrator
(X6) DATE: 12/31/13

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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	345287	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	12/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 050	Continued From page 1 alarms. 19.7.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By document review on 12/10/13 at approximately noon the following fire drills were observed as non-compliant, specific findings include; less than the required number of drills were held on second and third shift of 3rd quarter 2013.	K 050	K 050- Maintenance director will be compliant by holding the required number of fire drills by 12/31/13 on all shifts.	12/31/13
K 052 SS=D	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	K 052	K 052- On 12/16/13 BFPE International Fire, Safety and Security company from Clayton, North Carolina conducted preventive maintenance on fire alarm system and the maintenance director conducted a fire drill at that time.	12/31/13
K 062	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By documentation review on 12/10/13 at approximately noon the following Fire Alarm Control Panel (FACP) was observed as non-compliant, specific findings include; the FACP annual report, which includes all fire alarm components, was not available on site. NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

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	345267	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	12/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CENTER	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

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K 062 SS=D	Continued From page 2 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By documentation review on 12/10/13 at approximately noon the following automatic sprinkler system was observed as non-compliant, specific findings include: the sprinkler system annual report was not available on site.	K 062	K 062- On 11/25/13 BFPE international Fire, Safety, and Security completed preventative maintenance on the sprinkler system. Certification from BFPE had not yet been received at the time of the LSC visit. Since the LSC visit, proper documents have been sent to Della Woollen at (919)733-6592 verifying compliance of the sprinkler system.	12/31/13
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are	K 066	K 066- Maintenance director has ordered proper metal containers with self-closing cover devices into which ashtrays can be emptied and readily available to all areas where smoking is available. Ash trays of non-combustible material have also been ordered by the maintenance director to replace combustible ones.	12/31/13

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K 066	Continued From page 3 readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 12/10/13 at approximately noon the following smoking regulations were observed as non-compliant, specific findings include; A. Ashtrays of noncombustible material and safe design per paragraph 3 above were not provided in the employee smoking area. B. A metal container with a self-closing cover into which ashtrays can be emptied in the smoking area per paragraph 4 above was not provided in the employee smoking area.	K 066		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 12/10/13 at approximately noon the following National Electrical Code items were observed as non-compliant, specific findings include; A. The electrical panels in the outside electrical room were not labeled as to it's master service breaker. B. The Fire Alarm Control Panel was not labeled	K 147	K 147- Maintenance director has completed labeling the electrical panels in the outside electrical room as to it's master service breaker. The maintenance director has completed labeling the fire alarm control panel as to panel and breaker served.	12/31/13

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K 147	Continued From page 4 as to panel & breaker served.	K 147		