

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

PRINTED: 12/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/05/2013
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301		
(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	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirement of 42 CFR Part 283, Subpart B for Long Term Care Facilities during a recertification survey.</p>	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
CENTERS FOR MEDICARE & MEDICAID SERVICES**

PRINTED: 01/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345348	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2014
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301	
(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 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 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.	K.000		
K 018 SS=E	The Deficiencies determined during the survey area s follows: NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:	K 018		JAN 24 2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Michelle H. Fontana* TITLE *Executive Director* (X6) DATE *1/24/14*

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6.1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345348	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2014
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301		
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K 018	Continued From page 1 Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliance, specific findings include: door to kitchen across from room 308 and door to employee vending area did not close and latch for smoke tight seal.	K 018	Doors to kitchen and vending areas have been adjusted to latch and close for smoke tight seal. Will continue to check door latches weekly to ensure safety compliance	1/10/14	
K 050 SS=E	42 CFR 483.70(a) 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 alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliance, specific findings include: staff that was interview at time of survey did not have knowledge of the location of pull station to activate fire alarm system.	K 050	Staff members have been in-serviced on fire procedures, and locations of pull stations. In-services for the staff will take place twice a year going forward to ensure safety compliance standards are met.	1/14/14	
K 061 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm	K 061			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345848	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2014
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301		
(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 061	Continued From page 2 will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliance, specific findings include: accelerator valve on dry system for old section of building is not electrical supervised (riser room location is at old entrance of building).	K 061	Supervisor for accelerator valve is on order. The unit will be installed by: Carolina Fire Protection. Will continue to ensure sprinkler system(s) are inspected and serviced quarterly	In progress	
K 062 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD 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: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliance, specific findings include: 1. heater in hot box for back flow valves at front of building is not working. 2. sprinkler head behind nurse station in old section were fire alarm control panel is located	K 062	1. Hot box (heater) installed and functional This unit will continue to be inspected on a quarterly basis to ensure functionality and compliance 2. Sprinkler head(s) behind front nurse station and kitchen areas are replaced and functional. These units are inspected on a quarterly basis.	1/14/14 1/24/14	

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NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301		
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K 062	Continued From page 3 had paint on bulb. 3. sprinkler heads in kitchen show signs of being corroded. 42 CFR 483.70(a)	K 062			

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NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301	
(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	<p>INITIAL COMMENTS</p> <p>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 Existing Health Care section of the LSC and its referenced publications. This building is type II(211) construction , one story with a complete automatic sprinkler system.</p> <p>No deficiencies were determined during the survey.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Michelle H. Santana *Executive Director* *1/24/14*

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