

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

PRINTED: 05/31/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345160</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/06/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DAVIS HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 PORTERS NECK RD WILMINGTON, NC 28411</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	<p><b>INITIAL COMMENTS</b></p> <p>This facility was found to be in compliance with the Medicare/Medicaid Long Term Care Regulations 42CFR Part483 Subpart B during a recent recertification survey (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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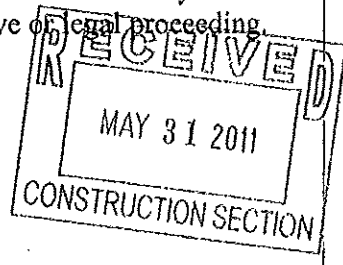
PRINTED: 06/15/2011  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345160	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  5/11/2011 05/12/2011
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NAME OF PROVIDER OR SUPPLIER  DAVIS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK RD WILMINGTON, NC 28411
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K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 5/12/2011 following exit discharge illumination was observed as noncompliant as the specific findings include a one bulb fixture at the exit discharge for the required exit near West nurses station.</p> <p>NOTE: This deficiency was corrected before the end of the Life Safety Survey</p> <p>CFR#: 42 CFR 483.70 (a)</p>	K 045	<p>Cornelia Nixon Davis acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality care of the residents. The plan of correction is submitted as written allegation of compliance. Cornelia Nixon Davis' response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies and the Plan of Correction nor does it constitute an admission that any deficiency is accurate. Further, Cornelia Nixon Davis reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p>	
K 076 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p>	K 076		



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Angela Baker* TITLE: *Administrator* (X6) DATE: *5/27/2011*

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  DAVIS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PORTERS NECK RD WILMINGTON, NC 28411		
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K 076	Continued From page 1  This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 5/12/2011 there several oxygen cylinders that were not individually chained on the loading dock.  NOTE: This deficiency was corrected before the end of the Life Safety Survey  CFR#: 42 CFR 483.70 (a)	K 076	<u>K045</u>  a. The exit discharge illumination identified as including a one bulb fixture at the exit discharge was corrected before the end of the Life Safety Survey.  b. Other exit discharge illumination has been evaluated to ensure proper illumination with a two bulb fixture or dual fixture lighting as appropriate.  c. Maintenance staff has been retrained regarding the requirements exit discharge illumination.  d. The Safety Committee will monitor for proper exit discharge illumination weekly for 4 weeks, then monthly for 3 months. The Quality Care Committee will review the on-going inspections by the Safety Committee monthly for 3 months, provide direction for follow up as deemed necessary and determine the frequency and/or need for continued monitoring.	6/3/11	

K076

6/3/11

- a. The identified oxygen cylinders not individually chained on the loading dock were corrected before the end of the Life Safety Survey.
- b. Other oxygen cylinder storage locations have been inspected to ensure proper storage and an individual chaining or rack storage system.
- c. Maintenance, Supply and Nursing staff has been retrained regarding the requirements of properly storing and individually chaining oxygen cylinders as needed.
- d. The Safety Committee will monitor the changes weekly for 4 weeks, then monthly for 3 months. The Quality Care Committee will review the inspection and monitoring of the storage monthly for 3 months, provide direction for follow up as deemed necessary and determine the frequency and/or need for continued monitoring.

