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

PRINTED: 07/14/2011 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY ETED
		345002	B. WII	۱G _		07/1	3/2011
ļ	PROVIDER OR SUPPLIER	TATION	•	20	EET ADDRESS, CITY, STATE, ZIP CODE DOG S 16TH ST /ILMINGTON, NC 28401		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	The facility is in co requirements of 42 Long Term Care Fa	mpliance with the CFR Part 483, Subpart B for acilities (General Health on investigation survey	F	000			
ABORATORY	/ DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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: 08/19/2011 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  CYPRESS POINTE REHABILITATION  (X4) ID PREFIX TAGS  SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  K 018  SS=E  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 1½ 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 irripediment to the closing of the doors. Doors are provided with a means sultable 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.	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	1, ,	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
STREET ADDRESS, CITY, STATE, ZIP CODE	AND PLAN	OF CORRECTION		1			•
CYPRESS POINTE REHABILITATION  2006 \$ 16TH ST WILMINGTON, NC 28401  **CONTRICT CONTRICT CONTRICT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY PULL PREFIX TAG  **K 018			345002			08/1	8/2011
ROBERT TAG  K 018  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 1½ 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.  Roller latches are prohibited by CMS regulations in all health care facilities.  This STANDARD is not met as evidenced by:  Surveyor: 27871  Based on observations and staff interview at approximately 0:30 am onwards, the following items were noncompliant, specific findings include: resident bedroom doors 1, 3 and 13 had a gap at the top of the door between the door and it's frame. Doors are required to resist the			TATION	2	006 S 16TH ST		
Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ 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: Surveyor: 27871  Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings includer resident bedroom doors 1, 3 and 13 had a gap at the top of the door between the door and it's frame, Doors are required to resist the	PREFIX	LEVOR VERICIENCE	Z MILIST RE PRECEDED BY FULL 1	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION DATE
42 CFR 483.70(a)  K 076  NFPA 101 LIFE SAFETY CODE STANDARD  SS=F	SS=E	Doors protecting or required enclosure: hazardous areas at those constructed of wood, or capable of minutes. Doors in required to resist the no impediment to the are provided with a the door closed. Dear permitted. This STANDARD is Roller latches are prin all health care fair all health care fair approximately 8:30 items were noncominclude: resident be a gap at the top of this frame, Doors are passage of smoke.	orridor openings in other than is of vertical openings, exits, or re substantial doors, such as of 1½ Inch solid-bonded core if resisting fire for at least 20 sprinklered buildings are only be passage of smoke. There is me closing of the doors. Doors means suitable for keeping utch doors meeting 19.3.6.3.6 9.3.6.3 brohibited by CMS regulations cilities.		This Plan of Correction is the center's cred allegation of compliance.  Preparation and/or execution of this plan of does not constitute admission or agreement provider of the truth of the facts alleged or set forth in the statement of deficiencies. To correction is prepared and/or executed solit is required by the provisions of federal at the statement of the facts and first all doors visually inspect molding placed on doors have problem  Door inspection for all ne replaced doors will occur being installed to ensure the problem does not reoccur.  All doors will be audited week for the next twelve then the process will be revaluated. Any problem will be addressed immed. Results of the audits will to the monthly safety me the roonthly Quality Assi	of correction to by the conclusions he plan of ely because and state law.  Illustrations with the ed and found to that  3x per weeks and elicity.  Identified intely.  be brought eting & to urance	
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Admin 13(Trator) 9/1/20	BORATOR	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE TO A	, 9,	(X8) DATE

ny deficiency statement end/ng with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days flowing 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 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued the patients of the facility. ogram participation.

PRINTED: 08/19/2011

CEN	TERS FOR MEDICARI	HAND HUMAN SERVICES & MEDICAID SERVICES			FOF	ED: 08/19/2011 RM APPROVED O 0938-0391		
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		- 1	MULTIPLE CONSTRUCTION ILDING 01 - BUILDING 0101	(X3) DATE	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		345002	B, WI	NG	0.0	14012044		
	OF PROVIDER OR SUPPLIER ESS POINTE REHABILI	FATION		STREET ADDRESS, CITY, STATE, ZIP CO 2006 S 16TH ST WILMINGTON, NC 28401		/18/2011		
(X4) I PREF TAG	X   (EACH DEPICIENCY	Tement of Deficiencies MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE		
K 07	profected in accordance Standards for Health (a) Oxygen storage in 3,000 cu.ft, are enciused accordance (b) Locations for sup	and administration areas are ince with NFPA 99, and Care Facilities.	Κo	This Plan of Correction is the center's allegation of compliance.  Preparation and/or execution of this pidoes not constitute admission or agree provider of the truth of the facts alleges set forth in the stotement of deficiencies correction is prepared and/or executed it is required by the provisions of federal	an of correction nent by the I or conclusions The plan of solely because			
K 144 SS=F	Surveyor: 27871 Based on observation approximately 8:30 and were noncompliant, spedroom # 4 oxygen of chained or supported is stand(cylinder was free 42 CFR 483,70(a) NFPA 101 LIFE SAFE	s and staff interview at n onward, the following item pecific findings include: in ylinder was not properly n a proper cylinder or estanding).  TY CODE STANDARD  ed weekly and exercised es per month in	K 144	* Tank was immediately from room #4  * All rooms were inspected standing, oxygen cylinder ensure that the problem isolated issue  * Staff educated on proper cylinder use and storage  * Nursing Management we oxygen cylinder use and per week for the next two and the process will evaluated. Audits will be at the monthly safety an assurance meetings.	ed for "free- ders to was an r oxygen dill audit storage 3x clve weeks l be re- e presented	9/23/11 PLC CON EST		

>>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/19/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING COMPLETED 01 - BUILDING 0101 B. WING 345002 NAME OF PROVIDER OR SUPPLIER 08/18/2011 STREET ADDRESS, CITY, STATE, ZIP CODE CYPRESS POINTE REHABILITATION 2006 S 16TH ST WILMINGTON, NC 28401 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (XS) COMPLETION TAG DATE DEFICIENCY) K 144 Continued From page 2 K 144 This Plan of Correction is the center's credible allegation of compilance. This STANDARD is not met as evidenced by: Preparation and/or execution of this plan of correction Surveyor: 27871 does not constitute admission or agreement by the Based on observations and staff Interview at provider of the muth of the facts alleged or conclusions approximately 8:30 am onward, the following item sel forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because were noncompliant, specific findings include: it is required by the provisions of federal and state law. generator did not crank and transfer within 10 seconds when test was conducted on survey, K144 Generator Company immediately 42 CFR 483,70(a) called to facility to adjust time to 10 seconds or less on generator crank test and transfer. Maintenance Director educated on generator timelines for crank/transfer. During weekly generator testing, maintenance director will ensure that generator cranks and transfers within 10 seconds or less. If problem found, generator company will immediately be called to adjust/repair Maintenance Director will monitor generator crank/transfer at least weekly. Generator Company will inspect at least quarterly for compliance Results from weekly generator testing from maintenance director, as well as, quarterly inspections by the generator company will be brought to both the safety and the quality assurance monthly meeting to ensure compliance with

>RM CMS-2587(02-99) Previous Versions Obsolete

Event ID; 0NSQ21

Facility ID: 923267

If continuation sheet Page 3 of 3

crank/transfer timelines of 10

seconds or less.