

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

PRINTED: 12/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVER TRACE NURSING AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 LOVERS LANE WASHINGTON, NC 27889</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
F 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities. No deficiencies were cited as a result of complaint investigation Event ID # F17K11.</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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DEC 28 2011	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345215	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  12/07/2011
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NAME OF PROVIDER OR SUPPLIER  RIVER TRACE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889
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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: Surveyor: 27871 Based on observations and staff interview approximately 8:30 am onward, the following items were noncompliant, specific findings include: the 1 hour rated smoke wall in attic has large sections of rated dry wall missing. The 1 hour smoke wall must be maintained to meet the building construction of facility(access to attic was at nurse station).	K 012	Building construction at nurses station attic access will be corrected by the addition of rated dry wall in missing sections. Maintenance will inspect other attic accesses and correct as necessary. Maintenance will monitor for continued compliance.	01-20-12
K 018 SS=D	42 CFR 483.70(a) 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.	K 018	Resident bedroom doors for rooms 100 and 202 have been adjusted to close and latch for a smoke tight seal. Doors to 300 Hall soiled linen room and to resident room 327 have been adjusted to close and latch for a smoke tight seal. Other facility doors will be inspected and corrected as necessary. Maintenance will monitor for continued compliance.	01-20-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE Administrator (X6) DATE 12-22-11

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NAME OF PROVIDER OR SUPPLIER  RIVER TRACE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889	
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K 018	Continued From page 1	K 018		
K 027 SS=E	<p>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 include: resident bedroom door 100 and 202 did not close and latch for smoke tight seal. Also soiled linen room door on 300 hall and resident room 327 and storage room door did not latch.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following</p>	K 027	Smoke doors in smoke barrier on 100 and 300 halls have been adjusted to close for a smoke tight seal to prevent the spread of smoke. Other smoke barrier doors will be inspected and adjusted as necessary. Maintenance will monitor for continued compliance.	01-20-12

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K 027	Continued From page 2 items were noncompliant, specific findings include: smoke doors in smoke barrier on 100 and 300 hall did not close for smoke light seal to prevent the spread of smoke.	K 027			
K 038 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: Surveyor: 27871 42 CFR 483.70(a) Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: doors listed below require two motions of hand to open to exit egress. 1. beauty shop 2. all janitor closets 3. dietary office 4. dry storage room	K 038	Exit handles to beauty shop, all janitor closets, dietary office, and dry storage room have been replaced with handles that do not require two motions of the hand to open to exit egress. Similar doors throughout the building have been inspected and handles replaced as necessary. Maintenance will monitor for continued compliance.	01-20-12	
K 045 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD 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	K 045	Illumination of means of egress has been corrected in 200 hall Solarium with new emergency lighting. Similar areas of the building have been inspected and corrected as necessary. Maintenance will monitor for continued compliance.	12-14-11	

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K 045	Continued From page 3	K 045		
K 056 SS=F	<p>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 include: Solarium room on 200 hall would leave patients in darkness.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>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 include:</p> <p>1. mix heads through out facility. provide our</p>	K 056	<p>Sprinkler heads throughout the building are being inspected and replaced as necessary to insure heads within a zone are of the same specifications. Tamper switches in the riser room have been repaired to emit audible/visual signals if tampered with. Maintenance will monitor for continued compliance.</p>	01-20-12

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K 056	Continued From page 4 office with documentation that heads are compatible. 2. tamper switches did not transmit signal to fire alarm control panel when tested (audible/visual) in riser room.	K 056		
K 062 SS=F	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 noncompliant, specific findings include:  1. excess lint build up on sprinkler heads throughout facility. 2. facility could not provide documentation if system has had five year flush or been tested. 3. heads in attic are not parallel to ceiling slope.	K 062	Sprinkler heads throughout the building have been inspected and cleaned as necessary to remove excess lint build-up. Sprinkler heads in the attic have been adjusted to rest parallel with the ceiling slope. A five year test and flush has been performed by Sunland Fire Protection. Housekeeping and Maintenance will monitor for continued compliance.	01-20-12
K 067 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067		

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K 067	Continued From page 5	K 067		
	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 include: two HVAC unit in attic over kitchen did not have access doors to view duct detector tube.		Access doors have been cut into HVAC units in the attic above the kitchen for viewing of the duct detector tube. Other HVAC units have been inspected for same and corrected as necessary. Maintenance will monitor for continued compliance.	01-20-12
K 069 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  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 include: deep fat fryer is not under ansul system. Also based upon observation at the time of the survey the kitchen was experiencing a sever negative pressure.	K 069	Kitchen equipment has been realigned under the hood system to insure deep fat fryers sit directly under an ansul system head. Air exhaust and intake has been adjusted to eliminate negative air pressure. Dietary Manager or designee and Maintenance will monitor for continued compliance.	12-09-11
K 072 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10	K 072		

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K 072	Continued From page 6	K 072	Means of egress will be maintained free of obstructions. Hallways will be monitored daily to insure no items are stored to block exit to egress. Housekeeping and Maintenance will monitor for continued compliance.	12-09-11
K 074 SS=F	<p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3</p>	K 074		



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K 074	<p>Continued From page 7</p> <p>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 include: un-treated real pine wraths are on doors on administration hall and a live tree in administrator office. Also many office doors have crepe paper and decorations of combustible material on doors.</p> <p>42 CFR 483.70(a)</p>	K 074	<p>Untreated pine wreaths on Administrative Hall and live Christmas tree in the Administrator's office have been removed. Other Christmas decorations on hallways and doors with combustible materials have been removed. Staff has been reminded that these types of decorations are a violation of code and cannot be used in the future. Administrator or designee will monitor for continued compliance.</p>	12-28-11
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K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ 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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p>	K 018	<p>Doors to rooms 500 and 517 have been adjusted to close and latch for a smoke tight seal. Other doors in this section have been inspected and corrected to close and latch smoke tight as necessary. Maintenance will monitor for continued compliance.</p>	01-20-12
K 074 SS=F	<p>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 include: door to rooms 500 and 517 did not close and latch for smoke tight seal. Also nourishment room door was being held opening with wood and rubber wedge.</p> <p>42 CFR 483.70(a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Draperies, curtains, including cubicle curtains,</p>	K 074		

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K 074	<p>Continued From page 1 and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>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 include: Quality assurance office door had crep epaper for decoration.</p> <p>42 CFR 483.70(a)</p>	K 074	<p>Christmas decorations have been removed from office doors to obtain compliance. Other areas of the building have been inspected for same to insure compliance. Administrator or designee will monitor for continued compliance.</p>	12-28-11
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