

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

PRINTED: 02/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2012
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7700 US 158 EAST STOKESDALE, NC 27357
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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>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (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.

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

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PRINTED: 03/02/2012
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345390	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/29/2012
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7700 US 158 EAST STOKESDALE, NC 27357
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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type III(211) construction, one story. Building is not sprinkled.	K 000		
K 012 SS=E	The deficiencies determined during the survey are as follows: 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	K 012	The following plan of correction is required by rules found in Title 42, Code of Federal Regulations and is submitted in order to remain in compliance with these rules and regulations, thus allowing residents who depend upon Medicare and Medicaid to continue to receive care here. This plan of correction is not an admission of lack of compliance with Federal requirements. Countryside Manor may not agree with all statements of fact or observations stated by the survey agency and reserves the right to appeal these findings and submits the plan of correction prior to any appeals or review of facts, as required by regulation.	
K 018 SS=E	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: the 2 hour fire barrier that separates the nursing home from HA side, that has unsealed penetration in the construction/fire rating of wall(at medical records office). Also 2 hour wall that leads to independent living section. 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	K 018	K 012 Facility sealed to two areas discovered during the inspection with triple S firestop sealant. Large areas in the brick and Block wall were sealed with mortar mix. Fire and Smoke barriers were put on a quarterly inspection schedule to be conducted by the plant operations manager or his designee. The facility quality assurance committee will review inspection reports quarterly and adjust facility procedures to remain in compliance.	03/08/2012 03/08/2012 ongoing ongoing

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *3-18-2012*

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345390	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/29/2012
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 7700 US 158 EAST STOKESDALE, NC 27357	
(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 018	Continued From page 1 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	K 018 The facility adjusted and lubricated the door latch for room 10 to ensure proper latching upon opening and closing. The facility inspected all other doors and found all other doors to be latching properly. Door latches were put on a quarterly inspection schedule to be conducted by the plant operations manager or his designee. The facility quality assurance committee will review inspection reports quarterly and adjust facility procedures to remain in compliance.	03/05/2012 03/08/2012 Ongoing Ongoing
K 025 SS=E	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 resident bedroom #10 would not latch for smoke tight seal. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct	K 025	K 025 The smoke wall penetration was sealed with Triple S Firestop sealant approved for Class A Fire. The facility inspected smoke walls for any other unsealed penetration. Fire and Smoke barriers were put on a quarterly inspection schedule to be conducted by the plant operations manager or his designee. The facility quality assurance committee will review inspection reports quarterly and adjust facility procedures to remain in compliance.	3/15/2012 3/15/2012 Ongoing Ongoing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345390	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/29/2012
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7700 US 158 EAST STOKESDALE, NC 27357
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K 025	<p>Continued From page 2</p> <p>penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871</p> <p>Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: smoke barrier locate at beauty shop had unsealed penetrations which does not meet the fire resistance rating and construction.</p>	K 025		
K 038 SS=F	<p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871</p> <p>Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: the irreversible process on the delayed egress system failed when there code was re-entry.</p> <p>42 CFR 483.70(a)</p>	K 038	<p>K038</p> <p>Distributor of the alarm system (SouthMed) changed out 3 Advantage 1000 DE panels to meet the life safety code standard for irreversible process when door alarm is activated. Alarms and locks were tested at each door for proper operation. Tests were compliant with irreversible process in code. The facility tests each door nightly for proper operation along with transmitters and receivers. The plant operations manager or his designee will review each door quarterly to ensure that each operates according to life safety code standards and manufacturer's specifications.</p>	<p>3/9/2012</p> <p>3/9/2012</p> <p>Ongoing</p> <p>Ongoing</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345390	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 02/29/2012
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 7700 US 158 EAST STOKESDALE, NC 27357		
(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: 21960 There were no Life Safety Code Deficiencies noted at time of survey.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345390	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - SOUTH ADDITION - PRIM/ B. WING _____		(X3) DATE SURVEY COMPLETED 02/29/2012
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 7700 US 158 EAST STOKESDALE, NC 27357		
(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 Based on observations and staff interview at approximately 8:30 am onward, no LSC deficiencies were noted at time of survey.	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	

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