STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345365	A. BUILDING _____ B. WING _____	03/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINSTON REHAB AND HEALTHCARE CTR	907 CUNNINGHAM RD KINSTON, NC 28501

(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	INITIAL COMMENTS The facility was found to be in compliance with the Medicare/Medicaid Long Term Care regulations, 42 CFR part 483, subpart B during the recertification survey of 3/14/2012. No deficiencies were cited as a result of the complaint investigation. NC00079137	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345365	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINSTON REHAB AND HEALTHCARE CTR	907 CUNNINGHAM RD KINSTON, NC 28501

(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 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, with a complete automatic sprinkler system.	K 000	RECEIVED APR 1 6 2012	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: door to dry storage room in kitchen would not latch. 42 CFR 483.70(a)	K 029	It is the practice of this center to assure that all hazardous locations are within compliance at all times to include: Door to dry storage room was fixed to latch on April 13,2012. All doors will be inspected by April 13,2012. Any other doors found will be fixed by April 13,2012 All doors will be checked for proper closing and latching by April 13, 2012 All doors will be inspected monthly during routine Preventive Maintenance Room checks. These room checks will be documented in the centers Preventive Maintenance Log.	4/13/12
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily	K 038		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345365	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINSTON REHAB AND HEALTHCARE CTR	907 CUNNINGHAM RD KINSTON, NC 28501

(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 038	Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: all residents bathroom door require two motion of hand to open to exit egress. 42 CFR 483.70(a)	K 038	It is the practice of this center to assure that all exits remain accessible and discharge to an are of safe refuge at all times to include: All residents bath room doors will replaced with single motion of hand to open by May 7th, 2012 Plant Operations Director will inspect exit access weekly and document in centers Preventive Maintenance Log. Preventive Maintenance Log will be reviewed by the Safety Committee quarterly to ensure continued compliance for one year following the noted issue.	5/7/12
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm 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 9:00 am onward, the following items were noncompliant, specific findings include: switch on PIV valve did not transmit signal to fire alarm control panel on test. 42 CFR 483.79(a)	K 061	It is the practice of this center to assure that all miscellaneous life safety issues are within compliance at all times to include: The Switch on PIV valve have been restored to proper operation on April 30 2012 and will be maintained through Quarterly inspections as outlined in the facility Preventative Maintenance Program that will be monitored by the Safety Committee. Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance for one year following the noted issue.	4/30/12
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345365	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINSTON REHAB AND HEALTHCARE CTR	907 CUNNINGHAM RD KINSTON, NC 28501

(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 144	Continued From page 2 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: generator failed to crank and transfer within 10 seconds on test. 42 483.70(a)	K 144	K144 It is the practice of this center to assure that all miscellaneous life safety issues are within compliance at all times to include: Generator was inspected and adjusted to crank and transfer within 10 seconds on April 30 2012. Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance for one year following the noted issue.	4/30/12

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345365	A. BUILDING 02 - BUILDING 02 B. WING	03/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINSTON REHAB AND HEALTHCARE CTR	907 CUNNINGHAM RD KINSTON, NC 28501

(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 012 SS=E	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 at approximately 9:00 am onward, the following items were noncompliant, specific findings include: door in smoke barrier wall in attic on 500 hall was not smoke tight to prevent the spread of smoke. 42 CFR 483.70(a)	K 012	It is the practice of this center to assure that all miscellaneous life safety issues are within compliance at all times to include: Door in smoke barrier wall in the attic on 500 hall will be replaced with smoke tight to prevent the spread of smoke on may 7th, 2012 All doors in smoke barrier wall will be inspected by April 30,2012. Any door was found to be unsafe, will be fixed/replaced by May 7th,2012. Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance for one year following the noted issue.	Enter Date Here. 5/7/2012
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at	K 029	It is the practice of this center to assure that all hazardous locations are within compliance at all times to include: Door to Medical record fixed with self closing unit on April 20th, 2012.	4/20/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345365	A. BUILDING 02 - BUILDING 02 B. WING _____	03/28/2012

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K 029	Continued From page 1 approximately 9:00 am onward, the following items were noncompliant, specific findings include: Medical Records door is not self closing. 42 CFR 483.70(a)	K 029	Plant manager will inspect to assure any other door required closer will be installed by April 20th,2012. Will be reviewed by safety meeting committee.	4/20/12
K 038 SS=F	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 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: door to resident bedroom 506 requires two motion of hand to open to exit egress. 42 CFR 483.70(a)	K 038	It is the practice of this center to assure that all exits remain accessible and discharge to an are of safe refuge at all times to include: The handle on the door to resident bedroom 506 was replaced with single motion of hand handle to open on April 30th, 2012. Plant Operations Director will inspect exit access weekly and document in centers Preventive Maintenance Log. Preventive Maintenance Log will be reviewed by the Safety Committee quarterly to ensure continued compliance for one year following the noted issue.	4/30/12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345365	A. BUILDING 03 - BUILDING 03 B. WING	03/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINSTON REHAB AND HEALTHCARE CTR	907 CUNNINGHAM RD KINSTON, NC 28501

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K 000	INITIAL COMMENTS Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, no LSC deficiencies were noted at time of survey. 42 CFR 483.70(a)	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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