

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

PRINTED: 07/05/2012
FORM APPROVED
OMB NO. 0938-0391

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|--|---|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/29/2012 |
| NAME OF PROVIDER OR SUPPLIER SILER CITY CARE AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344 | |
| (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 is in compliance with the requirement of 42 CFR Part 483 Subpart B for Long Term Care Facilities. No deficiencies were cited as a result of the complaint investigation. Event ID# 4SP211. | 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.

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ AUG 09 2012 | (X3) DATE SURVEY COMPLETED 07/19/2012 |
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| NAME OF PROVIDER OR SUPPLIER SILER CITY CARE AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344 |
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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 |
|--------------------|---|---------------|--|----------------------|
| K 000 | <p>INITIAL COMMENTS</p> <p>This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 existing Health Care section of the LSC and its referenced publications. This building is Type II protected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system.</p> <p>CFR#: 42 CFR 483.70 (a)</p> <p>K 038 SS=E 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: Based on the observations on 7/19/2012 and staff interviews during the survey the following fire alarm system item was observed as noncompliant, specific findings include: During the testing of the fire alarm control panel to release the North Carolina Special Locking Systems doors.</p> <ol style="list-style-type: none"> The door leading from the service hall to the egress corridor had a momentary switch and not a simple on and off switch at that location. The door leading from the medical records area to the 500 hallway did not have a simple on and off switch at that location. | K 000 | <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Siler City Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>K 038</p> <ol style="list-style-type: none"> The electric door locking hardware for the door leading to the service hall and the door leading to the 500 Hall has not been activated and is not in use and will not be in use until a proposed 500 Hall Secure Unit Upgrade receives approval from the DHSR Construction Section at a later date. <p>Upon DHSR Construction Section approval of the 500 Hall Secure Unit Upgrades, simple on and off switches will be installed at the door leading to the service hall and the door leading to the 500 Hall.</p> | |
| | 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.

10/4

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 07/19/2012 |
|---|---|--|---|--|
| NAME OF PROVIDER OR SUPPLIER SILER CITY CARE AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344 | |
| (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 052 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interviews during the survey the following fire alarm system item was observed as noncompliant, specific findings include: During the testing of the fire alarm control panel to release the North Carolina Special Locking Systems doors.</p> <ol style="list-style-type: none"> The required exit door near the medical records area would relock after the fire alarm control panel was silenced. There was no wiring diagram and system components location map protected from damage provided adjacent to the fire alarm panel. <p>CFR#: 42 CFR 483.70 (a)</p> | K 052 | <ol style="list-style-type: none"> All facility doors with electric door locking hardware were checked to ensure that the proper door release mechanisms were in place and operable by maintenance director on 7/20/12. The maintenance staff were re-educated on checking the release mechanisms for facility doors that lock by the Administrator on 8/1/12 will become a component of the facility's regular monthly preventative maintenance program check. Monitoring of doors with electric door locking hardware will be performed monthly by the maintenance director. The results of the facility's monthly preventative maintenance check of all doors that lock will be presented at the facility's monthly Performance Improvement Committee meeting for review and recommendations. <p>K 052 (1.)</p> <ol style="list-style-type: none"> The fire alarm system was re-configured by the facility's fire alarm system repair company on 7/25/12 so that the required exit door near the medical records area would not re-lock after the fire control panel was silenced. | |

K 052 (1.) (continued)

2. The facility's fire alarm company checked all facility required exit doors to ensure that they would not re-lock after the fire alarm control panel was silenced on 7/25/12.

3. The maintenance staff was re educated on monitoring exit doors when the fire control panel is silenced to ensure that the doors do not re-lock after the fire control panel is silenced by the Administer on 8/1/12

4. Monitoring to be completed by the maintenance director monthly to ensure that doors are not re-locking after the fire control panel is silenced. The results of the facility's monthly preventative maintenance check of all required exit doors will be presented at the facility's monthly Performance Improvement Committee meeting for review and recommendations.

K 052 (2.)

1. The fire alarm company was notified by the Administrator on 7/25/12 to complete a wiring diagram and system components location map

k 05a (a.) (continued)

to be placed adjacent to the facility's fire alarm panel. To be completed by 8/23/12

2. The facility's fire alarm system was checked to ensure that any required wiring diagrams and system components location maps were present by the maintenance director on 7/25/12

3. The maintenance director was re-educated on monitoring/verifying the presence of a fire alarm system component location map and fire alarm wiring diagram by the Administrator on 7/25/12.

4. A quarterly monitoring will be conducted to ensure the presence of a fire alarm system wiring diagram and system components location mapping by the maintenance director. The results of the quarterly facility fire alarm system inspection will be presented at the facility's Performance Improvement Committee quarterly for review and recommendations.

8/16/12

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____ | (X3) DATE SURVEY COMPLETED 07/19/2012 |
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|---|---|
| NAME OF PROVIDER OR SUPPLIER SILER CITY CARE AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344 |
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|--------------------|---|---------------|--|----------------------|
| K 000 | INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type II protected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system. | K 000 | "This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Siler City Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency." | |
| K 038 SS=E | CFR#: 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 | K 038 | K 038 1. The electric door locking hardware for the door leading to the service hall and the door leading to the 500 Hall has not been activated and is not in use and will not be in use until a proposed 500 Hall Secure Unit Upgrade receives approval from the DHSR Construction Section at a later date. | |
| K 052 SS=E | CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is | K 052 | Upon DHSR Construction Section approval of the 500 Hall Secure Unit Upgrades, simple on and off switches will be installed at the door leading to the service hall and the door leading to the 500 Hall. | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jeffrey Carpenter</i> | TITLE <i>Administrator</i> | (X6) DATE <i>8/3/12</i> |
|---|-------------------------------|----------------------------|

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.

1 of 2

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345143 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____ | (X3) DATE SURVEY COMPLETED 07/19/2012 |
| NAME OF PROVIDER OR SUPPLIER SILER CITY CARE AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344 | |
| (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 052 | Continued From page 1 Installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on the observations and staff interviews during the survey the following fire alarm system item was observed as noncompliant, specific findings include: During the testing of the fire alarm control panel to release the North Carolina Special Locking Systems doors. The required exit door near nurses station on the 500 hallway would relock after the fire alarm control panel was silenced. CFR#: 42 CFR 483.70 (a) | K 052 | 2. All facility doors with electric door locking hardware were checked to ensure that the proper door release mechanisms were in place and operable by maintenance director on 7/20/12. 3. The maintenance staff were re-educated on checking the release mechanisms for facility doors that lock by the Administrator on 8/1/12 will become a component of the facility's regular monthly preventative maintenance program check. 4. Monitoring of doors with electric door locking hardware will be performed monthly by the maintenance director. The results of the facility's monthly preventative maintenance check of all doors that lock will be presented at the facility's monthly Performance Improvement Committee meeting for review and recommendations. K 052 (1.) 1. The fire alarm system was re-configured by the facility's fire alarm system repair company on 7/25/12 so that the required exit door near the medical records area would not relock after the fire control panel was silenced. | |

2 of 4

MCS

K 052 (1.) (Continued)

2. The facility's fire alarm company checked all facility required exit doors to ensure that they would not re-lock after the fire alarm control panel was silenced on 7/25/12.

3. The maintenance staff was re educated on monitoring exit doors when the fire control panel is silenced to ensure that the doors do not re-lock after the fire control panel is silenced by the Administer on 8/1/12

4. Monitoring to be completed by the maintenance director monthly to ensure that doors are not re-locking after the fire control panel is silenced. The results of the facility's monthly preventative maintenance check of all required exit doors will be presented at the facility's monthly Performance Improvement Committee meeting for review and recommendations.

K 052 (2.)

1. The fire alarm company was notified by the Administrator on 7/25/12 to complete a wiring diagram and system components location map

K 052 (a.) (Continued)

to be placed adjacent to the facility's fire alarm panel. To be completed by 8/23/12

2. The facility's fire alarm system was checked to ensure that any required wiring diagrams and system components location maps were present by the maintenance director on 7/25/12

3. The maintenance director was re-educated on monitoring/verifying the presence of a fire alarm system component location map and fire alarm wiring diagram by the Administrator on 7/25/12.

4. A quarterly monitoring will be conducted to ensure the presence of a fire alarm system wiring diagram and system components location mapping by the maintenance director. The results of the quarterly facility fire alarm system inspection will be presented at the facility's Performance Improvement Committee quarterly for review and recommendations.

8/16/12