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
	345333	A. BUILDING ______ B. WING ______	11/29/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBOTTS CREEK CARE AND REHABILITATION CENTER	877 HILL EVERHART ROAD LEXINGTON, NC 27295

(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 requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities. Event ID # GTYV11.	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.

Caring is the Key in Life

January 17, 2013

JAN 23 2013

North Carolina Department of Health and Human Services
Division of Human Service Regulation
Construction Section
2705 Mail Service Center
Raleigh, North Carolina 27699-2705

Dear Mr. Roger Fortman:

Enclosed please find our completed plan of correction dated January 17, 2013, in response to the survey conducted at our center on January 04, 2013 along with your letter, date of January 08, 2012.

Our plan of correction should be considered to serve as our allegation of compliance to cited deficiencies K056, K067, K018, and K144. This plan of correction is being filed as a matter of compliance but should not be construed as an admission to the validity of any of the cited deficiencies.

Abbotts Creek Care and Rehab takes the cited deficiencies very seriously and is committed to implementing the plan of correction as expeditiously as possible. Please be assured that Abbotts Creek Care and Rehab is undertaking the necessary measures to ensure compliance as of February 08, 2013.

Please contact me with any question or concerns you may have. Thank you in advance for your cooperation and assistance in this matter.

Sincerely,

Abbotts Creek Center
Russell T. Reid, LNHA
Administrator

Enclosure

ABBOTTS CREEK
CARE AND REHABILITATION CENTER
877 HILL EVERHART ROAD, LEXINGTON, NC 27295
TELEPHONE (336) 248 6644(336) 224 0537
WWW.SUNBRIDGEHEALTHCARE.COM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345333	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	01/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBOTTS CREEK CARE AND REHABILITATION CENTER	877 HILL EVERHART ROAD LEXINGTON, NC 27295

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K 000	INITIAL COMMENTS This Life safety Code(LSC) survey was conducted as per The Federal Register, using the Existing Health Care section of the LSC and its referenced publications. This building is type V(111) construction , one story with a complete automatic sprinkler system.	K 000	The filing of this plan of correction does not constitute an admission that the deficiencies alleged, did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulations and to provide high quality resident care.	
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation on Friday 1/4/13 approximately 9:30 AM onward the following was noted: 1) The sprinkler heads located in the front and rear canopy were corroded and not maintained in good condition. 2) The shower curtain in the front shower on 100 Hall did not have an 18 inch mesh top that would allow for proper sprinkler coverage. The curtains were designed with a 12 inch mesh top. 3) Throughout the facility the sprinkler	K 056	K 056 K&S Sprinkler Company, Inc replaced the sprinkler heads located in the front and rear canopy that were corroded and not maintained in good condition. (2) The Maintenance Director replaced the shower curtain in the front shower hall with an 18 inch mesh top that would allow for proper sprinkler coverage. (3) The Maintenance Director secured sprinkler eschusions that were not secured against the ceiling allowing for the area around the sprinkler head to be properly sealed. An inspection of sprinkler heads was completed by the Maintenance Director and was found to be properly maintained and non corrosive. (2) An inspection of the shower curtains in the shower rooms was completed by the Maintenance Director and curtains were found to have the correct amount of mesh, to allow for proper sprinkler coverage. (3) A comprehensive inspection of sprinkler eschusions throughout the facility was completed by the Maintenance Director, any eschusions found to be unsecured was secured against the ceiling immediately.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature], LNHA	Administrator	01.17.13

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	345333	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	01/04/2013

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K 056	Continued From page 1 eschusions were not secured against the ceiling allowing for the area around the spinkler head to be properly sealed. 42 CFR 482.41(a)	K 056	A monthly inspection of sprinkler heads will be performed by the facility Maintenance Director, to ensure they are properly maintained. (2) A monthly inspection of the shower curtains in the shower rooms will be performed by the facility Maintenance Director, to ensure proper curtains are installed and in compliance. (3) A monthly inspection of sprinkler eschusions will be performed by the facility Maintenance Director, to ensure eschusions are properly secured against the ceiling. Monthly inspections will be reported to the Quality Assurance Committee monthly times 4, quarterly times 2, at which time the committee will reassess the need for ongoing monitoring.	02.08.13
K 067 SS=E	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 This STANDARD is not met as evidenced by: Based on observation on Friday 1/4/13 approximately 9:30 AM onward the following was noted: 1) Access doors were not provided for the smoke duct detectors located in the HVAC unit in the attic, front hall and lobby area. 42 CFR 482.41(a)	K 067	K 067 Central Services installed access doors for the smoke duct detectors located in the HVAC unit in the attic, front hall and lobby area. An inspection of the access doors was completed by Central Services and Maintenance Director, and found to be in proper working order, on 01/09/13. A monthly inspection of the access doors will be completed by the facility Maintenance Director to ensure proper working order. Findings will be brought to the Quality Assurance Committee monthly times 4, quarterly times 2, at which time the committee will reassess the need for ongoing monitoring.	02.08.13

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

PRINTED: 01/14/2013
FORM APPROVED
OMB NO. 0938-0391

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	345333	A. BUILDING 02 - BUILDING 02 B. WING	01/04/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBOTTS CREEK CARE AND REHABILITATION CENTER	877 HILL EVERHART ROAD LEXINGTON, NC 27295

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K 000	INITIAL COMMENTS This Life safety Code(LSC) survey was conducted as per The Federal Register, using the Existing Health Care section of the LSC and its referenced publications. This building is type V(111) construction , one story with a complete automatic sprinkler system.	K 000		
K 018 SS=D	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 1¾ 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: Based on observation on Friday 1/4/13 approximately 9:30 AM onward the following was noted: 1) The restroom door at the front hall nurse station and the staff restroom door in the	K 018	K 018 The facility Maintenance Director installed appropriate door handles at the front hall nurse station and the staff restroom door in the employee lounge, requiring appropriate motion of the hand to exit the room in case of an emergency. A comprehensive evaluation of door handles was completed by the Maintenance Director, on and was found to be in compliance with current code. Door handles will be assessed by the Maintenance Director monthly to ensure handles are in compliance with current code. Findings will be brought to the Quality Assurance Committee monthly times 4, quarterly times 2, at which time the committee will reassess the need for ongoing monitoring.	02.08.13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature]
TITLE: Administrator
(X6) DATE: 01.17.13

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	345333	A. BUILDING 02 - BUILDING 02 B. WING	01/04/2013

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K 018	Continued From page 1 employee lounge required two motions of the hand to exit the room in case of emergency. 42 CFR 482.41(a)	K 018		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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: Based on observation on Friday 1/4/13 approximately 9:30 AM onward the following was noted: 1) When testing generator #1 with the older transfer switch the time between loss of normal power and connection of emergency power was in excess of 11 seconds. 42 CFR 482.41(a)	K 144	K 144 Central Services calibrated the cut in timer on generator #1 to ensure the transfer switch time between loss of normal power and connection of emergency power was within the time limit according to current code. An inspection of the generator #1 was completed by Central Services and Maintenance Director, and found to be in proper working order. The time of transfer was 8.7 seconds. A monthly inspection of the generator will be completed by the facility Maintenance Director to ensure proper working order. Findings will be brought to the Quality Assurance Committee monthly times 4, quarterly times 2, at which time the committee will reassess the need for ongoing monitoring.	02-08-13