

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

PRINTED: 03/10/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345397</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/07/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHORELAND HLTH CARE &amp; RETIREME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 FLOWER-PRIDGEN DR WHITEVILLE, NC 28472</b>		
(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 (General Health Survey). Event # RXEX11.	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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345397	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/27/2013
NAME OF PROVIDER OR SUPPLIER  SHORELAND HLTH CARE & RETIREME			STREET ADDRESS, CITY, STATE, ZIP CODE 200 FLOWER-PRIDGEN DR WHITEVILLE, NC 28472	
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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 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system.	K 000		
K 018 SS=D	The deficiencies determined during the survey are as follows: <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  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.  This STANDARD is not met as evidenced by:	K 018		

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

*Joseph Hooker*, NHA, 4-11-13

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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K 018	Continued From page 1 Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: door to Nourishment room at nurse station would not close and latch for smoke tight seal.	K 018	CORRECTIVE ACTION:  Screws on Nourishment room door were replaced to allow door to close and latch for smoke tight seal. <i>3/28/13</i>	
K 038 SS=D	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 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: both doors in Rehabilitation room require two motions of hand to exit area.	K 038	POTENTIAL AFFECT:  All residents have the potential to be affected by this alleged deficient practice.  SYSTEMIC CHANGES:  Screws installed on nourishment room door to allow for smoke tight seal.  MONITORING:  Maintenance Director will check all doors in building to ensure that all doors close and latch for smoke tight seal on monthly building inspection and report to QOL Committee. <i>4/1/13</i>	
K 052 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  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	K 052	CORRECTIVE ACTION:  Door handles in Rehabilitation room were replaced with door handles that require one hand motion.  POTENTIAL EFFECT:  All residents have the potential to be affected by this alleged deficient practice.  SYSTEMIC CHANGES:  Door handles replaced with handle that require only one hand motion to open.  MONITORING:	

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K 052	Continued From page 2	K 052	<b>CORRECTIVE ACTIONS:</b>  64 smoke detectors will be replaced on 4/11/13 as recommended by Sunland Fire Protection.	
K 056 SS=E	<p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: per report of smoke detector test by service contractor, many heads failed. Provide our office with a service report that all smoke detectors are working properly.</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:</p>	K 056	<p><b>POTENTIAL AFFECT:</b>  All residents have the potential to be affected by this alleged deficient practice.</p> <p><b>SYSTEMIC CHANGES:</b>  64 smoke detectors will be replaced on 4/11/13.</p> <p><b>MONITORING:</b>  Sunland Fire Protection will inspect smoke detectors once a year to ensure proper function of equipment. Maintenance Director will have monthly fire drills to ensure proper function of equipment.</p>	

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K 056	Continued From page 3 Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: valves connected to accelerator are not electrical supervised to send signal to fire alarm control panel(riser room).	K 056	<b>CORRECTIVE ACTION:</b> Valves connected to accelerator are now electrically supervised to send signal to fire alarm control panel. 4/24/13	
K 062 SS=E	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 11:30 am onward, the following items were noncompliant, specific findings include: at time of survey, facility could not provide documentation that the 3 year full flow trip test and 5 year obstruction investigation had been perform on sprinkler system.	K 062	<b>POTENTIAL AFFECT:</b> All resident have the potential to be affected by this alleged deficient practice.  <b>SYSTEMIC CHANGES:</b> Valves connected to accelerator are now electrically supervised to send signal to fire alarm control panel.  <b>MONITORING:</b> Sunland Fire Protection will check quarterly to ensure proper function of equipment and Maintenance Director will ensure that this test is being performed.  <b>CORRECTIVE ACTION:</b> A 5 year obstruction investigation was performed on April 8, 2013. I have attached the 5 year inspection. A 3 year full flow trip test is scheduled to be performed by Sunland Fire Protection by the end of April. 4/24/13	
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	<b>POTENTIAL AFFECT:</b> All resident have the potential to be affected by this alleged deficient practice.  <b>SYSTEMIC CHANGES:</b> A 5 year obstruction investigation was performed on April 8, 2013. I have attached the 5 year inspection. A 3 year full flow trip test is scheduled to be performed by Sunland Fire Protection by the end of April.  <b>MONITORING:</b> The maintenance director will ensure that these tests and inspections are completed in the appropriate timeframes. Sunland Fire Protection will continue to monitor our system.	

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K 072	Continued From page 4	K 072	CORRECTIVE ACTION:  The lift was removed from the area, and staff educated on regulations of not storing equipment in hallways. 3/27/13	
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K 144 SS=F	<p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: lift was being stored by beauty shop at time of survey.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p>	K 144	<p>POTENTIAL AFFECT:  All residents have the potential to be affected by this alleged deficient practice.</p> <p>SYSTEMIC CHANGES:  The lift was removed from the area, and staff educated on regulations of not storing equipment in hallways</p> <p>MONITORING:  Maintenance Director will monitor daily to ensure that staff are not storing equipment in hallway. All staff will be in-serviced of this regulation at staff meeting.</p>	
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K 147 SS=E	<p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: generator did not crank and transfer within 10 seconds when tested.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 147	<p>CORRECTIVE ACTION:  Maintenance Director contacted Sure-Gen to perform work on generator to ensure generator starts within 10 seconds. Sure-Gen has performed work and generator now starts within 10 seconds. 3/29/13</p> <p>POTENTIAL AFFECT:  All residents have the potential to be affected by this alleged deficient practice.</p> <p>SYSTEMIC CHANGES:  Sure-Gen has performed work and generator now starts within 10-seconds.</p>	
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MONITORING:

Maintenance Director will check generator weekly to ensure that generators cranks and transfers within 10 seconds when tested.

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K 147	Continued From page 5 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2	K 147	CORRECTIVE ACTION:  Noncompliant plugs were removed from room and replaced with outlets recommended by inspector. <i>3/28/13</i>	
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	This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: rooms 108 and 202 were using multi plug outlets to supply power to TV.  42 CFR 483.70(a)		POTENTIAL AFFECT:  All resident have the potential to be affected by this alleged deficient practice.  SYSTEMIC CHANGES:  Noncompliant plugs were removed from room and replaced with outlets recommended by inspector.  MONITORING:  Maintenance Director has inspected all rooms for potential noncompliant plugs and replaced with outlets recommended by inspector. Maintenance Director will continue to monitor monthly for noncompliant plugs.	
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