

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

PRINTED: 04/26/2013
FORM APPROVED
OMB NO. 0938-0391

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|--|--|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345185 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/17/2013 |
| NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 106 CAMERON STREET LAKE WACCAMAW, NC 28450 | | |
| (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 This facility is in compliance with the requirements of 42 CFR part 483, Subpart B, for Long Term Care facilities. Event ID# JESK11. There were no deficiencies cited as a result of the Complaint investigation survey. NC00083828. | 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/OLJA IDENTIFICATION NUMBER: 345185 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 05/07/2013 |
|---|--|--|---|--|
| NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 108 CAMERON STREET LAKE WACCAMAW, NC 28450 | |
| (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 42 CFR 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. Facility is using North Carolina Special Locking system. The deficiencies determined during the survey are as follows: | K 000 | K 038 The door knobs to the storage room #3(in kitchen) and the rear exit door out of the kitchen were replaced with one-motion of hand handles on 5/9/2013. All other areas that have the potential for the same deficient practice have been audited for compliance. Maintenance Director will monitor and ensure that any new door knobs/handles meet this criteria of one-motion of hand to exit on an ongoing basis. | 5/13/13 |
| K 038 SS=E | 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 8:30 am onward, the following items were noncompliant, specific findings include: door to storage room #3(in kitchen) and rear exit door out of kitchen require's two motion of hand to open door to exit area. | K 038 | Any issues will be forwarded to QA for further recommendations if necessary. Maintenance Director is responsible. K061 The PIV valve was serviced by the contracted provider (BFPE) on 5/8/13 and tested properly for normal operation upon closure of the valve. No other areas are affected. To ensure that the deficient practice does not occur, the PIV valve will be tested by maintenance on a monthly basis upon random fire drills. | 5/8/13 |
| K 061 SS=E | 42 CFR 483.70(a) 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 | K 061 | Any issues will be corrected immediately and results will be forwarded to QA for further recommendations if necessary. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Linda B. Russell, RN* TITLE *Administrator* (X6) DATE *5-15-13*

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 061 | Continued From page 1 72, 9.7.2.1 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: at time of survey PIV switch located at front of facility did not send signal to Fire Alarm panel when tested. | K 061 | | | |
| 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 8:30 am onward, the following items were noncompliant, specific findings include: facility could not provide proper documentation that a 5 year obstruction investigation had been performed on sprinkler system. 42 CFR 483.70(a) | K 062 | K062 A 5-year obstruction investigation was performed on 5/13/13 by the contracted provider, (BPPB). No other areas are affected. Maintenance will monitor and place scheduled 5 year obstruction investigations on the preventive maintenance schedule to ensure the deficient practice does not recur. Results will be forwarded to QA for further recommendations if necessary. Maintenance Director is responsible. | 5/13/13 | |