

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

PRINTED: 06/13/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345245</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/12/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>PENDER MEMORIAL HOSP SNF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>507 FREMONT STREET BURGAW, NC 28425</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).	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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**RECEIVED**

JUL 25 2013

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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345245	(X2) MULTIPLE CONSTRUCTION SECTION Main Building 01 B. WING	(X3) DATE SURVEY COMPLETED 07/09/2013
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NAME OF FACILITY PENDER MEMORIAL HOSP SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 507 FREMONT STREET, BURGAW, NC 28425
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED 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 II (211) construction, two story, with a complete automatic sprinkler system.  The deficiencies determined during the survey are as follows:  NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and Tested periodically. 19.7.8, 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 10:30 am onward, the following items were noncompliance, specific findings include: escutcheon cover were missing from sprinkler heads in rooms 231 (clean linen storage and 239).  42 CFR 483.70(a)	K 000	Physical Environment Plan of Correction (POC).  <u>Corrective Action</u> The escutcheon covers in rooms 231, clean linen and 239 were replaced same day of survey. 7/09/2013 by plant operations staff.  <u>Identify all areas for deficiency.</u> An inspection was conducted by Plant Operations staff of all escutcheon covers on 07/22/2013. Any missing covers to be replaced by 7/24/2013  <u>Measures</u> Plant Operations staff have been in-serviced on deficiency 7/09/2013 and will be included in the maintenance rounds.  <u>Monitoring</u> Escutcheon covers will be inspected during Environmental Tours. Twice a year in clinical areas and once per year in non clinical area.  END K 062	07/24/2013

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Beth A. Plaster</i>	TITLE President	(X6) DATE 7-25-13
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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345245</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 -- Main Building 01 _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/09/2013</b>
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NAME OF FACILITY <b>PENDER MEMORIAL HOSP SNF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>607 FREMONT STREET, BURGAW, NC 28425</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 087 SS=D	<p>Continued From page 1 19.5.2.1</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>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,</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliance, Specific findings include: fire/smoke damper did not close on activation of fire alarm test (top damper in fire wall by room 233).</p> <p>42 CFR 483.70(a)</p>	K 067	<p><b>Corrective Action</b> Fire/Smoke damper was repaired and tested same day of survey 07/09/2013 by Sloan Filtration Services.</p> <p><u>Identify all areas for deficiency</u> Sloan Filtration Services was contracted to test all fire/smoke dampers on 7/9/2013 and completed the inspection on 7/23/2013. All identified issues were repaired during the inspection.</p> <p><u>Measures</u> For the first two years of the six year cycle check the damper annually. If performance is acceptable run out the six year cycle and test it after four additional years.</p> <p><u>Monitoring</u> This will be monitored in the BMP.</p> <p>END K 067</p>	7/23/2013

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rutha. Glaser</i>	TITLE <i>President</i>	(X8) DATE <b>7-25-13</b>
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