

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

PRINTED: 08/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/25/2013
NAME OF PROVIDER OR SUPPLIER PEMBROKE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372		
(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	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</p> <p>No deficiencies were cited as a result of the complaint investigation Event ID # QT9R11.</p>	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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NAME OF PROVIDER OR SUPPLIER PEMBROKE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	
(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 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 This STANDARD is not met as evidenced by: Based on observation on Tuesday 8/13/13 at approximately 12:30 PM the following was noted: 1) The strobe lights (Visual notification devices) for the fire alarm system were not synchronize when tested on battery back-up on the long hall.	K 052	K052 1) Simplex Grinnell called to the facility 8/13/2013. 2) The strobe lights (visual notification devices)for the fire alarm system will be synchronized and tested on battery back-up on the long hall. 3) Maintenance Director will audit visual Notification devices and test on battery back-up monthly x 2 months for compliance. 4) Report will be submitted to the Performance Improvement Committee monthly x 2 to monitor for compliance and any changes needed. The Administrator and the Director of Maintenance will responsible for overall compliance. K056 1)Simplex Grinnell call to the facility 8/13/2013	09/26/13
K 056 SS=D	42 CFR 482.41(a) 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	K 056	2) Simplex Grinnell submitted a proposal for fire sprinkler modification in accordance with NFPA Standard 13,2010 on 8/19/2013. Engineer will determine the capabilities of existing sprinkler system and install necessary upgrades to current system that is required for compliance with the Life Safety Codes 3) Maintenance Director will ensure Modification to sprinkler is completed in accordance with NFPA standard 13.2013 4) Report will be submitted to Performance Improvement Committee for review upon completion.	09/26/13

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K 056	Continued From page 2	K 056			
K 074 SS=F	<p>This STANDARD is not met as evidenced by: Based on observation on Tuesday 8/13/13 at approximately 12:30 PM the following was noted: 1) The overhang at the 400 hall rear exit is greater than 4 ft and is required to be protected by sprinkler coverage. (Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in depth per NFPA 13 section 5-13.8.1.)</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13. Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p>	K 074	<p>K074 1) All draperies, curtains and other similar loosely hanging furnishings have been removed. 2) Will only install draperies, curtains with fire resistant rating and or chemically treat</p> <p>INTERIOR FINISH, CONTENTS AND FURNISHINGS. 3) Maintenance Director will install and monitor compliance for all draperies, curtains and other similar loosely hanging furnishings. 4) A report will be submitted to the Performance Improvement Committee monthly x 3 to monitor for compliance and any changes needed. The Director of Maintenance will be responsible for Overall compliance.</p>	8/26/2013	

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K 074	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation on Tuesday 8/13/13 at approximately 12:30 PM the following was noted: 1) Facility at the time of the survey could not provide documentation on the curtains/draped for the windows concerning the Fire Resistant Rating as specified according to NFPA Chapter 10 - INTERIOR FINISH, CONTENTS, AND FURNISHINGS; Specific Section: 10.3.1* CONTENTS AND FURNISHING - Where required by the applicable provisions of this Code, draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.	K 074	K076 1) Empty oxygen tanks in storage room were immediately placed in a proper	08/13/2013	
K 076 SS=E	42 CFR 492.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076	2) All other oxygen cylinders were checked by the Maintenance Director on 08/13/2013 to be certain that each was in a cylinder stand with support. All nursing staff will be re-educated to use proper storage methods when tanks are not in use. 3) Maintenance Director will audit all oxygen cylinder storage areas to be certain that cylinders are stored properly two times weekly for three months for compliance. 4) A report will be submitted to the Performance Improvement Committee monthly X 3 to monitor for compliance and any changes needed. The Administrator and the Maintenance Director will be responsible for overall compliance		

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K 076	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation on Tuesday 8/13/13 at approximately 12:30 PM the following was noted: 1) By observation, oxygen cylinders were not properly chained or supported in a proper cylinder stand or cart. [NFPA 99 4-3.5.2.1b(27)] (Empty Oxygen storage room on Long Hall)	K 076		
K 144 SS=D	42 CFR 482.41(a) 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.	K 144	K144 1) Cummins Atlantic called to facility 8/13/2013. 2) Cummins submitted proposal to repair Generator annunciator 8/19/2013. 3) The Maintenance Director will inspect Generator weekly and exercise under load for 30min per month insuring annunciator panel Show generator supplying load when power is transferred from normal to emergency power. 4) Report will be submitted to Performance Improvement Committee monthly x 3 to Monitor for compliance and any changes needed. The Administrator and the Maintenance Director will be responsible for overall compliance.	09.26/13
	This STANDARD is not met as evidenced by: Based on observation on Tuesday 8/13/13 at approximately 12:30 PM the following was noted: 1) The generator annunciator panel located at the nurse station did not show Generator Supplying Load when power was transferred from normal to emergency power. 42-CFR-483.70(a)			