

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

PRINTED: 11/22/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2013
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NAME OF PROVIDER OR SUPPLIER RIVER TRACE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>There were no deficiencies cited as a result of the recertification survey ending 11/15/13. The facility is in substantial compliance.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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DEC 19 2013

PRINTED: 12/09/2013
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 348215	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2013
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NAME OF PROVIDER OR SUPPLIER RIVER TRACE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 280 LOVERS LANE WASHINGTON, NC 27889
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K 000	INITIAL COMMENTS 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 111 (111) construction, one story, with a complete automatic sprinkler system.	K 000	River Trace acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality care of the residents. The Plan of Correction is submitted as a written allegation of compliance.	
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 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: A. Based on observation on 12/04/2013 the	K 018	River Trace's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, River Trace reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceeding. Doors to rooms 226,310,313,401,409 & 503 were repaired allowing the doors to latch when closed correcting the impediment of closure to the doors. All Facility doors were checked to ensure correct closure was occurring when doors were latched. Corrections to door identified and door checks were completed on 12-16-2013 by the Maintenance. Maintenance will routinely monitor and check doors throughout the facility for proper closure during routine rounds. Issues will be corrected as identified and discussed at routine Monthly Safety Meetings.	12/16/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* DATE *12/19/13*

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NAME OF PROVIDER OR SUPPLIER RIVER TRACE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889	
(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 018	Continued From page 1 following doors failed to latch when closed; doors to rooms 226,310,313,401, 409 and 503. 42 CFR 483.70 (a)	K 018		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: A. Based on observation the doors to the laundry failed to close and latch, when the dryers were running. B. The door to the soiled linen room near room 108 failed to close and latch. C. The door to the Mech. room near room 111 (contains fuel fired equip.) failed to close and latch. D. The door to the storage room near room 227 failed to close and latch. 42 CFR 483.70 (a).	K 029	Replacement parts needed for repairs to enable doors to close were ordered on 12-17-13 for repairs to the laundry door, the soiled linen room door near 108, the Mechanical room door near Room 111 and the door to the storage room near Room 227. Door repairs will be completed on 12-23-2013 that will enable the doors to close and latch. Doors to other areas requiring self closure were inspected on 12-16-13 with any concerns corrected by Maintenance. Maintenance will routinely monitor and check doors throughout the facility for proper closure during routine rounds. Issues will be corrected as identified and discussed at routine Monthly Safety Meetings.	12/24/13
K 038 SS=D	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	K 038	Interviewing of Facility Staff to include the staff member interviewed on 12-4-2013 during the Life Safety Inspection began on 12-10-13 related to the function and location of the master door release switch located at each Nurse's Station. Staff were taken on a tour and	

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K 038	Continued From page 2	K 038	showed the location of the master switch at the time of the training by the Maintenance Director as a part of the inservice training. The Maintenance Director will monitor staff during routine drills and future routine inservicing to ensure continued understanding of the master switch location.	1/16/14
K 051 SS=F	<p>This STANDARD is not met as evidenced by: A. Based on observation on 12/04/2013 the staff interviewed did not know about the master door release switch located at the nurses station. B. There was no component map or wiring diagram of the locking system under glass near the FACP.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p>		<p>A map of the locking system was placed under glass near the FACP on 12-16-13 by the Maintenance Director who will also monitor to ensure the map remains in place during routine safety rounds.</p> <p>A new Fire Alarm Panel will be installed by C&E, under the supervision of the Maintenance Director. The panel will provide an audible and visual signal during interruption of AC / Battery power. The Maintenance Director will continue to monitor the signal during testing and usage to ensure the signal is functioning during interruption of AC power. Any concerns identified will be addressed at the time of the observation and addressed during monthly safety meetings.</p>	1/16/14

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K 051	Continued From page 3 This STANDARD is not met as evidenced by: A. Based on observation on 12/04/2013 the fire alarm panel had no audibale signal on lose of AC power., No signal audible nor visual on lose of battery power. 42 CFR 483.70 (a)	K 051		

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NAME OF PROVIDER OR SUPPLIER RIVER TRACE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889	
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K 076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health-Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(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</p> <p>This STANDARD is not met as evidenced by: A: Based on observation on 12/04/2013 there were full and empty O2 cylinders mixed in the O2 storage room.</p>	K 076	<p>Full Medical Gas / Oxygen cylinders were separated on 12-4-2013 from empty cylinders in the O2 storage room by the Maintenance Director. Inserviceing of Facility Nurses began on 12-16-13 related to proper storage of Oxygen cylinders by the Staff Facilitator.</p> <p>Maintenance posted signs designating the assigned rack for "Full" and "Empty" Cylinders on 12-16-13 and will continue to monitor routine placement of cylinders during safety rounds and will report to the Facility Safety Committee observations and concerns if noted.</p>	12/24/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Ann Harris* TITLE: *Administrator* (X6) DATE: 12/19/13

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