

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

PRINTED: 06/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345145	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2015
NAME OF PROVIDER OR SUPPLIER ROANOKE RIVER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 119 GATLING STREET WILLIAMSTON, NC 27892	
(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 A 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. In the exit conference all deficiencies noted were discussed with administration. Facility is using special locking only for Special Care unit. Stories: one Construction Type III Constructed: 07/01/1973 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 154 Census - 104	K 000		
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 1¾ 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.	K 018		4/24/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/10/2015

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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 03/25/2015 at approximately 8:30 AM onward, the following deficiencies were noted: residents bedroom doors #48 and 109 that open to corridor, did not latch into frame for smoke tight seal. NFPA 101, 19.3.6.3.1 This deficiency affected two Resident rooms. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 018	Roanoke River Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Roanoke River Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Roanoke River Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. 1. Resident's bedroom doors for room numbers 48 and 109 are to be examined by the maintenance director and adjusted so that they latch into the door frame in order to preserve a smoke tight seal by 4/13/2015.		

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K 018	Continued From page 2	K 018	<p>2. 100% audit of the building will be completed by the maintenance department to ensure that all doors close and latch appropriately into their door frames. And deficient areas will be corrected and recorded on the Audit QI tool.</p> <p>3. The maintenance department will audit all door in the facility weekly for 4 weeks, then monthly for 3 months to ensure that all door close and latch appropriately to preserve a smoke tight seal. The results of each audit will be recorded on the Weekly Audit QI tool.</p> <p>4. The results from each audit will be submitted to the administrator for review, weekly for 4 weeks, then monthly for 3 months. The maintenance director will also bring the results of all audits to monthly QI meeting, to which the executive QI committee will review results and make adjustments as necessary.</p>		
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>	K 029		4/24/15	

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K 029	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 03/25/2015 at approximately 8:30 AM onward, the following deficiencies were noted:</p> <ol style="list-style-type: none"> 1. door to boiler room at back entrance by kitchen did not latch into it's frame. 2. openings in boiler room wall are not properly sealed to maintained the construction rating of room(by kitchen). 3. openings in boiler room ceiling off 100 hall are not properly sealed to maintained the construction rating of room. <p>NFPA 101,19.3.5.4</p> <p>This deficiency affected two of five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 029	<p>Roanoke River Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Roanoke River Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Roanoke River Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <ol style="list-style-type: none"> 1. The door to the boiler room at the back entrance by the kitchen are to be examined by the maintenance director and adjusted to latch into the door frame. The openings in the wall of the boiler room by the kitchen are to be repaired by the maintenance department in order to restore the construction rating of the room. The openings on the ceiling of the boiler room off of the 100 hall are to be properly sealed by the maintenance department in order to restore the construction rating of the room. These 	

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K 029	Continued From page 4	K 029	<p>areas will be corrected by 4/13/2015.</p> <p>2. 100% audit of the building will be completed by the maintenance department to ensure that all doors close and latch appropriately into their door frames as well as to ensure that all hazardous areas retain the appropriate 1 hour fire rated construction. And deficient areas will be corrected and recorded on the Audit QI tool.</p> <p>3. The maintenance department will audit the facility to ensure all doors close and latch appropriately and to ensure there are no openings or holes in the walls or ceiling and that the construction rating is properly maintained weekly for 4 weeks, then monthly for 3 months to ensure that all door close and latch appropriately to preserve a smoke tight seal. The results of each audit will be recorded on the Weekly Audit QI tool.</p> <p>4. The results from each audit will be submitted to the administrator for review, weekly for 4 weeks, then monthly for 3 months. The maintenance director will also bring the results of all audits to monthly QI meeting, to which the executive QI committee will review results and make adjustments as necessary.</p>		
K 144 SS=E	<p>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		4/24/15	

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K 144	Continued From page 5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 03/25/2015 at approximately 8:30 AM onward, the following deficiencies were noted: facility could not provide proper documentation that generator is being exercised under load for 30 minutes per month. NFPA 99 NFPA 110 This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144	Roanoke River Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Roanoke River Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Roanoke River Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. 1. Facility will implement new Preventative Intervention form to record and track that the emergency generator is exercised under load for 30 minutes per month starting in the month of April. The form will be entitled Weekly Emergency Generator Test. 2. The maintenance department will be in-serviced on 4/07/2015 in life safety		

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K 144	Continued From page 6	K 144	<p>regulations that emergency generator is to be tested under load for 30 minutes per month, and proper documentation of this test is required to be kept. The in-service will also detail the proper use of the new form and instruct that each generator unit is to be tested weekly for a minimum run time of 30 minutes under partial load. A preventative maintenance check must be performed prior to each startup on the following: fuel levels, oil levels, oil levels, water levels, coolant levels, battery levels, fuel lines, switches, belts and hoses (check for fittings and leaks.) Each generator unit must be tested once a month for at least 30 minutes under a full load. Record and date all maintenance and service needs.</p> <p>3. The maintenance department will be responsible for performing tests on the generator for thirty minutes under partial load weekly, and thirty minutes full load monthly and properly utilize the generator test form.</p> <p>4. These forms are the turned into the administrator for review weekly for 4 weeks and monthly for 3 months. The maintenance director will also bring the results of all audits to monthly QI meeting, to which the executive QI committee will review results and make adjustments as necessary.</p>		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		4/24/15	

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K 147	Continued From page 7 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 03/25/2015 at approximately 8:30 AM onward, the following deficiencies were noted: 1. bulbs in overhead light fixtures at head of beds , are not protected(not in protected covers). 2. electrical outlets at sinks in kitchen are not protected with GFCI outlets. 3.GFCI outlets in outside smoking area did not trip on test. Also covers are missing on outlets. 4. electrical outlets facility wide are painted over. NFPA 70 This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	Roanoke River Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Roanoke River Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Roanoke River Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. 1. Light bulbs in overhead light fixtures at the head of resident's beds throughout facility are to be placed in protective covers; electrical outlet at sinks in the kitchen are to be switched out with properly functioning GFCI outlets; GFCI outlets in outside resident smoking area are to be exchanged with properly functioning GFCI outlets with protective coverings; electrical outlets throughout facility that have been painted over are to be exchanged with outlets free of paint. These deficient areas are to be corrected		

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K 147	Continued From page 8	K 147	<p>by 4/13/2015.</p> <p>2. 100% audit of the building will be conducted by the maintenance director to ensure that all light bulbs in the facility are protected by a protective cover, that all outlets near a water source or outside the facility has GCFI outlets that are properly functional and properly covered, and all electrical outlets are free from paint. Any deficient areas are to be recorded of the audit tool and corrected by 4/13/2015.</p> <p>3. The maintenance department will be in-serviced on 4/07/2015 in life safety regulations that state that all light bulbs need to be protected using appropriate protective covering, all electrical outlets near a water source and/or exposed to the outside of the facility are required to be GCFI outlets and if outside, they need to be covered, and no electrical outlets can be painted over. The maintenance department will audit all light bulbs to ensure they are properly covered, GCFI outlets to ensure that they are appropriately located, functional, and covered, and electrical outlets to ensure they are free from paint. These audits are to be done weekly for 4 weeks, then monthly for 3 months.</p> <p>4. The results from each audit will be submitted to the administrator for review, weekly for 4 weeks, then monthly for 3 months. The maintenance director will also bring the results of all audits to monthly QI meeting, to which the executive QI committee will review results and make adjustments as necessary.</p>		