

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345423	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2017
NAME OF PROVIDER OR SUPPLIER WILSON REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 SOUTH TARBORO STREET WILSON, NC 27893	
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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted utilizing the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC) and its referenced publications. The facility plan/construction approval occurred prior to July 5, 2016. The facility is utilizing special locking systems. In the exit conference all LSC deficiencies noted were discussed and acknowledged with Administration. Stories: 1 Construction Type: V (111) Constructed: 2002 Fully Sprinkled At time of survey the Licensed bed capacity =90 Total Certified Bed Count = 90 Census = 86	K 000		
K 291 SS=E	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: Based on observations, on Thursday 2/23/17 at approximately 9:00AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. The dining room and therapy room, in the rehab hall and activity room on main hall did not have emergency lighting emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.19.2.9.1	K 291	Preparation and/or execution of this plan of correction do not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations. Maintenance Engineers inspected the dining room and therapy room in the rehab hall and activity room to ensure	4/9/17

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

TITLE

(X6) DATE

Electronically Signed

03/10/2017

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 291	Continued From page 1 This deficiency affected three room Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 291	emergency lighting was in place. The Maintenance Engineer and Administrator checked all other rooms for emergency lighting to ensure corrective actions had been completed to maintain proper emergency lighting requirements. The Maintenance Engineer was in-serviced on proper emergency lighting in regards to requirements for 7.918.2.1 emergency lighting. Administrator will perform Quality Improvement monitoring of emergency lighting three times per week for eight weeks, two times per week for eight weeks, and then one time per week for eight weeks and/or until substantial compliance is obtained. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for six months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of, but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Clinical Services, Medical Director, Social Services Director, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.		
K 345 SS=D	NFPA 101 Fire Alarm System - Testing and Maintenance	K 345		4/9/17	

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K 345	<p>Continued From page 2</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Thursday 2/23/17 at approximately 9:00AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>1. Two strobe lights on the rehab hall did not operate when testing the fire alarm system NFPA 101: 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This deficiency two strobes lights. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 345	<p>Has replaced the nonworking strobe lights on the rehab hall and tested for proper function.</p> <p>Maintenance Engineer and administrator have checked all fire alarm strobe lights to ensure they function properly.</p> <p>Maintenance engineer has been in-serviced on strobe light function in regards to the fire alarm system.</p> <p>Maintenance Engineer/ or designee will check strobe lights during the monthly firm alarm drills to ensure they function properly.</p> <p>The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for six months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of, but not limited to the</p>		

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K 345	Continued From page 3	K 345	Executive Director, Director of Clinical Services, Assistant Director of Clinical Services, Medical Director, Social Services Director, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.		
K 371 SS=F	<p>NFPA 101 Subdivision of Building Spaces - Smoke Compar</p> <p>Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING</p> <p>Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2</p> <p>Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This STANDARD is not met as evidenced by: Based on observations, on Thursday 2/23/17 at approximately 9:00AM onward, the following deficiencies were noted The standard is non-compliant, specific findings include:</p> <ol style="list-style-type: none"> 1. The smoke/fire wall on 100 Hall, Rehab Hall, 200 Hall and main hall have holes and penetrations that were not sealed in order to maintain the required rating of the wall. Hole and penetrations will need to be sealed in accordance with NFPA 101: 8.3.5.1. 2. The smoke/fire damper located in the main hall at te access hatch did not close when tested . NFPA 101: 19.3.7.1., 19.2.7.2., 8.3.5.1., 8.3.5.2 <p>This deficiency affected entire facility.</p>	K 371	<p>The smoke wall on 100 hall, rehab hall, 200 hall and main hall have been repaired to ensure they are no penetrations. The smoke/fire damper has been repaired and tested to ensure proper function.</p> <p>Maintenance Engineer and administrator have checked all smoke/fire walls and smoke/fire dampers to ensure they function properly and there are no penetrations in smoke/fire walls.</p> <p>Maintenance Engineer has been in-serviced on smoke/fire walls and smoke dampers in relation to the fire code.</p>	4/9/17	

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K 371	Continued From page 4 Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 371	Maintenance engineer/or designee will perform Quality Improvement monitoring of smoke/fire walls and smoke/fire dampers three times per week for eight weeks, two times per week for eight weeks, and then one time per week for eight weeks and/or until substantial compliance is obtained. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for six months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of, but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Clinical Services, Medical Director, Social Services Director, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.		
K 521 SS=D	NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This STANDARD is not met as evidenced by: Based on observations, on Thursday 2/23/17 at	K 521	The emergency stop switches located at	4/9/17	

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K 521	<p>Continued From page 5</p> <p>approximately 9:00AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <ol style="list-style-type: none"> 1. Emergency stop switch's located at the nurse station did not function when tested to shut the HVAC unit down in case of and emergency 2012 NFPA 90A: 6.2 2. The duct work for the exhaust system in the attic Rehab hall above room RO7 was crushed and was separated from the adjoining pipe. 3. The smoke duct detector located in the HVAC unit on rehab hall and the unit on the main hall near the nurse station were not maintained clean and in good condition. 2012 NFPA 101: 19.5.2.1, 9.2 <p>This deficiency affected two some compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 521	<p>the nurse station have been repaired and function properly. The duct work in the attic on the rehab hall has been replaced. Smoke detectors on the HVAC unit have been cleaned.</p> <p>The maintenance Engineer has checked all the duct work. Maintenance Engineer has checked all emergency HVAC shut down switch□s and cleaned the smoke detectors.</p> <p>Maintenance Engineer has been in-serviced on proper testing of emergency shut down switches, smoke detectors and duct work in relation to the fire code.</p> <p>Maintenance Engineer/or designee will perform Quality Improvement monitoring of emergency HVAC shut down switches three times per week for eight weeks, two times per week for eight weeks, and then one time per week for eight weeks and/or until substantial compliance is obtained. Maintenance Engineer /or designee will perform Quality Improvement monitoring of duct work three times per week for eight weeks, two times per week for eight weeks, and then one time per week for eight weeks and/or until substantial compliance is obtained.</p> <p>The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for six months and/or until substantial compliance is obtained. The Quality Assurance</p>		

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K 521	Continued From page 6	K 521	Performance Improvement Committee members consist of, but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Clinical Services, Medical Director, Social Services Director, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.		
K 916 SS=D	<p>NFPA 101 Electrical Systems - Essential Electric Syste</p> <p>Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This STANDARD is not met as evidenced by: Based on observations, on Thursday 2/23/17 at approximately 9:00AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>1. The remote generator annunciator located at nurse station did not provide a battery charger failure signal when checked.</p> <p>2012 NFPA 101: 6.4.1.17</p> <p>This deficiency affected generator only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 916	<p>The remote generator annunciator has been replaced and tested and shows battery charger failure.</p> <p>All generator lights have been tested and function properly.</p> <p>Maintenance Engineer has been in-serviced on proper testing of emergency generator in relation to the fire code.</p> <p>Maintenance Engineer/or designee will perform Quality Improvement monitoring of emergency generator annunciator three</p>	4/9/17	

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

PRINTED: 08/09/2017
FORM APPROVED
OMB NO. 0938-0391

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K 916	Continued From page 7	K 916	<p>times per week for eight weeks, two times per week for eight weeks, and then one time per week for eight weeks and/or until substantial compliance is obtained.</p> <p>The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for six months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of, but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Clinical Services, Medical Director, Social Services Director, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.</p>		