

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

PRINTED: 08/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/28/2011
NAME OF PROVIDER OR SUPPLIER WILMINGTON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVE WILMINGTON, NC 28401		
(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) recertification and complaint investigation survey conducted on 07/28/11.	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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2011
NAME OF PROVIDER OR SUPPLIER WILMINGTON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVE WILMINGTON, NC 28401	
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K 029 SS=F	<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> <p>This STANDARD is not met as evidenced by: Based on observation on Wednesday, 8/24/11 between 11:30 AM and 4:00 PM the following was noted:</p> <ol style="list-style-type: none"> 1) The wheel chair storage room corridor door did not latch when checked, 2) The medical supply room corridor door did not latch when checked, 3) The central supply room corridor door did not have a closure and was not self closing. 4) The corridor door to the clean side of the laundry room would not close and latch when checked. The door was warped and not in good repair. <p>42 CFR 483.70(a)</p>	K 029	<p>K029</p> <ol style="list-style-type: none"> 1) Adjustments were made by the Maintenance Department to the wheelchair storage room door to ensure proper closure with latching on 08/26/11. 2) Adjustments were made by the Maintenance Department to the medical supply room door to ensure proper closure with latching on 08/25/11. 3) Closure was installed by the Maintenance Department to the central supply room door on 08/29/11. The door properly closed and latched following installation. 4) A replacement door for the laundry room was ordered on 09/06/11, to be installed by 09/30/11. <p>An audit of all Facility doors was completed by the Maintenance Department on 08/28/11, to ensure all doors maintained proper closure.</p> <p>The Maintenance Department staff will audit Facility doors monthly to ensure continued compliance. Any door identified with latching or closure issues will be corrected immediately.</p>	10/08/11
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 038	<p>Audits will be reviewed by the Plant Operations Manager during the monthly Safety Committee Meeting. Any negative trend will be reported to the Quality Assessment and Assurance Committee.</p>	

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

TITLE

(X8) DATE

[Signature]

Administrator

09/08/11

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 WILMINGTON HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVE WILMINGTON, NC 28401
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K 038	Continued From page 1	K 038	K038 Adjustments were made by the Maintenance Department on 08/24/11 to the multi-purpose room door to ensure less than 15 lbs of pressure are required to activate the egress.	10/08/11
K 066 SS=F	This STANDARD is not met as evidenced by: Based on observation on Wednesday, 8/24/11 between 11:30 AM and 4:00 PM the following was noted: 1) The delayed egress exit door in the multi purpose room required greater than 15 lbs of force to activate. 42 CFR 483.70(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 050	All delayed egress doors were checked on 08/24/11 by the Maintenance Department and adjustments made to ensure less than 15 lbs of pressure are required to activate the egress. The Maintenance Department staff will audit Facility's delayed egress doors weekly to ensure continued compliance. Any door identified with issues will be corrected immediately. Audits will be reviewed by the Plant Operations Manager during the monthly Safety Committee Meeting. Any negative trend will be reported to the Quality Assessment and Assurance Committee. K056 On 08/01/11 a licensed Contractor was consulted regarding installation of additional fire sprinklers. Sprinklers are to be installed in the nonsprinkled exterior overhead canopies. A second sprinkler is to be installed in four shower rooms where a single sprinkler coverage may not be adequate. BFPE International is scheduled to complete sprinkler installation by 10/08/11.	10/08/11
	This STANDARD is not met as evidenced by: Based on observation on Wednesday, 8/24/11 between 11:30 AM and 4:00 PM the following was noted: 1) The overhead canopies at 100, 200, 300, 600 and other exit canopies are not sprinklered. (Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in depth per			

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NAME OF PROVIDER OR SUPPLIER WILMINGTON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 820 WELLINGTON AVE WILMINGTON, NC 28401	
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K 056	Continued From page 2 NFPA 13 section 5-13.8.1.) 2) Not all hall shower/bathrooms have shower stall that are protected with sprinkler coverage. The shower/bathrooms on 100, 500 have shower stalls that are not protected with sprinkler heads. 42 CFR 483.70(a)	K 056	All areas of the Facility have been assessed by the Administrator to ensure sprinkler coverage is provided to all areas of the building.	
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061	Any negative trends regarding sprinkler coverage will be corrected immediately by a Licensed contractor, reviewed by the Plant Operations Manager during the monthly Safety Committee Meeting and submitted to the Quality Assessment and Assurance Committee. K061 A licensed Contractor was on site 08/30/11 to assess the valve on the sprinkler riser. An electrical monitoring valve was ordered by Coast Mechanical Contractors and scheduled for installation by 09/16/11. Kellers Alarm Company is scheduled to complete the electrical installation by 09/23/11. Valve replacement will become a part of the fire alarm monitoring system and will be maintained as part of the Facility's Annual Alarm Inspection. Kellers Alarm Company will complete alarm testing.	10/08/11
K 144 SS=F	This STANDARD is not met as evidenced by: Based on observation on Wednesday, 8/24/11 between 11:30 AM and 4:00 PM the following was noted: 1) The following automatic sprinkler system was observed as non-compliant, specific findings include the accelerator line to the dry side of the sprinkler riser has a valve that when closed will affect the operation of the system is not equipped with an electronically supervised tamper alarm. 42 CFR 483.70(a)	K 144	The Plant Operations Manager will review audits during the monthly Safety Committee Meeting. Any negative trend will be reported to the Quality Assessment and Assurance Committee.	
	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.			

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K 144	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation on Wednesday, 8/24/11 between 11:30 AM and 4:00 PM the following was noted: 1) The remote generator annunciator panel when check while under emergency power did not show unit supplying power. 2) The generator when tested did not transfer load within 10 seconds. (Transferred in 11-12 seconds.) 42 CFR 483.70(a)	K 144	K144 1) Sure Gen, a licensed Contractor was on site 09/08/11 to assess the generator and validated that power was leaving the generator, but not illuminating the annunciator panel light. New wiring will be run from the generator to the annunciator panel to illuminate the panel. Sure Gen to complete by 09/30/11. 2) A timer replacement was ordered on 09/08/11 to decrease generator load transfer time. Installation to be complete by 09/30/11. The Plant Operations Manager will inspect the generator weekly and exercise under load for 30 minutes each month. Any issue with maintaining full compliance will be reported to the Administrator and will be addressed immediately. Any negative trend will be corrected immediately, reviewed monthly during the Safety Committee Meeting and monthly to the Quality Assessment and Assurance Committee.	10/08/11	