STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLAID 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 patient. (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.
K 029

NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with 3/4 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:

Based on observation on Wednesday, 02/24/11 between 11:30 AM and 4:00 PM the following was noted:

1) The wheelchair 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.

42 CFR 483.70(a)

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

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

[Signature]

Administrator

Date: 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 mitigators provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are discloseable 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 discloseable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue program participation.
<table>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION/REMEDY SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(XIV) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 038</td>
<td>K 038</td>
<td><strong>K038</strong> Adjustments were made by the Maintenance Department on 08/24/11 to the multi-purpose room door to ensure less than 16 lbs of pressure are required to activate the egress. All delayed egress doors were checked on 09/24/11 by the Maintenance Department and adjustments made to ensure less than 16 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 Assurance and Assurance Committee.</td>
<td>10/08/11</td>
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<tr>
<td>K 055</td>
<td>K 056</td>
<td><strong>K056</strong> On 09/01/11 a licensed Contractor was consulted regarding installation of additional fire sprinklers. Sprinklers are to be installed in the non-sprinkled exterior overhead canopies. A second sprinkler is to be installed in four shower rooms where a single sprinkler coverage may not be adequate. BPFE: Internationally scheduled to complete sprinkler installation by 10/09/11.</td>
<td>10/09/11</td>
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This STANDARD is not met as evidenced by: Based on observation on Wednesday, 08/24/11 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 16 lbs of force to activate, 42 CFR 663.70(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

This STANDARD is not met as evidenced by: Based on observation on Wednesday, 08/24/11 between 11:30 AM and 4:00 PM the following was noted:
1) The overhead canopies at 100, 200, 300, 400 and other exit canopy are not sprinklered. (Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in depth per
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<tr>
<td>346230</td>
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<td>06/24/2011</td>
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**NAME OF PROVIDER OR SUPPLIER**

**WILMINGTON HEALTH AND REHABILITATION CENTER**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

**WILMINGTON, NC 28401**

**ID| PREFIX TAG**
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**K 056**
**SS=F**

**SUMMARY STATEMENT OF DEFICIENCIES**  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION)

- **K 056**
  - Continued From page 2
  - 2) Not all hall showers/bathrooms have shower stalls that are protected with sprinkler coverage. The shower/bathrooms on 100, 300 have shower stalls that are not projected with sprinkler heads. 42 CFR 483.70(a)

- **K 081**
  - 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 144**
  - 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.

**ID| PREFIX TAG**
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**K 056**
**K 081**
**K 144**

**PROVIDER'S PLAN OF CORRECTION**

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)

- **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.
  - 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.
  - A licensed Contractor was on site 03/30/11 to assess the valves on the sprinkler riser.

- **K 081**
  - An electrical monitoring valve was ordered by Coastal Mechanical Contractors and scheduled for installation by 09/16/11.
  - Kellars 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. Kellars Alarm Company will complete alarm testing.
  - 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.
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

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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)

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| K 144     |     | 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.