**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CMS IDENTIFICATION NUMBER:** 345365

**(X2) MULTIPLE CONSTRUCTION**

A. BUILDING

B. WING

**(X3) DATE SURVEY COMPLETED:** 03/14/2012

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**NAME OF PROVIDER OR SUPPLIER**

**KINSTON REHAB AND HEALTHCARE CTR**

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

907 CUNNINGHAM RD

KINSTON, NC  28501

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**(X4) ID PRE fixing 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 INITIAL COMMENTS**

The facility was found to be in compliance with the Medicare/Medicaid Long Term Care regulations, 42 CFR part 483, subpart B during the recertification survey of 3/14/2012.

No deficiencies were cited as a result of the complaint investigation. NC00079137

**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.
KINSTON REHAB AND HEALTHCARE CTR

K 000

INITIAL COMMENTS

Surveyor: 27871
This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type III (211) construction, one story, with a complete automatic sprinkler system.

K 020

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 resistant 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:
Surveyor: 27871
Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: door to dry storage room would not latch.

K 038

NFPA 101 LIFE SAFETY CODE STANDARD

Exit access is arranged so that exits are readily
<table>
<thead>
<tr>
<th>ID</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>K038</td>
<td>Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1</td>
<td>K038</td>
<td>It is the practice of this center to assure that all exits remain accessible and discharge to an area of safe refuge at all times to include: All residents bathroom doors will be replaced with single motion of hand to open by May 7th, 2012. Plant Operations Director will inspect exit access weekly and document in centers Preventive Maintenance Log. Preventive Maintenance Logs will be reviewed by the Safety Committee quarterly to ensure continued compliance for one year following the noted issue.</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:
Surveyor: 27871
Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: all residents bathroom door require two motion of hand to open to exit egress.

42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD

This STANDARD is not met as evidenced by:
Surveyor: 27871
Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: switch on PIV valve did not transmit signal to fire alarm control panel on test.

42 CFR 483.79(a) NFPA 101 LIFE SAFETY CODE STANDARD

K038 | Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1 | K038 | It is the practice of this center to assure that all exits remain accessible and discharge to an area of safe refuge at all times to include: All residents bathroom doors will be replaced with single motion of hand to open by May 7th, 2012. Plant Operations Director will inspect exit access weekly and document in centers Preventive Maintenance Log. Preventive Maintenance Logs will be reviewed by the Safety Committee quarterly to ensure continued compliance for one year following the noted issue. |

This STANDARD is not met as evidenced by:
Surveyor: 27871
Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: switch on PIV valve did not transmit signal to fire alarm control panel on test.

42 CFR 483.79(a) NFPA 101 LIFE SAFETY CODE STANDARD

Form CMS-2567(02-99) Previous Versions Obsolete
Facility ID: 902213
If continuation sheet Page 2 of 3

2012-04-16 11:00
K144: Continued from page 2.
Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

This STANDARD is not met as evidenced by:
Surveyor: 27871
Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: generator failed to crank and transfer within 10 seconds on test.

42 483.70(a)

K144
It is the practice of this center to assure that all miscellaneous life safety issues are within compliance at all times to include:

Generator was inspected and adjusted to crank and transfer within 10 seconds on April 30, 2012.

Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance for one year following the noted issue.
<table>
<thead>
<tr>
<th>Deficiency Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K012</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD 1. Building construction type and height meets one of the following requirements: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1.</td>
</tr>
<tr>
<td>K029</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD 2. One hour fire-rated construction (with ¼ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 6.4.1 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.</td>
</tr>
</tbody>
</table>

**Provider's Plan of Correction**

- **K012**: It is the practice of this center to assure that all miscellaneous life safety issues are within compliance at all times to include:
  - Door in smoke barrier wall in the attic on 500 Hall will be replaced with smoke tight to prevent the spread of smoke on May 7th, 2012.
  - All doors in smoke barrier wall will be inspected by April 30, 2012.
  - Any door found to be unsafe will be fixed/replaced by May 7th, 2012.
  - Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance for one year following the noted issue.

- **K029**: It is the practice of this center to assure that all hazardous locations are within compliance at all times to include:
  - Door to Medical record fixed with self closing unit on April 20th, 2012.

**Signature and Title**

[Signature]

**Date**

5/7/2012

4/20/12
**KINSTON REHAB AND HEALTHCARE CTR**

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K029</td>
<td>Continued From page 1 approximately 9:00 am onward, the following items were noncompliant, specific findings include: Medical Records door is not self closing.</td>
<td>K029 Plant manager will inspect to assure any other door required closer will be installed by April 20th, 2012. Will be reviewed by safety meeting committee.</td>
</tr>
<tr>
<td>K038</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: door to resident bedroom 506 requires two motion of hand to open to egress. 42 CFR 483.70(a)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It is the practice of this center to assure that all exits remain accessible and discharge to an area of safe refuge at all times to include: The handle on the door to resident bedroom 506 was replaced with single motion of hand to open on April 30th, 2012. Plant Operations Director will inspect exit access weekly and document in centers Preventive Maintenance Log. Preventive Maintenance Log will be reviewed by the Safety Committee quarterly to ensure continued compliance for one year following the noted issue.</td>
<td></td>
</tr>
</tbody>
</table>
**Kinston Rehab and Healthcare CTR**

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-referenced to the Appropriate Deficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K000</td>
<td>Initial Comments</td>
<td></td>
</tr>
</tbody>
</table>

Surveyor: 27871

Based on observations and staff interview at approximately 9:00 am onward, no LSC deficiencies were noted at time of survey.

42 CFR 483.70(a)

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**Laboratory Director's or Provider/Supplier Representative's Signature**

**Title**

**Date**