PRINTED: 04/25/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	iultipl Lding	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345365	B, WI	√G		03/1	4/2012
	ROVIDER OR SUPPLIER	THCARE CTR	•	907	ET ADDRESS, CITY, STATE, ZIP CODE CUNNINGHAM RD ISTON, NC 28501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	the Medicare/Medi- regulations, 42 CF the recertification s No deficiencies we	und to be in compliance with caid Long Term Care R part 483, subpart B during survey of 3/14/2012. The cited as a result of the ation. NC00079137	F	000			
ARORATOR)	OURFCTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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.

PRINTED: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION On a MAIN BUILDING D1	(X3) DATE S COMPU	
		345365	B. WIN	G		03/2	8/2012
	ROVIDER OR SUPPLIER I REHAB AND HEALT	THCARE CTR		90	EET ADDRESS, CITY, STATE, ZIP CODE 17 CUNNINGHAM RD INSTON, NC 28501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(2X) KOITELSMOO PATÉ
K 000 K 029 SS∺D	conducted as per T at 42CFR 483.70(a Care section of the publications. This beconstruction, one sautomatic sprinkler NFPA 101 LIFE SA One hour fire rated fire-rated doors) or extinguishing syste and/or 19.3.5.4 pro the approved automoption is used, the other spaces by sm doors. Doors are sfield-applied protec 48 inches from the permitted. 19.3.2 This STANDARD I Surveyor: 27871 Based on observatia approximately 9:00 items were noncorr	de(LSC) survey was he Code of Federal Register); using the Existing Health LSC and its referenced uilding is Type III(211) tory, with a complete system. FETY CODE STANDARD construction (with ¼ hour an approved automatic fire m in accordance with 8.4.1 tects hazardous areas. When natic fire extinguishing system areas are separated from noke resisting partitions and elf-closing and non-rated or tive plates that do not exceed bottom of the door are		029	It is the practice of this center to at all hazardous locations are within compliance at all times to include: Door to dry storage room was latch on April 13,2012. All doors will be inspected by April 13,2012. Any other doors found will be fixed that the fix	fixed to fl d by April er closing y during com ented in	4/13/12
K 038 SS=F		FETY CODE STANDARD	· K0	38			
ABODATOR		ged so that exits are readily		:			
~BUKATURY	UIKECTOR'S OR PROVID	ERUSUPPUER REPRÉSENTATIVES SIGN	ATURE		TITLE		(X8) DATE

Any deficiency statement ending with an asterisk (*) benotes 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.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 98WF21

Facility ID; 923213

If continuation sheet Page 1 of 3

PRINTED: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION: NUMBER;	(X2) N		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE ST	
		345365	B. WII	۷G _		03/2	8/2012
•	ROVIDER OR SUPPLIER NREHAB AND HEALT	THCARE CTR	.a.d .	94	REET ADDRESS, CITY, STATE, ZIP CODE 07 CUNNINGHAM RD (INSTON, NC 28501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	YEMENY OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
K 038	Continued From pa accessible at all tim 7.1. 19.2.1	ge 1 es in accordance with section	K	038	It is the practice of this center to a all exits remain accessible and dis an are of safe refuge at all times to All residents bath room doors will with single motion of hand to oper 7th, 2012	charge to include: replaced	5/7/12
	Surveyor: 27871 Based on observati approximately 9:00 items were noncominclude: all resident motion of hand to o				Plant Operations Director will instances weekly and document in ce Preventive Maintenance Log. Preventive Maintenance Log will reviewed by the Safety Committee to ensure continued compliance for one year following the noted issue.	nters be quarterly r	
K 061 SS=F	Required automation	FETY CODE STANDARD c sprinkler systems have to that at least a local alarm e valves are closed. NFPA	K	061	It is the practice of this center to a all miscellaneous life safety issues compliance at all times to include:	are within	i ulal
	Surveyor: 27871 Based on observati approximately 9:00 items were noncom include: switch on F signal to fire alarm 42 CFR 483.79(a)	s not met as evidenced by: ions and staff interview at am onward, the following apliant, specific findings NV valve did not transmit control panel on test			The Switch on PIV valve have be restored to proper operation on Ap 2012 and will be maintained throu Quarterly inspections as outlined if facility Preventative Maintenance that will be monitored by the Safet Committee. Preventive Maintenance Logs will reviewed by the PI committee quarensure continued compliance for one year following the noted issue.	ril 30 gh n the Program y be terly to	4/30/12
K 144 SS≒E		FETY CODE STANDARD	Ķ.	144			
FORM CMS-28	587(02-99) Previous Versions	Obsoleia Sent ID: 98WF21		Fac	l iiity ID; 929213 If con	tinuation she	el Page 2 of 3
		(Judy EF	ブ		Ne	_	

PRINTED: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER KINSTON REHAB AND HEALTHCARE CTR STREET ADDRESS, CITY, STATE, 219 CODE STREET ADDRESS ADDRESS, CITY, STATE, 219 CODE STREET ADDRESS ADDRE		F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1. 1	ULTIPLE CONSTRUCTION LDING 01 - MAIN BUILDING 01	(X3) DATE S COMPLI	
SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION CROSS-REFERENCED TO THE APPROPRIATE COMPLETION CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO T			345365	B. WIN	· · · · · · · · · · · · · · · · · · ·	03/2	8/2012
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) K 144 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) K 144 K 144 K 144 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. K 144 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			THCARE CTR		907 CUNNINGHAM RD	DOE	
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	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFE	X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE APPROPRIATE	COMPLETION
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) Compliance at all times to include: Compliance at all ti	K 144	Generators are insunder load for 30 π	pected weekly and exercised ninutes per month in	K 1	44		
		Surveyor: 27871 Based on observati approximately 9:00 items were noncom include: generator i within 10 seconds of 42 483.70(a)	ions and staff interview at am onward, the following opliant, specific findings failed to crank and transfer on test.	THE PROPERTY OF THE REAL PROPERTY AND AND ADDRESS OF THE PROPERTY OF THE PROPE	It is the practice of this center all miscellaneous life safety is compliance at all times to incompliance at all times to incompliance at all times and crank and transfer within 10 April 30 2012. Preventive Maintenance Log reviewed by the PI committee consure continued compliance	ssues are within clude: adjusted to seconds on s will be e quarterly to e for	4/30/12
FORM CMS-2567 (02-99) Previous Versions Obsoleto Event ID: 98WF21 Facility ID: 929213 If continuation sheet Page 3 of 3	FORM CMS-25	67 (02-99) Previous Versions	Obsolete Event ID; 98WF2	1	Facility ID: 923213	If continuation she	et Page 3 of 3

2012-04-16 11:08

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PRINTED: 03/28/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A BUI		LE CONSTRUCTION 02 - BUILDING 02	(X3) DATE SI COMPLE	
		345365	8. WIN		VZ - DOILDING VZ	03/2	8/2012
	ROVIDER OR SUPPLIER			90	EET ADDRESS, CITY, STATE, ZIP CODE 7 CUNNINGHAM RD NSTON, NC 28501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x i	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS REFERENCED TO THE APPROPRICENCY)	ULD BE	(X5) COMPLETION DATE
K 012 \$S≃E	Building constructi	AFETY CODE STANDARD on type and height meets one 9,1,6.2, 19.1.6.3, 19.1.6.4,	K)12	It is the practice of this center to as all miscellaneous life safety issues compliance at all times to include: Door in smoke barrier wall in the a 500 hall will be replaced with smo prevent the spread of smoke on ma 2012	are within actic on ke tight to	Enter Date Here. 5/7/2012
K 029 SS=D	Surveyor. 27871 Based on observa approximately 9:00 items were noncor include: door in sri hall was not smok smoke. 42 CFR 483.70(a) NFPA 101 LIFE S One hour fire rate fire-rated doors) o extinguishing syst and/or 19.3.5.4 pr the approved auto option is used, the other spaces by si doors. Doors are field-applied prote	d construction (with % hour r an approved automatic fire em in accordance with 8.4.1 otects hazardous areas. When matic fire extinguishing system areas are separated from moke resisting partitions and self-closing and non-rated or ctive plates that do not exceed a bottom of the door are	K	029	All doors in smoke barrier wall withinspected by April 30,2012. Any door was found to be unsafe, fixed/replaced by May 7th,2012. Preventive Maintenance Logs will reviewed by the Pl committee qualensure continued compliance for of following the noted issue. It is the practice of this center to a all hazardous locations are within compliance at all times to include	will be the be needed to be the property to th	4/20/10
	Surveyor; 27871	is not met as evidenced by:	:	j	Door to Medical record fixed wit closing unit on April 20th, 2012.	h self	: : : : :
LABORATOR	i RY DIRECTOR'S OR PROV	ODER/SUPPLIER REPRESENTATIVES AIG	<u>I</u> Snature	1	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.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 98WF21

Facility ID; 923213

If continuation sheet Page 1 of 2

PRINTED: 03/28/2012 FORM APPROVED OMB NO, 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1 ' '		PLE CONSTRUCTION	(X3) DATE S COMPL	
1			A BUII		6 02 - BUILDING 02		
· · · · · · · · · · · · · · · · · · ·		345365	B. WIN			03/2	8/2012
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
KINSTO	NREHAB AND HEALT	THCARE CTR	İ		07 CUNNINGHAM RD (INSTON, NC 28501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULO BE	: (X5) COMPLETION CATE
K 029	approximately 9:00 items were noncom include: Medical Re	am onward, the following apliant, specific findings accords door is not self closing.	KO		Plant manager will inspect to asso other door required closer will be by April 20th, 2012. Will be reviewed by safety meeti committee.	installed	<i>11/20</i> €2
K 038 SS=F	Exit access is arrar	FETY CODE STANDARD nged so that exits are readily nes in accordance with section	Ko	38			
FORM CMS-2S	Surveyor; 27871 Based on observati approximately 9:00 items were noncominclude: door to res	s not met as evidenced by: lons and staff interview at am onward, the following upliant, specific findings ident bedroom 506 requires to open to exit egress.		Fac	It is the practice of this center to assall exits remain accessible and disclan are of safe refuge at all times to a substitution of the handle on the door to resident to 506 was replaced with single motion handle to open on April 30th, 2012. Plant Operations Director will insperacess weekly and document in centreventive Maintenance Log. Preventive Maintenance Log will be reviewed by the Safety Committee to ensure continued compliance for one year following the noted issue.	narge to include: pedroom n of hand i ect exit ters	4 2 1 1 2 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1
ONM CMS-25	ov (uz-99) Previous Versions	Ubsolete Event ID: 98WF21		Fac	My 1D: 923213 If cont	linuation she	et Page 2 of 2
		Carlo	&D)	we	`	•

IATEMEN	TOF DEFICIENCIES	E & MEDICAID SERVICES			OMB NO	M APPROV D. 0938-03
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILDING 03 - F		(X3) DATE COMP	SURVEY
		345365	B. WING			
NAME OF PROVIDER OR SUPPLIER			етрі	GET ADDREAD OF THE	03/	28/2012
OTSMI	N REHAB AND HEAL	THCARE CTR	90	eet address, city, state, zip co 7 Cunningham RD NSTON, NC 28501	DDE	
(X4) ID PREFIX TAG	: (CAUH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	TA O HIOUS	(X5) COMPLETION
K 000	INITIAL COMMEN	тs .	K 000	,		
2	approximately 9:00	ons and staff Interview at am onward, no LSC oted at time of survey.	indicate and a second as a sec			
	42 CFR 483,70(a)					
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VIORY D	KECTOR'S OR PROVIDER	USUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE		DATE

Any deficiency statement ending with an asterisk (2) 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 program participation.

ORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 98WF21

Facility ID: 923213

If continuation sheet Page 1 of 1