

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

PRINTED: 06/21/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  06/20/2012
NAME OF PROVIDER OR SUPPLIER  CYPRESS POINTE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2006 S 16TH ST 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 was found to be in compliance with the Medicare/Medicaid Long Term Care Regulations 42 CFR Part 483, Sub part B during a recertification and complaint investigation survey. Event ID # WLVK11	F 000			

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

TITLE

(X6) DATE

*Lanier Mullins*

*Administrator*

*6/22/2012*

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  KINDRED TRANSITIONAL CARE & REHAB-CYPRESS POINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2006 S 18TH ST WILMINGTON, NC 28401
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K 038 SS=D	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  This STANDARD is not met as evidenced by: Based on observation on Thursday 7/5/12 at approximately 11:30 AM onward the following was noted: 1) Exit door number 3 required more than 15 pounds of force to open and exit door #7 required more than 15 pounds of force to activate the delayed egress on the door.	K 038	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>  K-038 1.) How corrective action will be accomplished for the resident affected: The exit doors #3 and #7 adjusted and lubricated on July 6, 2012 to ensure to open or activate egress with required pound of force 2.) How corrective action will be accomplished for residents having potential to be affected: All other exit doors in the building were inspected and found to be in compliance. Weekly preventive maintenance to be accomplished. 3.) What measures will be put in place or systemic changes made to ensure correction: The Maintenance Director will monitor & inspect all exit doors weekly and corrections made as required. Documented audit logs will be kept on all inspections. 4.) How facility plans to monitor performance to make that solutions are ensured: Safety system components will be reviewed at the monthly performance improvement meeting (QA) for compliance and consistency. The NHA is responsible for compliance with facility policy.	7/3/12
K 052 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  This STANDARD is not met as evidenced by: Based on observation on Thursday 7/5/12 at	K 052		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Reginald J. Fadden* TITLE: *Executive Director* (X6) DATE: *7/20/2012*

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  KINDRED TRANSITIONAL CARE & REHAB-CYPRESS POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2006 S 16TH ST WILMINGTON, NC 28401		
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K 052	Continued From page 1 approximately 11:30 AM onward the following was noted: 1) On testing the Fire Alarm Control Panel (FACP) on battery back-up power the (FACP) went completely dead. 2) The Fire Alarm Control Panel (FACP) have back-up batteries that were dead and the (FACP) did not provide a low battery alarm at the time of the survey.	K 052	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
K 056 SS=F	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  This STANDARD is not met as evidenced by: Based on observation on Thursday 7/5/12 at approximately 11:30 AM onward the following was noted: 1) There are sprinkler heads in the facility rated for Intermediate Temperature Classification, Glass Bulb Color of Yellow temperature rating of (175°F) at three of the four side exit canopy exits	K 056	<b>K-052</b> 1.) How corrective action will be accomplished for the residents affected: BFPE, fire panel contractor, made adjustments to the battery back-up power system, replaced batteries and charger system and then inspected/verified the back-up power system as operational on July 9, 2012.  2.) How corrective action will be accomplished for residents having potential to be affected: Fire panel back-up system inspected and found to be in compliance as of July 9, 2012 by BFPE. Maintenance Director properly tested system. Monthly system checks to be accomplished and documented.  3.) What measures will be put in place or systemic changes made to ensure correction: The Maintenance Director will test & inspect the Fire Panel Back-up System monthly and quarterly checks will be conducted by BFPE during scheduled quarterly fire panel inspections.  4.) How facility plans to monitor performance to make that solutions are ensured: Safety system components will be reviewed at the monthly performance improvement meeting (QA) for compliance and consistency. The NHIA is responsible for compliance with facility policy.	7/31/12	

*R. J. Fadden*  
7/20/12

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K 056	Continued From page 2 and Green (200°F) In the kitchen and dry storage room place of Ordinary Temperature Classification, Glass Bulb Color of Red temperature rating of (155°F).  42 CFR 483.70(a)	K 056	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <hr/> <p><b>K-056</b></p> <p><b>1.) How corrective action will be accomplished for the residents affected:</b> BFPE, fire control system contractor, took inventory of sprinkler heads required to be replaced and immediately ordered the replacement parts. Documentation for order estimated 7/23/2012 as a delivery date for new sprinkler heads. Confirmation received 7/19/12 of delivery and BFPE scheduled to install new sprinkler heads on 23 &amp; 24 July, 2012.</p> <p><b>2.) How corrective action will be accomplished for residents having potential to be affected:</b> Maintenance Director inspected 100% of remaining sprinkler heads for building wide compliance. Monthly fire system checks to be accomplished and documented.</p> <p><b>3.) What measures will be put in place or systemic changes made to ensure correction:</b> The Maintenance Director will inspect the Fire Sprinkler System during monthly audits and inspections and quarterly checks will be conducted by BFPE during scheduled quarterly fire system inspections.</p> <p><b>4.) How facility plans to monitor performance to make that solutions are ensured:</b> Safety system components will be reviewed at the monthly performance improvement meeting (QA) for compliance and consistency. The NHA is responsible for compliance with facility policy.</p>	7/31/12

*R. J. Fallon*  
7/20/12