

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

PRINTED: 01/31/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345537	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2013
NAME OF PROVIDER OR SUPPLIER SILVER STREAM HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2305 SILVER STREAM LANE 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 42CFR PART 483, Subpart B for Long Term Care Facilities (General Health Survey). Event LUJZ11	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

PRINTED: 02/13/2013
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345537	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SILVER STREAM B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2013
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NAME OF PROVIDER OR SUPPLIER SILVER STREAM HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2305 SILVER STREAM LANE WILMINGTON, NC 28401
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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type III-protected construction one story, with a complete automatic sprinkler system. The facility is using Delayed Egress system .	K 000		
K 067 SS=E	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observation and staff interview at 10:30 am onward, the following Life Safety Code item was observed as noncompliant; specific findings include: fire/smoke dampers in return vents in rehab area has excess lint on damper(facility wide).	K 067	K067 Fire/Smoke dampers in return vents in rehab area and all over the building have been cleaned. We have added this item to our monthly TELS program of preventive maintenance for future follow up. This facility alleges compliance with K067 on 2/19/2013. Compliance will be monitored monthly by our TELS program and through monthly QAPI meetings.	2/19/13
K 069 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3, 18.3.2.6, NFPA 96	K 069		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 3/1/13

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 SILVER STREAM HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2305 SILVER STREAM LANE 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	
K 069	Continued From page 1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observation and staff interview at 10:30 am onward, the following Life Safety Code item was observed as noncompliant; specific findings include: 1. facility could provide documentation on hood system being cleaned. 2. deep fat fryer does not have splash guards. 42 CFR 483.70(a)	K 069	K069 1. We have changed the company we hired to do a professional cleaning of the hoods in the kitchen to BFPE, a more reliable company, who will clean the hoods twice yearly. This facility alleges compliance with K069 on 2/19/2013. Compliance will be monitored monthly through QAPI program. K069 2. The deep fat fryer had splashguards added on 2/19/2013. This facility alleges compliance with K069 2. on 2/19/2013 and compliance will be monitored through our QAPI program monthly.	2/19/13 2/19/13	