

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

PRINTED: 01/15/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34A002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>O'BERRY NEURO-MEDICAL TREATMENT CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 OLD SMITHFIELD ROAD GOLDSBORO, NC 27533</b>		
(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). Event ID TBG411	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.

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **34G002**

(X2) MULTIPLE CONSTRUCTION  
A. BUILDING 01- NF ELC 2 O'BERRY NEUROMEDICAL TREATMENT CENTER  
B. WING

(X3) DATE SURVEY COMPLETED **10/02/2012**

NAME OF FACILITY  
**O'BERRY NEURO-MEDICAL TREATMENT CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**400 OLD SMITHFIELD RD, GOLDSBORO, NC 27530**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<b>INITIAL COMMENTS</b> 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 facility is Type " unprotected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system. CFR#: 42 CFR 483.70 (a)	K 000		
K 027 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b> Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 1/4 inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required.	K 027	Conduct assessment of affected areas and complete work orders to ensure that there are no unsealed penetrations.  Seal peep hole in corridor door number 12 in building 2-3.  Maintenance will conduct building preventive maintenance on a quarterly basis and address any issues found.  A pre Life Safety inspection is conducted annually and Safety Committees inspects on an ongoing basis.	10/28/12  10/28/12  Ongoing  Ongoing

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Daryl Christie for Deborah Evans*

TITLE  
*Clinical Director*

(X6) DATE  
*10/22/12*

If continuation sheet Page 1 of 6.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01- NF EIC 2 O'BERRY NEURO-MEDICAL TREATMENT CENTER B. WING _____	(X3) DATE SURVEY COMPLETED  10/02/2012
NAME OF FACILITY  O'BERRY NEURO-MEDICAL TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  400 OLD SMITHFIELD RD, GOLDSBORO, NC 27530		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 027	18.3.7.5, 18.3.7.6, 18.3.7.8  Continued From page 1  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 10/2/2012 the following Life Safety item was observed as noncompliant, specific findings include: The corridor door number 12 in building 2-3 has unsealed penetrations as the peep hole in the door does not have material in it to prevent the passage of smoke from room side to the corridor and vice versa. CFR#: 42 CFR 483.70 (a)	K 027		
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 7.1.18.2.1  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 10/2/2012 the following Life Safety item was	K 038	Conduct initial assessment of affected areas and complete work orders to repair door hardware for all exit door areas.  One motion will be purchased and installed to ensure one hand operation to janitor's closet in Center Core and to any other exit door areas found upon assessment.	10/28/12  11/13/12

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Dany A. [Signature]* for Deborah [Signature]

TITLE  
Clinical Director

(X6) DATE  
10/22/12

If continuation sheet Page 2 of 6

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01- N/ ELC 2 O'BERRY NEUROMEDICAL TREATMENT CENTER B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2012</b>
NAME OF FACILITY <b>O'BERRY NEURO-MEDICAL TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 OLD SMITHFIELD RD, GOLDSBORO, NC 27530</b>		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>observed as noncompliant, specific findings include: The janitor's closet in the center core of the facility has more than one range of motion to exit the closet. There are two active dead bolts (upper and lower) on the door resulting in a person turning two items to exit the janitor's closet. CFR#: 42 CFR 483.70 (a)</p>		<p>Maintenance will conduct building preventive maintenance on a quarterly basis and address any issues found.  A pre Life Safety inspection is conducted annually and Safety Committees inspects on an ongoing basis.</p>	<p>Ongoing</p> <p>Ongoing</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>David S. Phillips for Robert Egan</i>	TITLE <i>Clinical Director</i>	(X6) DATE <i>10/22/12</i>
FORM CMS2567 (02/99) Previous Versions Obsolete If continuation sheet Page 3 of 6		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - NF ELC4 B. WING _____	(X3) DATE SURVEY COMPLETED  10/02/2012
NAME OF FACILITY O'BERRY NEURO-MEDICAL TREATMENT CENTER				
STREET ADDRESS, CITY, STATE, ZIP CODE 400 OLD SMITHFIELD RD, GOLDSBORO, NC 27530				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS 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 facility is Type" unprotected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system. CFR#: 42 CFR 483.70 (a)	K 000		
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 7.1.18.2.1  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 10/2/2012 the following Life Safety item was observed as noncompliant, specific findings include: The janitor's closet in 4-1 has more than one range of motion to exit the closet. There are two active	K 038	Conduct an initial assessment of affected areas and complete work orders to repair door hardware for all exit door areas.  One motion will be purchased and installed to ensure one hand operation to 4-1 janitor's closet and to any other exit door areas found upon assessment.  Maintenance will conduct building preventive maintenance on a quarterly basis and address any issues found.	10/28/12  11/13/12  Ongoing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Deborah Eason*

TITLE  
*Clinical Director*

(X6) DATE  
*10/22/12*

If continuation sheet Page 4 of 6

**STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION**

NAME OF FACILITY: **O'BERRY NEURO-MEDICAL TREATMENT CENTER**  
 STREET ADDRESS, CITY, STATE, ZIP CODE: **400 OLD SMITHFIELD RD, GOLDSBORO, NC 27530**

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **34G002**  
 (X2) MULTIPLE CONSTRUCTION  
 A. BUILDING 02 - NF ELC4  
 B. WING \_\_\_\_\_  
 (X3) DATE SURVEY COMPLETED: **10/02/2012**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 038	dead bolts (upper and lower) on the door resulting in a person turning two items to exit the janitor's closet. CFR#: 42 CFR 483.70 (a)	K 038	A pre Life Safety inspection is conducted annually and Safety Committees inspects on an ongoing basis.	Ongoing
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.	K 056	Conduct initial assessment of affected areas and complete work orders to move or extend sprinkler heads.  Obtain quote to extend the sprinkler head past the light.  Coordinate installation of new sprinkler head in area 4-3, room 4320 and in any other affected areas found during assessment.  Training will occur with all electricians regarding installation of light fixtures.	10/28/12  10/28/12  11/07/12
	This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 10/2/2012 the following item was observed as noncompliant, specific findings include: The sprinkler head in area 4-3, room 4320 was		A pre Life Safety inspection is conducted annually and Safety Committees inspects on an ongoing basis.	Ongoing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sherry J. Plutynski for Deborah Egan TITLE: Clinical Director  
 FORM CMS 2567 (02/99) Previous Versions Obsolete (X6) DATE: 10/22/12  
 If continuation sheet Page 5 of 6.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - NF ELC4 B. WING _____	(X3) DATE SURVEY COMPLETED  10/02/2012
NAME OF FACILITY O'BERRY NEURO-MEDICAL TREATMENT CENTER 400 OLD SMITHFIELD RD, GOLDSBORO, NC 27530				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	blacked by the light fixture in that space.			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Henry J. Chelley for Deborah Ellum*  
 TITLE *Clinical Director*  
 (X6) DATE *10/22/12*  
 If continuation sheet Page 6 of 6



North Carolina Department of Health and Human Services  
Division of State Operated Healthcare Facilities

**O'Berry Neuro-Medical Treatment Center**

400 Old Smithfield Road ■ Goldsboro, North Carolina 27530-8464 ■ Courier 01-09-01

Beverly Eaves Perdue, Governor  
Albert A. Delia, Acting Secretary  
J. Luckey Welsh, Jr., FACHE, Interim Director

Deborah Exum, MSA, LNHA, Director  
Telephone (919)581-4001

October 22, 2012

Marcus Staley  
Building Systems Engineer  
DSHR - Construction Section  
2705 Mail Service Center  
Raleigh, NC 27699-2705

RE: Plan of Correction for NF 2012 Life Safety Survey

Dear Mr. Staley:

Attached is a copy of the O'Berry Neuro-Medical Treatment Center Plan of Correction for deficiencies cited during the Life Safety Survey conducted from October 2, 2012 thru October 4, 2012. The Plan of Correction includes the information as requested regarding immediate corrective action as well as methods to ensure that deficient practices do not recur and that we have a quality assurance program in place to monitor the aforementioned concerns. As outlined in your memorandum, all deficiencies will be corrected within 45 days; prior to November 15, 2012.

Please do not hesitate to call me at (919) 581-4010 if you have any questions or concerns.

Sincerely,

  
Lisa B. Ruggery  
Director of Performance Improvement

Enclosures: Life Safety Plan of Correction