

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

PRINTED: 02/21/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2013
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - LUMBERTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 WILLIS AVENUE LUMBERTON, NC 28358		
(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 L93511.	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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345234	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED MAR 20 2013 03/06/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - LUMBERTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 WILLIS AVENUE LUMBERTON, NC 28358
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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 Existing Health Care section of the LSC and its referenced publications. This facility is Type III protected construction utilizing North Carolina Special locking arrangements, and is equipped with an automatic sprinkler system.	K 000	<i>Preparation and or execution of this plan of correction do not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because the provision of federal and state laws requires it.</i> K 025 SS=D	
K 025 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 3/6/2013 the following Life Safety item was observed as noncompliant, specific findings include: There were unsealed penetrations in the rated walls above the bed lights in room 505.	K 025	<i>Criteria 1</i> Maintenance Director and Maintenance Assistant re-educated to ensure no unsealed penetrations in rated walls. Unsealed penetration corrected. <i>Criteria 2</i> All other rated walls above bed lights inspected to ensure no unsealed penetrations in rated walls. <i>Criteria 3</i> Maintenance Director and/or Maintenance Assistant will monitor all rated walls weekly to ensure any penetrations in rate walls are corrected immediately. <i>Criteria 4</i> The information from the weekly monitoring will be brought to the QAPI committee monthly for a minimum of 3 months or until no longer deemed necessary.	4/20/13
K 052 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD	K 052		

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

Boaxue Thompson

(X6) DATE

3/19/13

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.

WTA

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - LUMBERTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 WILLIS AVENUE LUMBERTON, NC 28358		
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K 052	Continued From page 1 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 the observations and staff interviews on 3/6/2013 the following Life Safety item was observed as noncompliant, specific findings include: The alarm bell for the 700 hallway was not operating properly when tested with the activation of the fire alarm system. The sounder for the bell was muffled and did not produce the proper sound for that location.	K 052	K 052 SS=E <i>Criteria 1</i> <i>The Maintenance Director and Maintenance Assistant were re-educated to ensure the sounder for the fire alarm system on 700 Hall sounded properly (not muffled).</i> <i>Simplex notified and scheduled for visit to assess and correct muffled sounder.</i> <i>Criteria 2</i> <i>All other sounders were assessed to ensure operating properly when tested.</i> <i>Criteria 3</i> <i>The Maintenance Director and/or Maintenance Assistant will monitor the fire alarm sounders for all hallways weekly to ensure operating properly, i.e. alarm not muffled.</i>	4/20/13	
K 144 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	<i>Criteria 4</i> <i>The results from the weekly monitoring will be brought to the QAPI meeting monthly for a minimum of 3 months and until no longer deemed necessary.</i>		

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K 144	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 3/6/2013 the following Life Safety item was observed as noncompliant, specific findings include: The generator annunciator panel did not give a visual indication that the generator was supplying the load for the emergency circuit when tested. There was an indication that the generator was running.</p> <p>NOTE: The transfer of the emergency circuit did occur within the required ten seconds or less.</p> <p>CFR#: 42 CFR 483.70 (a)</p>	K 144	<p>Criteria 1</p> <p><i>The Maintenance Director and Maintenance Assistant were educated to ensure the generator annunciator panel gives a visual indication when the generator is supplying the load for the emergency circuit when tested.</i></p> <p>Criteria 2</p> <p><i>Cummings Atlantic was notified and scheduled for a visit in order to assess and correct the visual indication on the annunciator panel when the generator is supplying the load for the emergency circuit when tested.</i></p> <p><i>No other annunciator panels exist.</i></p> <p>Criteria 3</p> <p><i>Maintenance Director and/or Maintenance Assistant will monitor the annunciator panel weekly to ensure the visual indication on the annunciator panel is lit when the generator is supplying the load for the emergency circuit when tested.</i></p> <p>Criteria 4</p> <p><i>The results of the weekly monitoring will be brought to the QAPI committee monthly for a minimum of 3 months and until no longer deemed necessary.</i></p>	4/20/13
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