F 000 INITIAL COMMENTS

This facility is in compliance with the requirements of 42 CFR part 483, Subpart B, for Long Term Care facilities. Event ID # JESK11. There were no deficiencies cited as a result of the Complaint investigation survey. NC00083828.

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**

<table>
<thead>
<tr>
<th>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</th>
<th><img src="image.png" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:</td>
<td>346185</td>
</tr>
<tr>
<td>(X2) MULTIPLE CONSTRUCTION</td>
<td>A. BUILDING 01 - MAIN BUILDING 01</td>
</tr>
<tr>
<td>(X3) DATE SURVEY COMPLETED</td>
<td>05/07/2013</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**
PREMIER LIVING AND REHAB CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**
100 CAMERON STREET
LAKE WACCAMAW, NC 28450

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 000</td>
<td>INITIAL COMMENTS</td>
<td>K 000</td>
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</table>
|                   | 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 Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system. Facility is using North Carolina Special Locking system.  
The deficiencies determined during the survey are as follows:  
K 038 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 |
|                   | K 038  
The door knobs to the storage room #3 (in kitchen) and the rear exit door out of the kitchen were replaced with one-motion of hand handles on 5/9/2013.  
All other areas that have the potential for the same deficient practice have been audited for compliance.  
Maintenance Director will monitor and ensure that any new door knobs/handles meet this criteria of one-motion of hand to exit on an ongoing basis.  
Any issues will be forwarded to QA for further recommendations if necessary. |
|                   | K 061  
The PTV valve was serviced by the contracted provider (BP/BB) on 5/8/13 and tested properly for normal operation upon closure of the valve.  
No other areas are affected.  
To ensure that the deficient practice does not occur, the PTV valve will be tested by maintenance on a monthly basis upon random fire drills.  
Any issues will be corrected immediately and results will be forwarded to QA for further recommendations if necessary. |

<table>
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<tr>
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<th>TITLE</th>
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<tbody>
<tr>
<td>Linda B. Barnell</td>
<td>Admin</td>
<td>5/15/13</td>
</tr>
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<tr>
<td>K 061</td>
<td>Continued From page 1 72, 9.7.2.1</td>
<td>K 061</td>
<td></td>
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<tr>
<td></td>
<td>This STANDARD is not met as evidenced by:</td>
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<td></td>
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<tr>
<td></td>
<td>Surveyor: 27871</td>
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<tr>
<td></td>
<td>Based on observations and staff interview at approximately 8:30 am onward, the following items</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>were noncompliant, specific findings include: at time of survey PIV switch located at</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>front of facility did not send signal to Fire Alarm</td>
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<td></td>
<td>panel when tested.</td>
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<tr>
<td>K 062 SS-E</td>
<td>42 CFR 483.70(a)                                  NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 062</td>
<td></td>
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<tr>
<td></td>
<td>Required automatic sprinkler systems are continuously maintained in reliable operating</td>
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<tr>
<td></td>
<td>condition and are inspected and tested periodically, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</td>
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<td></td>
<td>documentation that a 5 year obstruction investigation had been performed on sprinkler</td>
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<td></td>
<td>system.</td>
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<td>42 CFR 483.70(a)</td>
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A 5-year obstruction investigation was performed on 5/13/13 by the contracted provider (BPBD).

No other areas are affected.

Maintenance will monitor and place scheduled 5 year obstruction investigations on the preventive maintenance schedule to ensure the deficient practice does not recur.

Results will be forwarded to QA for further recommendations if necessary.

Maintenance Director is responsible.