# Statement of Deficiencies and Plan of Correction

**Provider/Supplier/Clinic Identification Number:**

<table>
<thead>
<tr>
<th>(X1) Provider/Supplier/Clinic Identification Number:</th>
<th>(X2) Multiple Construction</th>
</tr>
</thead>
</table>
| 345192 | A. Building:  
B. Wing: |

**Date Survey Completed:**

<table>
<thead>
<tr>
<th>(X3) Date Survey Completed</th>
<th>C</th>
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<tbody>
<tr>
<td>12/05/2013</td>
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</table>

**Name of Provider or Supplier:**

**Longleaf Neuro-Medical Treatment Center**

**Street Address, City, State, Zip Code:**

4761 Ward Boulevard  
Wilson, NC 27893

**Summary Statement of Deficiencies:**

Each deficiency must be preceded by full regulatory or LSC identifying information.

**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).

**Provider's Plan of Correction:**

Each corrective action should be cross-referenced to the appropriate deficiency.

**Laboratory Director's or Provider/Supplier Representative's Signature:**

**Title:**

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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**Event ID:** KVNJJ1  
**Facility ID:** 923375  
**If continuation sheet Page:** 1 of 1
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 building is Type 1 (111) construction, six story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

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:
A. Based on observation and staff interview the staff did not know about the master door release switch located at the nurses station.
B. Based on observation on 01/08/2014 the door release switch at the exit door near room 536 was not an on & off switch.
42 CFR 483.70 (a)

K 038

K 038

K 038 (A)

An educational flyer with instructions about the master door release switch located at the nurse’s station is being developed. The flyer will be posted at the unit nursing stations and on employee bulletin boards. All staff members will be retrained about the master door release switch by 2/22/14. Staff knowledge of the master door release switch will be checked during quarterly Environmental Rounds by the Safety Officer/Managers and results reported to the Quality Improvement Committee quarterly.

K 038 (B)

The on & off switch at the exit door near room 536 was repaired 1/31/14. All door release switches were checked by Plant Operations by 1/16/14 to validate they were operational. Door release switches were added to the facility’s preventative maintenance program. All door release switches will be checked monthly X3 beginning January 2014, then quarterly X3. Results will be reported to the Quality Improvement Committee.
<table>
<thead>
<tr>
<th>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>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 038</td>
<td>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</td>
<td>K 038</td>
<td>K038 (A) The door release covers were unlocked immediately on 1/8/14. The door release covers were added to the facility's preventative maintenance program to be checked monthly, beginning January 2014. Results to be reported to the QI Committee monthly X3, then quarterly X3.</td>
<td>2/22/14</td>
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This STANDARD is not met as evidenced by: A. Based on observation on 09/2014 the door release covers were locked and required the use of a key to open the cover over the on and off switch; 42CFR 483.70 (a)