

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

PRINTED: 01/18/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  12/01/2011
NAME OF PROVIDER OR SUPPLIER  LONLEAF NEURO-MEDICAL TREATMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4761 WARD BOULEVARD WILSON, NC 27893	
(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	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</p> <p>No deficiencies were cited as a result of the complaint investigation NC00076931.</p>	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 12/19/2011 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345192	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01-13th Building 01 B. WING
NAME OF PROVIDER OR SUPPLIER  Longleaf Neuro-Medical Treatment Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4761 WARD BOULEVEARD WILSON, NC 27893	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
K 025 SS=E	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 ducted 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 on 12/14/2011 the following items were observed as noncompliant, specific findings include:  (1) There were unsealed penetrations in the smoke walls above both cross corridor smoke doors on the 7 <sup>th</sup> floor looking from the core area towards the resident hallways. (2) There were unsealed penetrations in the smoke wall near the environmental service closet on the 5 <sup>th</sup> floor looking from the core area towards the resident hallway.	K 025	The penetrations in the smoke walls have been properly sealed. Plant operations checked and repaired all smoke walls (including those on 5 <sup>th</sup> & 7 <sup>th</sup> floors) according to code. All future installations will require wall penetrations to be sealed immediately.
K 047 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD  Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system 19.2-10.1	K 047	The directional signage in the basement near the linen room has been installed. This will be an area that we will continue to monitor and make sure that all routes out of the building are marked according to the life safety code. Exit signs will be checked on a monthly basis to make sure the facility is compliant.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (x6) DATE \_\_\_\_\_

*William Q. By* *Director* *1/4/12*

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01-Main Building 01</b> B. WING		(X3) DATE SURVEY COMPLETED  12/14/2011
	345192			
NAME OF PROVIDER OR SUPPLIER <b>Longleaf Neuro-Medical Treatment Center</b>		STREET ADDRESS, CITY, STATE, ZIP CODE 4761 WARD BOULEVEARD WILSON, NC 27893		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 047	Continued From page 1	K 047		
K 072 SS=E	<p>This STANDARD is not met as evidenced by: Based on the observations on 12/14/2011 onward during the survey the following exit directional signage was observed as noncompliant, specific findings include: There was no exit directional signage directing persons to all required exits from the basement areas near the linen room.</p> <p>CFR# 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: Based on the observations on 12/14/2011 onward during the survey the following item was observed as noncompliant, specific findings include: The door for the activities storage room on the 5<sup>th</sup> floor opened in the corridor, this door did not open 180 degrees to the corridor wall or have a door closure installed to automatically keep the door closed after being opened.</p> <p>CFR#: 42 CFR 483.70 (a)</p>	K 072	<p>Door closure was installed on the activity storage room door on 5<sup>th</sup> floor so when door is opened it will automatically close. Facility plant operations will continue to monitor doors that have corridor access to make sure they are compliant with the life safety code.</p>	12/16/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345192	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED  12/14/2011
NAME OF PROVIDER OR SUPPLIER  LONLEAF NEURO-MEDICAL TREATMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4761 WARD BOULEVARD WILSON, NC 27893		
(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 000	INITIAL COMMENTS  There were no Life Safety Code Deficiencies noted at time of survey on 12/14/2011.	K 000			

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