

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

PRINTED: 07/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2012
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NAME OF PROVIDER OR SUPPLIER REX REHAB & NURSING CARE CENTER OF APEX	STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC 27502
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(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
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F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident, staff and family interviews and medical record review, the facility failed to provide nail care for 1 of 40 residents (Resident #282). The findings were:</p> <p>Resident #282 was readmitted to the facility on 5/30/12. Diagnoses included Chronic Renal Failure Stage 4, Atrial Fibrillation, and Cardiomyopathy.</p> <p>Observations were made on 6/17/12 at 4:30 PM, 6/18/12 at 12:00 PM, and 6/19/12 at 12:30PM and the fingernails had black substance underneath the tips of the nails.</p> <p>Review of the most recent Minimum Data Set (MDS) dated 6/11/12 assessed the resident as being totally dependent on staff for bathing, and extensive assistance was required for personal hygiene. Review of the careplan was not specific for nail care. Staff were to provide assistance with activities of daily living.</p> <p>Review of ADL documentation for June 2012 revealed Resident #282 had a shower on 6/12/12 and 6/19/12. Documentation for the other days</p>	F 312	<p>F312</p> <ol style="list-style-type: none"> Resident #282 has been discharged and no longer resides at the facility. Any resident residing within the facility's 40 short-stay rehabilitation beds would have the potential for inadequate nail care if such needs are not expressed to facility nursing staff members. Facility policies and procedures will be revised to include the provision of nail care during scheduled bathing times for all facility residents, including those residing within the short-stay rehabilitation beds. Weekly assessments will now include the condition of all residents' nails, with nail care provided as necessary. <p>All Nursing Department Employees will receive inservice education regarding the provision and facility expectations for resident nail care. Such will include a review of the aforementioned policy and procedural changes related to</p>	7/17/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 7/12/12
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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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NAME OF PROVIDER OR SUPPLIER REX REHAB & NURSING CARE CENTER OF APEX			STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC 27602	
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F 312	<p>Continued From page 1</p> <p>revealed a "B" for "Bed Bath" on 7-3 shift. The ADL documentation did not include nail care.</p> <p>An interview conducted with aide #1 on 6/20/12 at 2:40 PM revealed nail care was not routinely done by staff on the short stay rehab hall. The residents were in therapy to do as much for themselves as possible. This aide would do nail care if the resident asked for assistance. Continued interview revealed Resident #282 had not requested nail care to be done.</p> <p>Interview with a family member on 6/20/12 at 2:44 PM revealed she did not do his nail care. She stated his fingernails did need to be cleaned, and stated " you should see his toes. "</p> <p>An interview was conducted with Administrative nurse #1 on 6/21/12 at 8:35AM. The Administrative nurse #1 explained the expectation would be, " if they (fingernails) are noted to need cleaning, they would be cleaned. " The nurse on the floor does the skin checks on halls 300 and 400. The nails should be checked weekly during the skin audits.</p> <p>Record review on 6/21/12 of the " Body Assessment Tool " revealed a skin assessment was conducted for Resident #282 for the dates of 6/4/12, 6/11/12 and 6/18/12. This form contained no documentation of the condition of Resident #282 ' s fingernails. The area for additional comments was blank on all 3 assessments.</p> <p>Interview with Licensed nurse #1 on 6/21/12 at 9:30 AM was conducted related to completing the Body Assessment Tool. During the interview, Licensed nurse #1 stated, he would typically</p>	F 312	<p>resident nail care.</p> <p>4. Nail care for all residents will be monitored by the Director of Nursing or Designee on a daily basis for one week, then a weekly basis for one month, and finally a monthly basis for three months.</p> <p>Whenever inappropriate nail care is observed during the above reviews, nail care will be immediately provided to the resident. Education will be given to the employee(s) present and responsible for the personal care of the resident in question.</p> <p>The findings from the above monitoring and education activities will be documented and presented by the Director of Nursing or Designee to the Quality Assurance Committee during each month that monitoring continues. Findings will be discussed by the QA Committee, with further interventions considered and implemented as necessary to fully correct further concerns.</p> <p>The Director of Nursing will be</p>	

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F 312	Continued From page 2 assess the skin at pressure point areas. This nurse was questioned regarding finger/toenail assessment. When asked if the " Body Assessment Tool " was used, the response was "no". Further interview continued with this nurse explaining nail care would be provided to residents who were alert and oriented, when they requested it. If the resident cannot request nail care, the staff would automatically provide it.	F 312	responsible for the implementation of this Plan of Correction and for compliance with this regulation on an ongoing basis.		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and	F 431	F431 1. No individual residents were referenced as part of this deficient practice. The medications in question have been discarded, and the medication carts have been cleaned. 2. All facility residents would have the potential to be negatively impacted by the facility's failure to properly record, label, or store drugs and biologicals. 3. Facility policies and procedures related to insulin expiration dates, the labeling/dating of medications or physician-ordered supplements, and medication cart cleanliness, have been revised as necessary to improve the processes relating to the referenced deficient practices.	7/17/12	

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F 431	<p>Continued From page 3</p> <p>Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to: 1. discard expired multi-dose vials of insulin on 2 of 7 medication carts; 2. failed to date and label an insulin flex pen in 1 of 7 medication carts, and 3. failed to label and date a physician 's ordered nutritional supplements.</p> <p>The findings were:</p> <p>Observations of the medication cart on the 200 hall on 6/17/12 at 3:40 PM revealed a multi-dose insulin vial that was opened on 5/16/12.</p> <p>Observations of the 100 hall medication cart on 6/17/12 at 3:49 PM revealed a Humalog insulin that was opened on 5/15/12, and a Levemir insulin that was opened on 5/18/12. Continued inspection of the 100 hall medication cart found the following: a multi-use pill crusher with powder residue inside, three loose pills in drawers, and a ziplock baggie with packets of Axona. The information on the packets described the contents as "Medical Food" dietary management of the metabolic processes associated with mild to moderate Alzheimer's disease. The 7 packets of Axona had an expired date of 05Apr12. The ziplock baggie had not been labeled with a residents name, how to use the supplement or</p>	F 431	<p>All facility Nurses will receive inservice education from the Director of Nursing Services or Designee that will include the aforementioned policy updates and facility practices related to insulin expiration dates, the labeling/dating of medications or physician-ordered supplements, and medication cart cleanliness.</p> <p>4. Medication carts will be inspected for compliance by the Director of Nursing or Licensed Nurse Designee each shift for two weeks, then on night shift for two weeks, and finally on night shift each week for three months.</p> <p>Any problem issues discovered during these inspections will be immediately rectified and discussed with the Charge Nurse in question. This will include education and the potential for counseling or formal disciplinary action.</p> <p>The findings from these medication cart inspections will be documented and presented by the Director of Nursing or Designee to the Quality Assurance Committee each month</p>	

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F 431	<p>Continued From page 4</p> <p>date of prescription. The ziplock baggie did have a red label "for external use ONLY". Found in one drawer, was an Optichamber for metered dose inhalers with discard date of "after" 5/08/12 and medication residue on one end.</p> <p>During an interview with Licensed nurse #2 on 6/17/12 @ 4:10 PM the following explanations were provided. This nurse did not know what the nutritional packets Axona were, or which resident would receive them; and the inhaler chamber should have been discarded. This nurse confirmed the insulins in the cart were expired. This nurse explained the multi-dose vials of insulin may be kept for twenty-eight (28) days after opening.</p> <p>Observations of the 400 hall medication cart on 6/17/12 at 442 PM revealed a Novolog flex pen with no label, and no date. A handwritten name and room number of a resident had been written on the flex pen.</p> <p>Interview on 6/21/12 at 5:00 PM with licensed nurse #3 revealed she did not have any information about the flex pen for that resident.</p> <p>Interview on 6/21/12 at 12:45 PM was conducted with Administrative nurse #1 regarding storage of medications. The following response was provided, the insulin flexpen was brought in by the family; the staff had put the resident's name on it, but it was not in use. It was her expectation the medication would have been sent home with family. The nutritional packets were brought in by the family and left on the cart. Again, she stated these should have been removed from the cart. During this interview, the Administrative nurse #1</p>	F 431	<p>while the monitoring occurs. The findings will be discussed by the QA Committee, with further interventions considered and implemented as necessary.</p> <p>The Director of Nursing will be responsible for the implementation of this Plan of Correction and for compliance with this regulation on an ongoing basis.</p>		

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F 431	Continued From page 5 was asked if the medication carts were on a cleaning schedule. The response was "yes" the 11-7 night shift nurses are responsible for maintaining the medication carts.	F 431			

Stage 2 Sample Resident List

REX REHAB & NURSING CARE CENTER OF APEX: GW0U11 - 06/18/2012

<u>Unit #</u>	<u>Room #</u>	<u>Resident</u>	<u>Name</u>	<u>Admission Date</u>
	211-B	1	BARBER, GENEVA F - 02/19/1915	
	116-A	14	BENITEZ, MARIA F - 07/11/1980	
	311-A	133	BETTS, JIMMY P - 01/27/1943	
		202	BIGGERSTAFF, DONALD G - 08/25/1932	01/18/2012
	105-A	67	BIGGS, JUDY C - 07/27/1938	
	104-A	5	BURCHETTE, BEN E - 08/14/1931	
	320-A	189	CALDERON, PEDRO A - 11/06/1928	03/29/2012
200	216A	317	CASE, DAWN N - 01/25/1953	05/24/2012
	210-A	36	CASTO, YVONNE G - 11/01/1923	03/16/2012
	317-B	64	CLARK, MARTHA C - 07/09/1933	05/02/2012
		279	DAVIS JR, GROVER D - 04/26/1931	
	412-A	183	DENNEN, WILLIAM R - 11/19/1940	05/28/2012
	214-A	204	EDWARDS, BEULAH M - 09/07/1924	
		68	EGGLESTON, CAROLYN J - 03/11/1937	
300	318-A	309	ELDER, EVERETT G - 09/30/1929	06/14/2012
	203-B	85	ELLIS, VIVIAN M - 01/08/1925	02/16/2012
	107-B	82	FOX JR, HERBERT C - 07/20/1936	
	402-A	282	GIBBONS, HAROLD E - 09/18/1931	04/20/2012
300	305-A	316	GREGORY, QUENTIN - 05/27/1922	06/07/2012
	108-A	197	GROSS, MARJORIE R - 11/11/1924	
	201-A	92	GUNTER, JEAN S - 04/30/1929	
	109-B	107	HAM, LYDE M - 09/20/1934	
	307-B	280	HILTON, VOIDA - 01/05/1925	04/18/2012
		78	JACKSON, MARY H - 01/13/1920	05/01/2012
	102-A	193	JUDD, VERTA J - 05/24/1932	
	303-B	307	KEITH, MARIE S - 08/11/1939	05/26/2012
	109-A	249	KEITZ, ROBERT J - 07/11/1926	03/09/2012
	202-B	25	LEDBETTER, MARY B - 10/18/1921	
	108-B	74	LOEWY, BARBARA P - 03/03/1925	
	210-B	155	LOVELL, JANICE A - 03/18/1928	02/14/2012
300	304-A	313	LUTTERLOH, VERGILIA S - 09/12/1918	06/11/2012
	306-A	12	MCGILL, DARIES L - 01/26/1923	
		19	MEADOWS, JAMES N - 07/18/1946	
400	407-B	310	MEYER, ANN - 02/25/1928	06/01/2012
	208-B	8	MORGAN, GERTRUDE L - 11/19/1916	04/06/2012
	209-A	44	MORRISON, SIDNEY T - 10/10/1922	
400	411-B	315	MULLER, DANIELLE E - 10/16/1938	06/14/2012
	318-B	40	OLDS, WALTER - 02/01/1926	05/17/2012
	307-A	99	ONEAL, VAHNIS S - 11/04/1933	05/21/2012
400	410A	311	PERRY, BAYARD C - 02/13/1924	05/22/2012
	114-A	179	PETROS, CECILIA R - 07/04/1923	
	206-A	27	PONCE, GILDA A - 06/22/1933	
	213-A	62	RAGAN, CLYDE S - 01/25/1919	
	215-A	61	REGULSKI, MARY B - 01/06/1923	
		141	SCHNEIDER, RAYMOND J - 06/07/1923	03/21/2012

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K 056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: A. Based on observation on 07/24/2012 the shower on the 200 hall did not appear to be covered by the sprinkler system. This must be verified by your sprinkler designer and if it is not covered it must be corrected. 42 CFR 483.70 (a)</p>	K 056	<p>K056</p> <p>The facility met with its sprinkler service company, Fire & Life Safety America, on August 9th to discuss their recommendations for rectifying this concern. Mr. Brady Hauser of F & LSA has communicated with Mr. Curtis Daniel regarding this issue, and we await a few technical clarifications prior to implementing more specific action steps.</p> <p>Three additional shower rooms within the facility have a similar potential to be effected by the specific sprinkler issue raised within the 200 hall shower room.</p> <p>(continued)</p>	9-7-12
K 074 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the</p>	K 074	<p>K074</p> <p>The curtains in Room 212, decorations observed hanging in the hallways, and any other discovered items of similar nature throughout the building will be properly treated with a flame retardant product to achieve sufficient flame retardancy. If said treatment is unsuccessful with any item, it will be removed from the</p>	9-7-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE ADMINISTRATOR (X6) DATE 8-10-2012

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K 074	Continued From page 1 methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: A. Based on observation on 07/24/2012 the facility did not have documentation showing that the window curtains in room 212 were flame retardant nor the decorations hanging on many of the doors through out the facility. 42 CFR 483.70 (a)	K 074	building. The facility will inspect all hallway doors and resident rooms for items of a similar nature that would require flame retardancy. Said items will be successfully treated, or they will be removed from the building. The facility has discovered and tested a product specifically manufactured to provide flame retardant protection for potentially flammable items. All items of concern with the building will be properly treated. A tracking system will be implemented to indicate and identify those items within the building that have been properly spray treated with the flame retardant material. The Facilities Maintenance Supervisor will 1) Coordinate the identification of potentially flammable items that are in need of flame retardant treatment, 2) Treat each item with the flame retardant material, 3) Identify and label each item within the building that has (continued)	

Rex Rehabilitation and Nursing Care Center of Apex
07/24/2012

K056 (continued)

The facility will obtain a written recommendation from its sprinkler service company, Fire & Life Safety of America, regarding the action steps that are necessary to achieve compliance with this regulation and properly rectify this concern.

The facility will fully implement any steps necessary to correct the stated deficiency and bring the building into full compliance with this regulation.

The Facilities Maintenance Director will be responsible for coordinating any necessary service work that is required. The Administrator is responsible for this Plan of Correction and for ensuring the full compliance is achieved within the necessary timeframe.

K074 (continued)

been properly treated with the flame retardant material.

The Administrator will be responsible for the implementation of this plan of correction and with ongoing compliance with this regulation.

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K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: A. Based on observation on 07/24/2012 the shower on the 200 hall did not appear to be covered by the sprinkler system. This must be verified by your sprinkler designer and if it is not covered it must be corrected. 42 CFR 483.70 (a)	K 056	K056 The facility met with its sprinkler service company, Fire & Life Safety America, on August 9 th to discuss their recommendations for rectifying this concern. Mr. Brady Hauser of F & LSA has communicated with Mr. Curtis Daniel regarding this issue, and we await a few technical clarifications prior to implementing more specific action steps. Three additional shower rooms within the facility have a similar potential to be effected by the specific sprinkler issue raised within the 200 hall shower room. (continued)	9-7-12
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the	K 074	K074 The curtains in Room 212, decorations observed hanging in the hallways, and any other discovered items of similar nature throughout the building will be properly treated with a flame retardant product to achieve sufficient flame retardancy. If said treatment is unsuccessful with any item, it will be removed from the	9-7-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Gary P. Davis, MHA</i>	TITLE ADMINISTRATOR	(X6) DATE 8-10-2012
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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: 07/31/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345508	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2012
NAME OF PROVIDER OR SUPPLIER REX REHAB & NURSING CARE CENTER OF APEX			STREET ADDRESS, CITY, STATE, ZIP CODE 911 SOUTH HUGHES STREET APEX, NC 27502	
(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 074	Continued From page 1 methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: A. Based on observation on 07/24/2012 the facility did not have documentation showing that the window curtains in room 212 were flame retardant nor the decorations hanging on many of the doors through out the facility. 42 CFR 483.70 (a)	K 074	building. The facility will inspect all hallway doors and resident rooms for items of a similar nature that would require flame retardancy. Said items will be successfully treated, or they will be removed from the building. The facility has discovered and tested a product specifically manufactured to provide flame retardant protection for potentially flammable items. All items of concern with the building will be properly treated. A tracking system will be implemented to indicate and identify those items within the building that have been properly spray treated with the flame retardant material. The Facilities Maintenance Supervisor will 1) Coordinate the identification of potentially flammable items that are in need of flame retardant treatment, 2) Treat each item with the flame retardant material, 3) Identify and label each item within the building that has (continued)	

Rex Rehabilitation and Nursing Care Center of Apex
07/24/2012

K056 (continued)

The facility will obtain a written recommendation from its sprinkler service company, Fire & Life Safety of America, regarding the action steps that are necessary to achieve compliance with this regulation and properly rectify this concern.

The facility will fully implement any steps necessary to correct the stated deficiency and bring the building into full compliance with this regulation.

The Facilities Maintenance Director will be responsible for coordinating any necessary service work that is required. The Administrator is responsible for this Plan of Correction and for ensuring the full compliance is achieved within the necessary timeframe.

K074 (continued)

been properly treated with the flame retardant material.

The Administrator will be responsible for the implementation of this plan of correction and with ongoing compliance with this regulation.