

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

PRINTED: 08/31/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345487	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2016
NAME OF PROVIDER OR SUPPLIER CHERRY POINT BAY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 110 MCCOTTER BOULEVARD HAVELOCK, NC 28532	
(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 A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: 1 Construction Type: V (111) Constructed: 3/16/1998 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 70 Census = 58	K 000		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by	K 018		6/18/16

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

TITLE

(X6) DATE

Electronically Signed

05/19/2016

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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K 018	<p>Continued From page 1</p> <p>CMS regulations in all health care facilities. 19.3.6.3</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Wednesday 5/5/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The corridor doors are was non-compliant, specific findings include:</p> <p>1. The corridor door to the Lobby and Dining Room door did not close and latch in the frame when tested. The latching hardware for the inactive door was not operation for the dining room door and the latching hardware for the lobby room corridor door was missing.</p> <p>NFPA 101, 19.3.6.3.2*.</p> <p>2000 NFPA 101 Section 5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance.</p> <p>This deficiency affected one of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 018	<p>Cherry Point Bay Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Cherry Point Bay's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cherry Point Bay reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>K018 SS=E</p> <p>1. The corridor doors to the lobby and dining room to include the latching hardware will be repaired or replaced on or before June 18, 2016 by Hillco Construction or a vendor designated by them. In addition all fire doors will be inspected for latching hardware by Hillco Construction or their designated vendor with any further deficiencies to also be repaired or replaced by June 18, 2016. Following this repair the Maintenance Supervisor or designee will inspect the</p>		

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K 018	Continued From page 2	K 018			
K 052 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7,</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Tuesday 5/4/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The Fire alarm panel was non-compliant. Specific findings includes.</p> <p>1. When testing the sprinkler system tamper alarm supervisory signals the system sent a general fire alarm signal to the monitoring company and not a supervisory signal. The Fire Alarm Control Panel (FACP) provided a supervisory signal at the panel but issued a general fire alarm to monitoring company.</p> <p>This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 052	<p>latching hardware on the fire doors monthly X 3 and quarterly X3 to ensure they are maintained in good working order.</p> <p>K052 SS=D 1. The fire alarm panel will be repaired by BFPE on or before June 18, 2016 to ensure that the panel is working properly and sends the correct signal to the monitoring company. Following this repair the maintenance supervisor or designee will test the alarm panel weekly X 4, monthly X 3, and quarterly X 3 to ensure it continues to function properly. These tests will occur in addition to the routine tests by the fire monitoring company.</p>	6/18/16	
K 061 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a</p>	K 061		6/18/16	

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K 061	Continued From page 3 continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: Based on observations, on Wednesday 5/5/2016 at approximately 8:30 AM onward, the following deficiencies were noted: Thewas non-compliant, specific findings include: 1. The automatic sprinkler system was non-compliant, specific findings include: The sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve. Reference NFPA 101, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 NFPA 13 "...distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system." NFPA 9.7.2.1 "...supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system...Supervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 061	K061 SS=F 1. The sprinkler system will be repaired by BFPE on or before June 18, 2016 to ensure that the supervisory signal cannot be silenced permanently. Following this repair the maintenance supervisor or designee will test the supervisory signal weekly X 4, monthly X 3, and quarterly X 3 to ensure the signal is working properly. These tests will occur in addition to routine tests by the fire monitoring company.		
K 067	NFPA 101 LIFE SAFETY CODE STANDARD	K 067		6/18/16	

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K 067 SS=D	Continued From page 4 Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observations, on Wednesday 5/5/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The ceiling assembly was non-compliant, specific findings include: 1. Ceiling radiation dampers were not provided for the stationary floor HVAC unit ducts in the electrical room. NFPA 101, Section 8.2.3.2.4.1: Openings in fire barriers for air handling duct-work or air movement shall be protected in accordance with NFPA 101, Sections 19.5.2.1, 9.2.1. and NFPA 90 A, Section 3-3.2 This deficiency affected one or two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 067	K067 SS=D 1. The stationary floor HVAC unit in the electrical room will be removed and replaced with a mini-split HVAC unit that will be compliant and will be ducted to the outside. Electrical panels will not be blocked by this new installation. This will be completed by Commercial Air on or before June 18, 2016. There are no other areas in the facility with stationary HVAC units that would also need this repair.		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations, on Wednesday 5/5/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The staff training was non-compliant, specific findings include: 1. Staff in the kitchen when questioned were	K 130	K130 SS=D 1. 100% of dietary staff will be in-serviced on operation of the Ansul System in case of an emergency. This in-service will be completed on or before June 3, 2016 by the Maintenance Supervisor or designee. In addition,	6/3/16	

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K 130	<p>Continued From page 5</p> <p>not familiar on how to operate the Ansul System in case of an emergency.</p> <p>NFPA 96: 8-1.4 "Instructions for manually operating the fire-extinguishing system shall be posted conspicuously in the kitchen and shall be reviewed periodically with employees by the management."</p> <p>2. Staff when questioned did not know how to shut the HVAC system with the emergency shut down switch located next to the fire alarm control panel located in the main hall.</p> <p>NFPA 101: 19.1.1.3 Total Concept.</p> <p>All health care facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. Because the safety of health care occupants cannot be ensured adequately by dependence on evacuation of the building, their protection from fire shall be provided by appropriate arrangement of facilities, adequate staffing, and development of operating and maintenance procedures composed of the following:</p> <p>(1) Design, construction, and compartmentation</p> <p>(2) Provision for detection, alarm, and extinguishment</p> <p>(3) Fire prevention and the planning, training, and drilling programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building</p> <p>This deficiency affected one of two smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 130	<p>instructions will be posted in the kitchen near the shut-off switch. Following re-educating all dietary staff, the dietary manager or designee will review this system with all employees monthly X 3. The dietary manager or designee will also ensure that new employees are educated on this system during their new-hire orientation period to ensure continued compliance.</p> <p>2. 100 % of staff will be in-serviced on how to shut down the HVAC system by using the emergency shut-off switch located next to the fire alarm panel in the main hall. This in-service will be completed on or before June 3, 2016 by the Maintenance Supervisor or designee. In addition, instructions will be posted near the shut-off switch. Following re-educating of all staff, the Staff Development Coordinator or designee will review this system with all employees monthly X 3. The Staff Development Coordinator will also ensure that new employees are educated on this system during their new-hire orientation period to ensure continued compliance.</p>		