

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509	
(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 011	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 3:55pm onward,</p> <p>a. Areas of Buildings 54, and 53 are used as Business Occupancies without a minimum two hour fire barrier between Health Care Occupancy - areas do allow customary access by patients.</p> <p>b. The bathroom vanity was missing in the restroom on the second floor along with holes in the floor (Building 51)</p>	K 011		
K 017	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.)</p>	K 017		

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: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05, 02, 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 017	Continued From page 1 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 8:30am onward, the following areas were observed as noncompliant: (Mc Bryde Building Basement area) a. Corridor wall is not smoke tight due to a grill being installed between room 60A and the corridor. b. There were holes in the corridor walls above ceiling in rooms 62A and 63 c. Unsealed penetrations above the corridor door at room 45.	K 017			
K 018	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05, 02, 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 018	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 3:55pm onward, door hardware to the following rooms were noncompliant: a. roller latches on exit access doors in ward 544 - Building 54. b. lack of positive latching hardware on doors in ward 542 - Building 54, and Building 53. Exit access doors require manual latching by key activated deadbolt locks - latches are not equipped with spring activated latch. c. magnetic hold open device wedged open - 1st floor entrance to unit 533. d. the following toilet areas did not have positive latching and the listed closure had been removed: unit 532, room 12 unit 493, room 11 unit 494, room 11 unit 492, room 12 e. lack of positive latching hardware on bedroom door #2 - unit 531. (Building 53) f. the main entrance door did not close and latch tightly in it's frame - unit 492. (Building 49) g. the main entrance door did not close and latch	K 018			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 018	Continued From page 3 properly, door scrubbed in it's frame - unit 501. (Building 50) h. The stairwell door between unit 523 and connecting corridor did not close and latch in it's frame. (Building 52) Based on observation, on November 19, 2008 at approximately 8:30am onward, doors to the following areas are noncompliant: a. there is a wedge under exit access door to room 516.(McBryde Building). b. dutch doors do not have positive latching on the upper leaf at room 128 and room 160. (McBryde Building). c. the Dutch doors at the cashiers office on the first floor did not have positive latching (McBryde Building). d. there were three doors that opened into the corridor without door closures and not opening 180 degrees (214, 215, 216) Typical (McBryde Building North). Based on observation, on November 18, 2008 at approximately 9:30 AM onward, the following door hardware was observed as noncompliant: a. lack of positive latching hardware on doors in the corridor serving as a means of egress: 9, 12, 17, 19, & 21. (Hargrove- Basement) b. dutch door to pharmacy did not meet NFPA 101 19.3.6.3.6 (Hargrove - 3rd floor)	K 018			
K 025	NFPA 101 LIFE SAFETY CODE STANDARD	K 025			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05, 02, 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 025	Continued From page 4 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 duct 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 observation, on November 19, 2008 at approximately 8:30am onward, a. The smoke wall above door G-1 had penetrations and was not smoke tight. (McBryde Basement) b. The smoke wall above smoke door 11 had penetrations and was not smoke tight (McBryde Basement) c. The smoke wall above smoke door 137 had penetrations and was not smoke tight (1East McBryde)	K 025			
K 027	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in	K 027			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 027	Continued From page 5 accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 4:42pm, the smoke barrier doors did not close during activation of the facility fire alarm system in unit #50 - ward 502.(CRH-Butner Annex Campus) Based on observation, on November 19, 2008 at approximately 8:30am onward, 1. the smoke doors one, two and three did not close smoke tight) (McBryde Building basement). 2. the double doors at (2006) did not close smoke tight. (McBryde Building North). 3. the double doors (240) which had door closures were wedged open to prevent one side from closing. (McBryde Building North). 4. the left side of the double doors (1014) did not release with activation of the fire alarm system (McBryde Building).	K 027			
K 029	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed	K 029			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 029	Continued From page 6 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 4:42pm, 1. the mechanical room on the second floor had unsealed penetrations in the rated ceiling (Building 51) 2. the mechanical room on ward 513 had penetrations in the rated ceiling (Building 51) Based on observation, on November 19, 2008 at approximately 8:30am onward, the following hazardous areas were observed as noncompliant: a. generator and mechanical equipment room is not equipped with a self-closing and latching fire door - Edgerton Building - door is equipped with a louver at area adjacent to lower level exit. b. storage room greater than one hundred square feet - beside room 229 - is not equipped with one hour enclosure or sprinkler.(Edgerton Building) c. mechanical room door #52 is not self-closing and latching - McBryde facility. d. Corridor doors (w/closures) to Mech rooms # 151 and 136 would not self close/latch/seal (dragging floor) (McBryde - South) e. There were pipe penetrations thru ceiling that were not sealed to maintain the required fire rating of the ceiling - Mech room 144-1 (McBryde-	K 029			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05, 02, 03 B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509	
(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 029	Continued From page 7 South).	K 029		
	f. Fire damper was wedged open preventing shutter from closing at central supply room.			
	g. Door 159 the mechanical room did not have self closing device			
	h. The door to the central supply room did not have a self closing device installed.			
	i. The door to the mechanical room 137 did not close and latch			
	j. the electrical equipment room across from room 229 had a penetration in the ceiling at the abandoned conduit (McBryde Building North).			
K 032	NFPA 101 LIFE SAFETY CODE STANDARD Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 9:30 AM onward, 1. The exit discharge is not complete to the public way with surface other than soil and grass. (Umstead building 53, exit from unit 531) 2. The loading dock leading to " I " street did not have a handrail in place to prevent persons falling	K 032		

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509	
(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 032	Continued From page 8 off the edge of the loading dock during exiting. (Building 52) 3. The exit door leading to " I " street was dragging on its frame (Building 50) 4. Exit stairwell door in ward 513 was draggin on ite frame. (Building 51) Based on observation, on November 19, 2008 at approximately 8:30am onward, the exit discharge is not complete to the publicway with surface other than soil and grass.(Wright Building - northeast exit)	K 032		
K 033	NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1 This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 8:30am onward, the following areas were observed as noncompliant: the stairwell rear stairs ward 517 had holes in walls that were not sealed. (Building 51) Based on observation, on November 19, 2008 at approximately 8:30am onward, the fire doors in the following stair enclosures were not self-closing and latching: a. fire door 3006 in stair #5-3-east-B.(McBryde facility)	K 033		

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 033	Continued From page 9	K 033			
	b. fire door 1011-stair #4-1-east-B.(McBryde facility)				
	c. fire door to stairway #6 - ground floor near male wing - McBryde North				
	d. Fire door 3010 did not close and latch properly. 3 South (McBryde facility)				
	e. the stairwell door 1005 with door closure would not close latch and seal (McBryde 1 East)				
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			
	This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 8:30am onward, the exit door (660) was dragging at the bottom of the threshold (McBryde Building).				
K 045	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8	K 045			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509	
(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 045	Continued From page 10 This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 8:30am onward, a. the means of egress lighting serving the exit discharges are single bulb light fixtures at each exit discharge.(McBryde, Edgerton Building, Wright, Williams, and Hargrove facilities) b. the stairway florescent lights were switched and able to be turned off. (McBryde Building North). c. emergency exit discharge lighting is wired to a switched circuit at ambulance entrance - McBryde facility.	K 045		
K 046	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 8:30am onward, the means of egress lighting is not functioning in the following areas: a. exit discharge near employee lounge.(McBryde facility) b. stairway vestibule near room #625.(McBryde facility) c. stair #2 - sixth and fifth floor levels.(McBryde facility) d. stairway vestibule 4018-4-east-A.(McBryde	K 046		

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 046	Continued From page 11 facility)	K 046			
	e. stairway vestibule 4025-4-east-A.(McBryde facility)				
	f. stairway vestibule 3005-3-east-B.(McBryde facility)				
	g. stairway vestibule 3019-3-east-A.(McBryde facility)				
	h. stairway vestibule 1025-1-east-A.(McBryde facility)				
	i. stairway landing at exit #1 - Edgerton Building				
K 047	j. exit #5 - stairway in Edgerton Building NFPA 101 LIFE SAFETY CODE STANDARD	K 047			
	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				
	This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 9:30 AM onward, the following was observed as noncompliant:				
	The exit sign was not lit in the following locations: 1 North - #21 & #22 (McBryde facility)				
	Based on observation, on November 19, 2008 at approximately 8:30am onward,				
	The exit signs at stairwells #21 and C018 were				

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 047	Continued From page 12 found not illuminated . (McBryde- South)	K 047			
K 050	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on documentation, on November 20, 2008 at approximately 10:00 AM onward, the following was observed as noncompliant: documentation indicated 17 drills were missed over the past year. Third quarter documentation indicated that all shifts in buildings 49 - 54 were missed. (Umstead Campus) Based on documentation, on November 20, 2008 at approximately 10:00 AM onward, the following was observed as noncompliant: a. documentation indicated less than the required number of fire drills were held on 2nd and 3rd shifts of third quarter 2008 (Wright building) b. documentation indicated less than the required number of fire drills were held on 2nd shift of third quarter 2008 (Williams building)	K 050			
K 051	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components,	K 051			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 051	Continued From page 13 devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 4:40pm, the following fire alarm system components are noncompliant: a. there is no audible and visual signaling device connected to the fire alarm system serving unit #4 - Building 52.(CRH Butner Annex Campus) b. there is no visual trouble signal with loss of power to fire alarm control panel.(Building 53 - CRH Butner Annex Campus) Based on observation, on November 19, 2008 at	K 051			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 051	Continued From page 14 approximately 8:30am onward, a. The normal power visual indicator is not functioning on fire alarm panel serving the Williams Building. b. The Main fire alarm panels for the McBryde and Williams Bldgs have no capability for battery back-up, (1955 year models). Their back-up power supply are the Emergency Generators. In the event of loss of power just to the Fire Alarm Control Panel (FACP) , breaker malfunction, etc, the generators would not crank and supply power for that isolated incident. Therefore the FACP would not function (as tested during survey) until the problem was identified and corrected - power restored.. Per documentation review and staff interview there were no emergency procedures in place for posting a fire watch during this event. c. The audible fire alarm notification devices (horns) on Hall 2 East did not work when testing the Fire Alarm. d. There was no audible alarms heard on the short corridors near rooms 240 and 343 during the test of the Fire Alarm Control Panel (McBryde Building). e. Based on observation, on November 19, 2008 at approximately 8:30am onward, there is no machine room smoke detector serving the elevator equipment room - Williams Building.	K 051			
K 062	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA	K 062			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 062	Continued From page 15 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 11:25am, the sprinkler system gauges serving the sprinkler fire pump are not listed for fire protection service.(McBryde North) Based on observation, on November 18, 2008 at approximately 9:30 AM onward, the following was observed as noncompliant: sprinkler certification indicated that four (4) gages were outdated and need replacement: Ground floor 1st floor, north wing 2nd floor, north wing main riser, south wing (McBryde facility)	K 062			
K 067	NFPA 101 LIFE SAFETY CODE STANDARD 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 observation, on November 18, 2008 at approximately 3:55pm onward, there are no emergency shutdown switches for air handling units serving Buildings 49,50,51,52,53,54, and 55. (CRH -Butner Annex Campus) Based on observation, on November 19, 2008 at	K 067			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05, 02, 03 B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509	
(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 067	Continued From page 16 approximately 8:30am onward, the mechanical system components in the following areas were observed as incomplete: a. AHU #13 is not equipped with an outside air duct detector b. lack of duct detectors to cover all supply and return ducts for AHU #13 - North McBryde facility c. lack of emergency shutdown switches to cover all air handling units serving McBryde and Hargrove facilities - staff could not confirm switch locations in the vicinity of supervised stations served by air handling units.(McBryde, Hargrove, Williams, Edgerton, and Wright facilities) d. lack of duct detectors for AHU#2 - McBryde North e. lack of service access openings for duct detectors serving AHU#4, and AHU#8 in McBryde North. f. lack of emergency shutdown switch(es) for air handling units serving Edgerton Building.	K 067		
K 071	NFPA 101 LIFE SAFETY CODE STANDARD Rubbish Chutes, Incinerators and Laundry Chutes: (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour. All new chutes comply with section 9.5.	K 071		

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05, 02, 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 071	Continued From page 17 (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute discharges into a trash collection room used for no other purpose and protected in accordance with 8.4. (4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82 This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 8:30am onward, the soiled linen chute doors are noncompliant in the following areas: a. upper chute access door is not self-closing in all positions in soiled linen anteroom across from room 229 - Edgerton Building. b. the soiled linen chute door was not self closing (2nd floor near room 218) (McBryde Building).	K 071			
K 072	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 072			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05, 02, 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 072	Continued From page 18 This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 8:30am onward, the means of egress is obstructed in the following areas: a. unattended chair in stair #2-5-east-A.(McBryde facility)	K 072			
K 076	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 8:30am onward, the medical gas systems were observed as noncompliant due to the following: a. oxygen manifold system is not protected from inclement weather - cylinders are exposed to the rain, sleet, snow, and other adverse weather conditions.(area near ambulance entrance at McBryde facility) b. oxygen cylinders are not secured individually at oxygen manifold system beside ambulance	K 076			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 076	Continued From page 19 entrance.(McBryde facility)	K 076			
K 104	c. Oxygen tanks were found unsupported in Oxygen storage Room 159 (McBryde South) d. there were unsecured oxygen bottles in room (218) (McBryde Building). NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.	K 104			
K 144	This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 2:40pm, the smoke damper did not close completely at corridor smoke barrier beside room 119 - Edgerton Building. NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on the observations during document review and staff interview on 11/20/2008:	K 144			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 144	Continued From page 20 1. the generator logs for building 49-54 did not show that the generator servicing these buildings was load tested during the month of July 2008.	K 144			
K 145	NFPA 101 LIFE SAFETY CODE STANDARD The Type I EES is divided into the critical branch, life safety branch and the emergency system in accordance with NFPA 99. 3.4.2.2.2. This STANDARD is not met as evidenced by: Based on observation, on November 19, 2008 at approximately 8:30am onward, the following essential electrical system components were observed as noncompliant: a. lack of generator annunciator panels for generators and emergency systems serving McBryde, McBryde North, and Hargrove buildings at CRH-Raleigh campus. b. existing generator annunciator panel located in electrical switchgear room, beside ambulance entrance, did not function during loss of normal power to the ATS serving the Life Safety Branch of the essential electrical system. c. the essential electrical system required approximately fifteen seconds to restore power, upon loss of normal power, to the automatic transfer switch serving the McBryde facility. d. lack of task light and unitary light at generator set locations serving the McBryde, McBryde North, and Hargrove facilities.(generators #1, #2,	K 145			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 145	Continued From page 21 #3 - McBryde facility, and generator for McBryde North)	K 145			
K 147	e. lack of automatic start for generator #2 during loss of normal power to the automatic transfer switch.(Hargrove facility) NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 9:30 AM onward, the following was observed as noncompliant: a. the light was not functioning properly in patient bedroom 144 (McBryde facility - 1 North) b. the following medical room refrigerators were fed from normal power: McBryde facility - 3 South, room 369 Wright Building c. the mechanical room near room 245 there was an opened junction box above the HVAC trunk just as you enter the room (McBryde Building North). d. the med room refrigerator at nurses station #271 was not on an emergency circuit. (McBryde Building North). e. the wet location at the ice machine in room (265) was not plugged into a Ground Fault interrupter circuit (McBryde Building North).	K 147			
K 011	NFPA 101 LIFE SAFETY CODE STANDARD	K 011			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05, 02, 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 011	Continued From page 22 If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 18.1.1.4.1, 18.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 10:30am, There were penetrations thru 2 hr fire rated wall above the ceiling @ door D0003 that had not been sealed to maintain the required fire-rating of the wall. (CRH - Butner Campus)	K 011			
K 029	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 10:30am, 1. there is no fire door and listed door frame for supply storage room N3060.(CRH -Butner Campus) 2. There were electrical penetrations thru the	K 029			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 029	Continued From page 23 corridor wall that had not been sealed to maintain the required one-hour fire rating of the wall. Storage room # M1011 (CRH - Butner Campus)	K 029			
K 032	3. There was a penetration in the wall at the bottom of the right side of the room in the corner of the electrical room (N2001). (CRH - Butner Campus) 4. There was a penetration in the rated wall at the top of the wall on the right hand side as you enter the room (K2001) (CRH - Butner Campus) NFPA 101 LIFE SAFETY CODE STANDARD No less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 18.2.4.1, 18.2.4.2 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 9:30 AM onward, the following exit egress was observed as noncompliant: The primary exit discharge door, at ground level of Stairwell #A2- Level 0, was found to be locked and could not be unlocked from inside stairwell with tool, key, etc. therefore not allowing exiting. (CRH- Butner Campus)	K 032			
K 051	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the	K 051			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05, 02, 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 051	Continued From page 24 complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6	K 051			
K 076	This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 9:30 AM onward, the following was observed as noncompliant: There was a compartmentalized area without a smoke detector. (Corridor next to room C0062) (CRH- Butner Campus) NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4	K 076			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 076	Continued From page 25 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 10:30am, the converted storage room (F2043) had oxygen cylinders without proper signage for that space. CRH -Butner Campus)	K 076			
K 144	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144			
K 147	This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 11:15am, the essential electrical system required approximately fourteen seconds to restore power during loss of normal power to ATSC-W1.(CRH- Butner Campus) NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, on November 18, 2008 at approximately 10:44 AM 1. the generator annunciator audible and visual signaling devices did not function at time of survey.(Central Plant generator annunciator located in Security room M2007 - CRH Butner Campus)	K 147			

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

PRINTED: 11/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 , 02 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER CENTRAL REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 300 VEAZEY ROAD BUTNER, NC 27509		
(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 147	Continued From page 26 Based on observation, on November 18, 2008 at approximately 9:30 AM onward, the following was observed as noncompliant: 2. There were exposed light bulbs with out a cover in the following areas: H0007, H0008 (CRH- Butner Campus)	K 147			