

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

PRINTED: 05/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |  |   |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345024</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>05/24/2011</b> |
|--|---|--|---|

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|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLAPPS NURSING CENTER INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5229 APPOMATTOX ROAD<br/>PLEASANT GARDEN, NC 27313</b> |
|--|--|

| (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 000 | <p><b>INITIAL COMMENTS</b></p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities ( General Health Survey). No deficiencies were cited as a result of the recertification and complaint investigation survey event ID# J6SI11.</p> | F 000 |  |  |
|-------|--|-------|--|--|

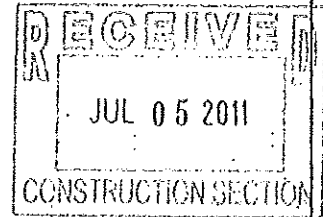
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345024 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>06/16/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CLAPPS NURSING CENTER INC |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5229 APPOMATTOX ROAD<br>PLEASANT GARDEN, NC 27313  |  |
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| K 029<br>SS=D   | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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 48 inches from the bottom of the door are permitted. 19.3.2.1<br><br>This STANDARD is not met as evidenced by:<br>A Based on observation on 06/16/2011 the door to the dry storage room in the kitchen was tied open and failed to close and latch when untied. 42 CFR 483.70 (a) | K 029  | K 029<br><br>Door is no longer tied open.<br>Automatic door closure is closing and latching properly.<br><br>06/16/11   |  |
| K 038<br>SS=D   | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1<br><br>This STANDARD is not met as evidenced by:<br>A. Based on observation on 06/16/2011 the staff interviewed did not know about the master door release switch located at the nurses station. 42 CFR 483.70 (a)   | K 038  | K038<br><br>All staff have been and will continue to be in-serviced on the location and use of the master door switches located at each nurses station.<br><br>06/30/11 |  |
| K 056<br>SS=D   | NFPA 101 LIFE SAFETY CODE STANDARD  | K 056  |   |  |



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cheryl Clapp Aleman TITLE: Administrator (X6) DATE: 07/01/11

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<br><br>CLAPPS NURSING CENTER INC |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5229 APPOMATTOX ROAD<br>PLEASANT GARDEN, NC 27313  |  |
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| K 056   | Continued From page 1<br>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 | K 056  | K056<br><br>The sprinkler system will be changed to deliver water to the test orifice within the allowed (60) sixty seconds.<br><br>07/15/11.                     |  |
| K 061<br>SS=D   | This STANDARD is not met as evidenced by:<br>A. Based on observation on 06/16/2011 the sprinkler systems tripped ( by documentation) in more than the allowed (60) sixty seconds. Systems installed after 2002 are allowed 60 seconds to deliver water to the test orifice. 42 CFR 483.70 (a)<br>NFPA 101 LIFE SAFETY CODE STANDARD<br>Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1<br><br>This STANDARD is not met as evidenced by:<br>A. Based on observation on 06/16/2011 the facility had two (2) dry sprinkler systems with   | K 061  | K061<br><br>Automatic sprinkler system Accelerator valves will be electrically supervised so a local alarm will sound when the valves are closed.<br><br>07/15/11 |  |

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| K 061   | Continued From page 2<br>accelerators. Each accelerator has two (2) valves that are not supervised, these valves must be electrically supervised.<br>42 CFR 483.70 (a) | K 061  |   |                      |  |