

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

PRINTED: 08/08/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2011
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NAME OF PROVIDER OR SUPPLIER THE OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA RD WINSTON SALEM, NC 27103
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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
F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</p>	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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2011
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NAME OF PROVIDER OR SUPPLIER THE OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA RD WINSTON SALEM, NC 27103
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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
K 061 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 8/11/2011 the facility is utilizing a dry pipe sprinkler system with an accelerator installed to increase performance to the sprinkler system. The accelerator has valves installed if closed would affect the sprinkler system in a negative way. These valves installed on the accelerator line must be electrically supervised.</p>	K 061	<p>NFPA 101 Life Safety Code Standard Tag # K 061 This requirement will be met as follows: <u>The facility has taken corrective action for the residents affected by this practice by:</u></p> <p>Mechanism to facilitate electrical supervision of the valves on the accelerator line will be installed by September 20, 2011.</p> <p><u>The facility will identify other life safety issues having the potential to affect residents by the same deficient practice:</u></p> <p>A local alarm will sound when valves are closed.</p> <p><u>The following measures/systemic changes will be put in place to ensure that the deficient practice does not recur:</u></p> <p>Maintenance Director will assure that accelerator valves are electrically supervised.</p> <p><u>The facility will monitor its performance to ensure that solutions are achieved and sustained. The facility will evaluate the plan's effectiveness by:</u></p>	9/20/2011
K 147 SS=E	<p>CFR#: 42 CFR 483.70 (a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 8/11/2011 during the testing of the emergency power system the generator was supplying load to the life safety branch of the facility. The generator annunciator panel located at station # 1 was not giving an indication that the generator was running nor supplying power to the life safety branch of the facility.</p>	K 147	<p>Maintenance Director will monitor the installed mechanism which electrically supervises the valves on the accelerator line.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan C. Hellett TITLE: Administrator (X6) DATE: 08/26/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2011
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NAME OF PROVIDER OR SUPPLIER THE OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA RD WINSTON SALEM, NC 27103
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K 147	Continued From page 1 CFR#: 42 CFR 483.70 (a)	K 147	<p>NFPA 101 Life Safety Code Standard Tag # K 147 This requirement will be met as follows: <u>The facility has taken corrective action for the residents affected by this practice by:</u></p> <p>Annunciator panel will be checked and repaired as needed to appropriately indicate that the generator is running or supplying power to the life safety branch of the facility by September 20, 2011.</p> <p><u>The facility will identify other life safety issues having the potential to affect residents by the same deficient practice:</u></p> <p>Annunciator panel will work correctly.</p> <p><u>The following measures/systemic changes will be put in place to ensure that the deficient practice does not recur:</u></p> <p>Annunciator panel will indicate that the generator is running or supplying power to the life safety branch of the facility by September 20, 2011.</p> <p><u>The facility will monitor its performance to ensure that solutions are achieved and sustained. The facility will evaluate the plan's effectiveness by:</u></p> <p>Maintenance Director will test panel by turning on the generator and assuring that the annunciator panel indicates that generator is running or supplying power to the life safety branch of the facility.</p>	9/20/2011
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