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

PRINTED: 09/15/2011 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE S COMPLI	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
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LABORATOR'	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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.

CAROL WOODS CLINIC () () PAGE 03/06

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This STANDARD is not met as evidenced by: Based on observation on September 30, 2011 between 9:45 AM and 1:30 PM the following was noted. 1) A staff member when questioned about how to release all the mag lock doors on third was not familiar with the master override switch at the nurse station. 42 CFR 483,70(a) K 050 NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at léast 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 observation on September 30, 2011 between 9:45 AM and 1:30 PM the following was noted. 1) Two staff when questioned were not familiar	This STANDARD is not met as evidenced by: Based on observation on September 30, 2011 between 9:45 AM and 1:30 PM the following was noted. 1) A staff member when questioned about how to release all the mag lock doors on third was not familiar with the master override switch at the nurses station. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD SS=F Fire drills are held at unexpected times under varying conditions, at léast quarterly on each shift. The staff is familier 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 KOSO This STANDARD is not met as evidenced by: Based on observation on September 30, 2011 between 9:45 AM and 1:30 PM the following was noted. 1) Two staff when questioned were not familiar ABORATORY DIRECTOR'S OR PROVIDED/SURPLYER REPRESENTATIVES SIGNATURE Asample of Health Center staff will be questioned on the spot on a scheduled basis to determine their knowledge of emergency preparedness plans. 3, systemic changes — New Employee Orientation and annual retraining, adequate training. 4. Ongoing monitoring — A sample of Health Center staff will be questioned on the spot on a scheduled basis to determine their knowledge of emergency preparedness plans. 11/14/11 11/14/11 11/14/11 Asample of Health Center staff will be questioned on proper fire safety procadures including; RACE and how to properly respond to fire/smoke situations within the facility. 2. Identify other issues — A sampling of staff will be questioned on the spot on a scheduled basis to determine their knowledge of emergency preparedness plans. 3. Systemic changes — New Employee Orientation and annual retraining, with the facility. 2. Identify other issues — New Employee Orientation and annual retraining, with the facility. 3. Systemic changes —		SS=D Exit access is arranged so that exits are readily accessible at all times in accordance with section		Κ¢	38	Corrective action - All Health Center staff will be on the operation of the magne locking system and the function of the master override control.	atic door anality	11/14/11	
	ABORATORY DIRECTOR'S, OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DAYE		Based on observation on September 30, 2011 between 9:45 AM and 1:30 PM the following was noted. 1) A staff member when questioned about how to release all the mag lock doors on third was not familiar with the master override switch at the nurse station. 42 CFR 483.70(a) 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 observation on September 30, 2011 between 9:45 AM and 1:30 PM the following was		Ķι	250	A sample of Health Center ste questioned on the spot on a stass to determine their know emergency preparedness plet. 3. Systemic changes — New Employee Orientation at retraining of staff will be re-evite adequate training. 4. Ongoing monitoring — A sample of Health Center ste questioned on the spot on a basis to determine their know emergency preparedness plate. K050 1. Corrective action - Staff will be trained on proper safety procedures including; and how to properly respond fire/smoke situations within the content of the spot on a staff will be questioned on the spot on a staff will be desired on the spot on a staff will be spot on a staff will be desired on the spot on a staff will be spot on a staff wi	cheduled ledge of ins. Ind annual aluated ing	11/14/11	

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If continuation sheet Page 1 of 2

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 09/30/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
345199			B, WING			09/30/2011	
NAME OF P	ROVIDER OR SUPPLIER			750	ET ADDRESS, CITY. STATE, ZIP CODE D WEAVEN DAINY RD JAPEL HILL, NG 27514		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION S	HOULD BE	COMPLETION DATE
K 050 K 056 SS⊒F	SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 with the steps (procedures) in the event they came upon a fire/smoke situation in the facility. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatio 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: Based on observation on September 30, 2011 between 9:45 AM and 1:30 PM the following was noted. 1) The sprinkler head in the following areas had paint on the glass bulbs and were not clean and maintained: - Lobby area by front door, (1st floor) - Resident room 4312 bathroom (3rd floor), Resident room 4322 bathroom (3rd floor) and other areas on third floor. 42 CFR 483,70(a)		(EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPROPER DEFICIENCY) 4. Ongoing monitoring — A sampling of staff will be questioned on the spot on a scheduled basis to determine their knowledge of emergency preparedness plans. K056 1. Corrective action — We are working with our sprinkler contractor to replace all identified painted sprinkler heads. 2. Identify other issues — We will complete a full inspection of building identifying all other painted sprinkler heads and replace them. 3. Systemic changes — Procedures are now in place to insure inspection following painting operations to insure that sprinkler heads in the affected areas have not been painted. 4. Ongoing Monitoring — Annual system testing & inspections			kler fied lion of the ainted lem, o inting kler ave	11/14/11
				A LA LA PROPERTY OF THE PROPER	review of all sprinkler heads. Safety Committee will be train for this issue during facility sa inspection. Also the renovatic will be trained to look for this post completion inspections. workers will be trained on how sprinkler heads prior to paintir	ed to look lety on coordinator issue during Also painting r to protect	