

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

PRINTED: 10/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/19/2011
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R CTR OF COLUMBUS CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472		
(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	INITIAL COMMENTS The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).	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: 345207	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING (REPLAC B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2011
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R CTR OF COLUMBUS CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472	
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K 038 SS=D	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 This STANDARD is not met as evidenced by: A. Based on observation on 11/10/2011 the staff interviewed did not know about the master door release switch located at the nurses station. 42 CFR 483.70 (a)	K 038	K-000 The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.	
K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: A. Based on observation on 11/10/2011 the valves on the sprinkler pressure operated flow switch and the two (2) valves on the accelerator were not supervise (newer section). B. Based on observation on 11/10/2011 the valves on the sprinkler pressure operated flow switches on the two dry systems in the older section were not supervised.	K 061	K038 Staff Inserviced on 11/18/11 on the purpose and location of the master door release switch located at the nurses' stations. (Exhibit #1) All exit accesses could have been affected by this alleged deficient practice NHA Inserviced Maintenance Director on new "Master Door Release Switch" audit tool. (Exhibit #2)	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are	K 062		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Alicia R. Jordan, MBA TITLE Administrator (X5) DATE 11-23-11

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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K 062	Continued From page 1 continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: A. Based on observation and documentation on 11/10/2011 the exhausters on the two dry systems in the older section were taken out of service in or before 2008. The sprinkler inspection report recommended replacing them with accelerators at that time but nothing has been done to date. The time for water at the test orifice could not be found in the documentation. If the exhausters are put back in service the valves must be supervised. 42 CFR 483.70 (a)	K 062	To ensure this practice does not recur the Maintenance Director will conduct weekly audits x 4 weeks and then monthly x 2 using the "Master Door Release Switch" audit tool. Any problems will be corrected as identified and reported to the administrator during daily standup meetings, discussed during weekly Quality of Life and then during monthly Quality of Life Meetings December 1, 2011 K061 Maintenance Director obtained an estimate to install supervisory switches on valves on the accelerator and valves that operate the flow switch. Sunland Fire Protection to inspect valves in question to determine necessary repairs during visit scheduled for week ending December 2, 2011. Following visit, Edwards Electronic to evaluate alarm system. Repair to follow inspections. (Exhibit #3 and #4) All valves to be inspected by Sunland Fire Protection to determine compliance with NFPA 72, 9.7.2.1 during visit scheduled for week ending December 2, 2011.		

Maintenance Director inserviced on new "Sprinkler System Check" audit tool. (Exhibit #5)

To ensure this practice does not recur the Maintenance Director will conduct weekly audits x 4 weeks and then monthly x 2 using the "Sprinkler System Check" audit tool. Any problems will be corrected as identified and reported to the administrator during daily standup meetings, discussed during weekly Quality of Life and then during monthly Quality of Life Meetings.

December 25, 2011

K062

Sunland Fire Protection to replace, rebuild or reset existing exhausters. Visit scheduled for week ending December 2, 2011. Following visit, Edwards Electronic to evaluate alarm system. Repairs to follow visits. Obtained a copy of 2009 sprinkler inspection that includes the time for water at the test office. (Exhibit #3, #4 and #6).

All exhausters to be inspected by Sunland Fire Protection to verify they are functioning properly during visit scheduled for week ending December 2, 2011.

Maintenance Director inserviced on new "Sprinkler System Check" audit tool. (Exhibit #5)

To ensure this practice does not recur the Maintenance Director will conduct weekly audits x 4 weeks and then monthly x 2 using the "Sprinkler System Check" audit tool. Any problems will be corrected as identified and reported to the administrator during daily standup meetings, discussed during weekly Quality of Life and then during monthly Quality of Life Meetings.

December 25, 2011

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K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 8.7.2.1	K 061	K038 Staff inserviced on 11/10/11 on the purpose and location of the master door release switch located at the nurses' stations. (Exhibit #1) All exit accesses could have been affected by this alleged deficient practice	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alicia R. Jordan, MBA TITLE: Administrator (X6) DATE: 11-23-11

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K 062	<p>Continued From page 1</p> <p>continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: A. Based on observation and documentation on 11/10/2011 the exhausters on the two dry systems in the older section were taken out of service in or before 2008. The sprinkler inspection report recommended replacing them with accelerators at that time but nothing has been done to date. The time for water at the test office could not be found in the documentation. If the exhausters are put back in service the valves must be supervised. 42 CFR 483.70 (a)</p>	K 062	<p>To ensure this practice does not recur the Maintenance Director will conduct weekly audits x 4 weeks and then monthly x 2 using the "Master Door Release Switch" audit tool. Any problems will be corrected as identified and reported to the administrator during daily standup meetings, discussed during weekly Quality of Life and then during monthly Quality of Life Meetings</p> <p>December 1, 2011</p> <p>K061</p> <p>Maintenance Director obtained an estimate to install supervisory switches on valves on the accelerator and valves that operate the flow switch. Sunland Fire Protection to inspect valves in question to determine necessary repairs during visit scheduled for week ending December 2, 2011. Following visit, Edwards Electronic to evaluate alarm system. Repair to follow inspections. (Exhibit #3 and #4)</p> <p>All valves to be inspected by Sunland Fire Protection to determine compliance with NFPA 72, 9.7.2.1 during visit scheduled for week ending December 2, 2011.</p>	
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