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

PRINTED: 07/03/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	URVEY ETED
		345330	B. Wil			3	C 3/2012
	ROVIDER OR SUPPLIER	TIREMENT CT		11	EET ADDRESS, CITY, STATE, ZIP CODE 16 LANE DRIVE RINITY, NC 27370		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 000	The facility is in correquirements of 42 Long Term Care Facilities. (General	mpliance with the CRF Part 483, Subpart B for	F	000			
ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATHER:		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.

1

DEPARTMENT OF HEAUTH AND HUMAN SERVICES //B NO. 0938-039 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (XI): PROVIDER/SUPPLIER/OUA IDENTIFICATION NUMBER! (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCING of - MAINBUILDING 01 A BUILDING B.WING. 345330 ARTSESSANAGES STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 16 LANE DRIVE THE GRAYERIER NURS & RETIREMENT OF TRINITY, NC 27370 PROVIDER'S PLAN OF CORRECTION (EACH DORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE Sümmary Statement of Deficiencies (Each Deficiency Must be preceded by Full (Regulatory or Lscidentifying (Negenation)) Ö (X4) ID PREFIX TAG PREFIX: DEFICIENCY K012 K 000 K DOO INITIAL COMMENTS The missing escutcheon ring was replaced in 5-22-12 Surveyor 02249 This Life Spreity Code (LSC), survey was conducted as per The Gode; of Federal Register at 420FR 483.70(a); using the Existing Health Gare-section of the LSC and its referenced publications. This building is Type V(111) resident room # 1 covering the hole in the roof/ceiling assembly adjacent to the sprinkler pipe penetration. 5-22-12 All other escutcheon rings were checked construction; one story, with a complete automatic sprinkler system: throughout the facility to ensure no holes are present at the areas of sprinkler pipe penetration in the roof/ceiling. The deficiencies defermined during the survey are as follows: 5-22-12 The Maintenance Director and/or KO12 NPRA-101 LIFE SAFETY CODE STANDARD K 012 Maintenance Assistant will make monthly Building construction type and height meets one of the following. 18.1.6.2, 19.1.6.3, 19.1.6.4, rounds to examine all sprinkler heads to ensure no holes are present at the area of sprinkler pipe penetration of the roof/ceiling. Any findings will be documented in the monthly maintenance log. The Maintenance Director will utilize the This STANDARD is not met as evidenced by: "2012 Life Safety Plan of Correction Audit 6-29-12 Surveyor 02249 Tool" that has been developed to log all Based on observation, on May 22, 2012 at approximately 9:00 am onward, there is a hole in findings and corrective actions monthly, if the roof/celling assembly adjacent to sprinkler pipe penetration - located in resident room #1. necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year. 42 CFR 483 70(a) K 018 KO18 NFPA OF LIFE SAFETY CODE STANDARD K 018 SSED Doors profesting confider openings in other than The door to resident room # 65 was repaired required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those construded of 1% inch solid-bonded core to ensure the door will close, latch, and seal. 5-22-12 wood, or capable of resisting the for at least 20 All other doors throughout the facility were minutes. Dioge in sprinklered buildings are only inspected. Repairs were made where 5-22-12 required to resist the passage of smoke. There CABORATORY DIRECTORS OR PROVIDE WAUPPLIER REPRESENTATIVES SIGNATURE

Any deficiency statement ending with an asteriet (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safedgards provide sufficient protection to the patients. (See institutions.) Except for nursing homes, the findings stated above are disclosable 90 days, following the date of survey, whether or not a plan of correction are disclosable 14 days; following the date of survey, which have a plan of correction are disclosable 14 days; following the date these procured are made available to the facility. If deficiencies are clied; an approved plan of correction is requisite to continued program participation.

Event ID:61M221

Paolity ID: 953491

assistant

If continuation sheet Page 1 of 7

				₹	
JEPAR	TMENT OF HEALT	HAND HUMAN SERVICES		PRINTED: FORMA OMB:NO:	APPROVED
ENTER	<u>rs for medicare</u> Topderoencies Decorrection	* & MEDICAID SERVICES [XI] PROVIDENSUBPLERICAR DENTIFICATION NUMBER:	11.7	ECONSTRUCTION (X3) DATE SU COMPLET	RVÉÝ EĎ
PLAN	ecorrection .	Ethilicationnoms-H	arbulding Biwing		Oct 1988
		345330×	1		72012
	ROVIDER OR SUPPLIER			etaddress, rity(state/zip.code Dlane drive:	
EGR	ayerier nurs & ri		p. +	INSTACTOR 27370	<u> Application of the Control of the </u>
XA) TO REFLX:	SUMMARY ST (EACH DEFICIENC	SČ (DĚVÍ (EXIVÔ NEORWATION) ANDRA BE BRECEDEO BA AUTH ANDRA BE BRECEDEO BA AUTH	PREFIX: TAG	PROVIDER SIELAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE ABBROPRIATE	CONSTENS PATE
TAG	THE GOLD TO THE	SOS DE MANAGEMENTOS	1,616	DEDGIEVO)	
e lee	ile successes France at	20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	K-018	necessary to ensure all doors will close,	
K-U18	Continued From p	age 1: o the closing of the doors.	10.010	latch, and seal.	ì
	Tonors are provide	d with a means suitable for		The Maintenance Director and/or	5-22-
	keeping the door of	losed. Duich doors meethg milted: 19363		Maintenance Assistant will make monthly	
	į.			rounds to examine doors throughout the	
	Roller latches are	prohibited by CMS regulations		facility to ensure all doors close, latch, and seal. Any findings will be documented in the	
	Invall health care f	BRITTINGS.		monthly maintenance log.	
	N. S.			•	6-29-
	ř			The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit	6-29-
				Tool" that has been developed to log all	
			*	findings and corrective actions monthly, if	
				necessary. This report will be reviewed at	
	TRECTANDARD	(smot met as evidenced by:		the quarterly Quality Assurance meetings through the end of the current calendar year.	
	Surveyor 02249	• "	ž l	through the end of the current calcular year.	ł
	Based on observe	ition, on May 22: 2012 at Dam onward, the door to	1	<u>K 032</u>	+
	resident room #6	Would not latch.	1	The master release switches for the	5-23
	42 CFR 483 70(e		· **	electromagnetic locking arrangements	į.
K 03	2 NEPA 101 LIFES	APETY CODE STANDARD	K 032	located near the nurse's stations were	1
SS≓E	<u> </u>		. بيونان الرام ا	lowered to a height less than forty-eight	
	are provided for e	exits, remote from each other, each floor or fire section of the	\$	inches above the finished floor.	بتنتيه
	building, Only on	e of these two exits may be a	[All other master release switches for other	5-23
	nonzontal exit.	19/2/4/1, 19/2/4/2	4 1	electromagnetic locking arrangements were	
			ji T	checked throughout the facility to ensure they are below forty-eight inches.	
	*		i.		1
	in the state of th	e kontrast praespretorianteskaskinistöötä 1860 s	\$:	Master release switches for electromagnetic	5-23
	This STANDARD Surveyor 02249	is not met as évidenced by:	Ĭ.	locking devices have a permanent physical location, therefore monitoring of these is not	.
	Based on observ	ation, on May 22, 2012 at		warranted.	Į
	approximately 9	00am; the mester release	9		

Facility (D: 953491)

Eyent D/51M221

FÖÁM GNÍS 2567(tíz 99) Previous Versions Obsolete

If continuation sheet Page 2 of 7

	of Deficiencies Correction	& MEDICAID SERVICES (XI) PROVIDER/SUPPLIER/SUM IDENTIFICATION NUMBER!	(X2) MULTIPLE A BUILDING:	CONSTRUCTION (X	S) DATE SURVEY CONFLETED
		3453 30	# WING	N. S. C.	305/22/2012
	ovder or supplier Ybrier nurs & re	TIREMENTOT	198	tadoress city state zif gode Lanedrive Nity, NG 27370	
XAII D REFIX TAG	SUMMARYSTA (EACH DEFICIENC) (REGULATIONY OR L	NEMENT OF DEFICIENCIES MUST BE PRESEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX:	PROVIDER SPLAN OF CORRECTION (EACH CORRECTIVE AG 110N SHOUL) CROSSINEFER ENCED TO THE APPROVIDER (CROSSINEFER ENCED TO THE	N Dibe Governor Priate Date
——————————————————————————————————————	arrandements are l	ictromagnetic lockling ocated greater than forty-eight nished tioot, Switches are	K 032	The Maintenance Director and/or Administrator will approve the heig additional master release switches f electromagnetic locking devices in facility; any additional switches will reported in the quarterly Quality As	or the I be
K 038 S6#D	Exit access is and	SEETTY CODE-STANDARD	K:038	meetings. <u>K 038</u>	
-	accessible at all til 74. 1921	nes in accordance with section		 All closet doors in the particle rooms were repaired to me hardware passage hardware. The copier room door was repaired with passage hardware. 	ake re. s 6-4-12
K:050 \$s≑0	Surveyor 02249 Based on observa approximately 9.0 to the following re	(s not met as evidenced by: tion, on May 22, 2012 at Dam onward, exit access doors pros are aguipped with	wayshing well-field to an stability to state of the	All other exit access doors in the fa have been checked. Using passage hardware, repairs were made, wher necessary.	
	2. сору гост	nf160ms/simiar10/100m/#35	de general de de la companya de la c	The Maintenance director and/or Maintenance Assistant will make n rounds to ensure exit access doors passage hardware where necessary findings will be documented in the	have
	Fire drills are held varying conditions	AFETY CODE STANDARD I at unexpected times under I at least quarterly on each	. K050,	maintenance log. Any findings will documented in the monthly mainte log.	nance
	shift The start is aware that drills a Responsibility for is assigned only the grallfied to exerc	familler with procedures and is re-part of established routine, planning and conducting drills of competent persons who are se readership, Where drills are and PM and 6 AM a coded		The Maintenance Director will util "2012 Life Safety Plan of Correction Tool" that has been developed to be findings and corrective actions more	on Audit og all

CENTER	S FOR MEDICARE	ANDHUMAN SERVICES & MEDICAID SERVICES	aliment of special	No. 11.50 at 12.50 at	OMB NO. 0	PPROVED 938-0391
STATEMENT AND PLAN OF	of deficiencies Correction	(X1) PRÖVIDERJSURFLIERICUM IDENTIFICATION NUMBER:	ASBUILDING:	e construction :01-mainbuilding 01	(X3) DATE SUR COMPLETE	ib
		345330	BIWING	Market of State Conference on the State of t	05/22/	2012
1.	ovider or supplier. Ybrier nurs & re		j 10s	etaddress chy state; zir sque Lane drive Inity, ng 127970		
(X4) ID PREEIX TAG	SUMMARY STA (EACH DEFICIENC (REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRE (EXCH CORRECTIVE ACTION SI- CROSS REPERENCED TO THE AP DEFIDIENCY)	CTION CULO BE: PROPRIATE:	confliction DATE
	Sontlewed From pa agreeungement ma alarms 1974:2	y be used instead of audible	K-050	necessary. This report will be re the quarterly Quality Assurance through the end of the current of	meetings	,
				<u>K 050</u>	de servicios de la companya del companya del companya de la compan	
دم پروپرازداده	Surveyor: 02249 Resed on observe	ls not met as evidenced by: ion, on May 22, 2012 al, ioam, there was no third stiff		The Maintenance Director cond drill as previously scheduled or Fire drills will be conducted at quarterly on each shift.	ı first shift.	5-31-12
	drill documented to	in the flist quarter of 2012, and commented for the flist quarter		The Administrator and Mainter Director reviewed fire drill log-		6-12-12
ocieme.		eut la lustallegraceorging to: u Milli abbioxeg combovenja VEETA CODE SLYNDARO.	K021	month of 2011 and 2012. The Administrator will review records on at minimum a quart	erly basis to	6-12-12
	NFPA,7/2, National effective warning (building: Activation	i Eire Xiarm (2006, 10 provide If fire in any part of the In of the complete fire alarm	3 - L. Ver	ensure fire drills are completed will be conducted at least quart shift.		
,	automatic detection	iai fire alami initiation. n or extinguishing eystem itions in patient sleeping areas oxided that manual pulf	والمائدية والمائدية والمائدية	The Maintenance Director will "2012 Life Safety Plan of Corr Tool" that has been developed	ection Audit to log all	6-29-12
	stations are within 200 feet of nurse's stations. Pull stations are located in the path of egiess. Electronic of 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	العدة والمنافذة والم	findings and corrective actions This report will be reviewed at Quality Assurance meetings the of the current calendar year.	the quarterly cough the end		
		ec (c _e mains)	K 051	e e	•	
	remote annuncial an approved centi	on of the fire-alarm system to al station. 19:3:4, 9:6		The fire alarm signaling device the corridor wall near the Benn room will be replaced with a ne	ett Dining	6-11-12
1				T&S Fire and Security, Inc.		₹'
FORM CMB 2	567(02-99) Previous Versio	ne Obsolete 5/1/22	Fec	ilitaju i i i i i i i i i i i i i i i i i i i	(fcontinuation sh	iel Page 4 of 7

ARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES X21MULTIPLE CONSTRUCTION STATEMENT OF DEFICENCIES! AND FLAN OF CORRECTION A BUILDING 1013 MAIN BUILDING 01 ening. 05/22/2012 345330 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, DITY STATE, ZIA CODE 116 LANE DRIVE THE GRAYBRIER NURS & RETIREMENT OF TRINITY NG 27370 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUEL-REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) IO PREFIX TAG 6-5-12 The Maintenance Director and service K-051 Confinued From page 4 K 051 technician from T&S Fire and Security, Inc. tested the fire signals. Any defective signals will be replaced with new signals on 6-11-12. 6-5-12 This STANDARD, is not met as evidenced by: The Maintenance Director and/or Surveyor 02249 Maintenance Assistant will conduct monthly Based on observation, on May 22, 2012 at approximately 10:45am, the visual strobe light did not function for the fire alarm signaling dayies-located on the comdor wall near Bennett rounds to examine fire signals. Fire signals will be replaced as needed. Any findings will be documented in the monthly maintenance log. dining room, The Maintenance Director will utilize the 6-29-12 42 CER 483 70(à) K 056 NFPA TO LIFE SAFETY CODE STANDARD K 056 "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all If there is an automatic spunkler system, if is installed in accordance with NFPA 13, Standard for the linealigation of Sprinkler Systems, to provide complete governoe for all portions of the findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end building. The system is properly maintained in accordance with NPPA 25, Standard for the Inspection, Tasting, and Maintenance of of the current calendar year. K 056 Inspection, resing, 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 syliches; which are electrically permedied to the building the alarm system. 19:3.5 6-15-12 A sprinkler head was added to the automatic sprinkler system in the space containing water closet central bath beside room # 68. A sprinkler head was added to the 6-15-12 automatic sprinkler system at the exit discharge roof canopy on west This STANDARD is not met as evidenced by: 6-15-12 Surveyor: 02249 All other sprinkler heads were inspected Based on observation, on May 22, 2012 at throughout the facility. Sprinkler heads were approximately-9:00am onward, there are no sprinkler(s) in the following areas:

FORM CMS-2567(02-99) Plevious Velsions Obsolete

建物的内的1M221

Pacific ID: 953491

If continuation sheet Page 5 of 7

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF CORRECTION (CENTERS FOR MEDICARE & MEDICAID SERVICES (CENTERS FOR MEDICAID SERVICES (CENTERS	ARUMURIA ARUMURIA BIWITA	e construction: 101:-Main Building of	ÖME NÖS KO BATE SÜI GÖMBLET	(PPROVED 1938:0391
THE GRAYBRIER NURS & RETIREMENT CT	136	et address, city state: ZIR gode Lane drive: Inity: NG: 27370 Providers Plan Of Godres	TION.	a (85)
MATIO SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	PREAX PAG	PROVIDERS PLAN OF CORRECT (EACH DORRECTIVE ACTION SHO .CROSS: REFERENCED TO THE APPROPRIES (ENCY);		CONFLETION: DATE
KOSO Commued From page 5	K€056%	added to the automatic sprinkler needed.	system if	**************************************
E space containing the water closef—central bath beside resident room #68. 2. exit discharge roof canopy on west hall. 42 CFR 483-70(a) K 062 NFPA 101 LIFE SAFETY CODE STANDARD 55=0	K 062	The Maintenance Director and/o Maintenance Assistant will make rounds to examine sprinkler head throughout the facility to ensure are in place. Any findings will be documented in the monthly main log.	e monthly is all of them	6-29-12
Required automatic sprinkler systems are confinuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6; 4.6:12, NPPA-13,		The Maintenance Director will u "2012 Life Safety Plan of Correct Tool" that has been developed to findings and corrective actions if This report will be reviewed at the Quality Assurance meetings through the current calendar year.	tion Audit log all necessary.	
Surveyor: 02249 Based on observetion; on May 22, 2012 at approximately 9,00 am onward; sprinklers are covered with debris or paint in the following:	The state of the s	K 062 1. Sprinkler head was rep	laced with	6-15-12
areas: 1: storage room beside laundry room paint on heat sensitive element of pendent sprinkler.		a new sprinkler head it room beside laundry ro paint on heat sensitive	n the storage som due to	
2. extraischarge canopy near room #1 - debits or heat sensitive element of sprinkler. 42 CFR 483 70(a) K 147 NIPA 101 LIFE SAFIETY COUE STANDARD	KTAT	pendent sprinkler. 2. Sprinkler head was cle exit discharge canopy 1. Debris was removed sensitive element of sp	near room # I from heat	5-24-12
SS≅D Electrical wiring and equipment is in accordance with NFPA 70. National Electrical Code. 9:1.2		All other sprinkler heads through building were inspected for pain and cleaned using a non-chemica	t and debris	5-24-12
ORIGCIAS-2567(02-99) Arevious Versions Obsolete: Event (D) \$11/12	Fac	niphotografia	contlinuation sh	eel Page 60

method. Sprinkler heads were replaced as needed. This STANDARD is not met as evidenced by: Sinveyor 2249 Basses on observation, on May 22, 2012 at approximately color mental and international Electrical Gode durate the following. The Maintenance Director and/or Maintenance Assistant will conduct monthly rounds to ensure all sprinkler heads are free of paint, debris, or other obstructions. Any findings will be documented in the monthly maintenance log. The Maintenance Director will utilize the open will be documented in the monthly maintenance log. The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year. **A 2 GFR 452.70(a)** **A 2 GFR 452.70(a)** **A 3 4 2 GFR 452.70(a)** **A 3 4 3 4 5 9 using hospital grade receptacles. **A 4 3 4 5 9 using hospital grade receptacles. **A 4 3 4 5 9 using hospital grade receptacles. **A 4 3 4 1 5 4 4 5 9 using hospital grade receptacles. **A 4 3 4 1 5 4 4 5 9 using hospital grade receptacles. **A 4 3 4 1 5 4 4 5 9 using hospital grade receptacles. **A 4 3 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	CENTER	IS FOR MEDIOARE	AND HUMAN SERVICES & MEDICAID SERVICES XI) PROVIDERBUPLIERICIA DENTIFICATION NUMBER:	OZIMJETJEL AVBUILDING	econstruction o1-manusulding 01	PRINTED: FORM A OMB NO Way date sur couplet	
NAME OF PROVIDER OR SUPPLEY THE GRAFERIER OURS ENTITLEMENT OF THE CONTROL OF THE			345330	BIMING.	2 3;	05/22	/2012
method. Sprinkler heads were replaced as needed. This STANDARD is not metas avidenced by: Sinveyor 2249: Basserion of several processing on May 22, 2012 at approximately 9:00 and onward, the facility is noncompliant with the National Electrical Gode directions of the National Electrical Gode of paint, debris, or other obstructions. Any findings will be documented in the monthly maintenance log. 2. In aming any lighting dentined in Elima Corper room #63 is not setul pend with a minimum of four single or freeding of the current calendar year. 3. patient bed in noom #63 is not setul pend with a minimum of two circuits. 4. 2 CFR 483.70(a) 1. Emergency exit discharge lights were disconnected from switched circuit. 2. New lighting was added in the Elma Cooper room on an unswitched circuit. 3. An additional circuit was added to resident room # 69 using hospital grade receptacles. All other emergency lighting were checked		,	74 14 45 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	= 116	Lane drive Inity no. 27870		
This STANDARD is not mistassividence duy: Surveyors D2349 Based on observation, on May 22, 2012 at approximately 9:00 am forward the racilly is not compliant with the National Electrical Code dust of the following: 1. Emergency exit also harge lights are connected to switched circuits at all exits. 2. In a managency lighting dentitied in Elima Cooperatoring existing light can be switched off with two other lighting provide on an unswitched millimum of four single or two duples despiteles and infimum of two circuits. 42 CFR 483 70(a) 1. Emergency exit discharge lights are connected to the monthly maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year. K147 1. Emergency exit discharge lights were disconnected from switched circuit and placed on an unswitched circuit. 2. New lighting was added in the Elma Cooper room on an unswitched circuit. 3. An additional circuit was added to resident room # 69 using hospital grade receptacles. All other emergency lighting were checked	(X4) ID PREFIX: TAG	SUMMARY:STA (EACH DERICENCY REGULATORY OF L	TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION):	PREEIX	PROVIDERIS PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS:REFERENCED TO THE ART (DEFIGIENCY)	otion Ould Bei Propriate	COMPLETION DATE:
approximately 0:00 am convaid, the racility is moncompliant with the National Electrical Gode diagracultic following: It emergency extra decharge lights are connected to switched circuit. It emergency extra decharge lights are connected to switched circuit. It emergency extra decharge lights are connected to switched circuit. It emergency extra decharge lights are connected to switched circuit. It emergency extra decharge lights are connected to switched circuit. It emergency extra decharge lights are connected to switched circuit. It maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year. It is emergency exit discharge lights were disconnected from switched circuit. It is emergency exit discharge lights were disconnected from switched circuit. It is emergency exit discharge lights were disconnected from switched circuit. It is emergency exit discharge lights were disconnected from switched circuit. It is emergency exit discharge lights were disconnected from switched circuit. It is emergency exit discharge lights were disconnected from switched circuit. It is emergency exit discharge lights were disconnected from switched circuit. It is emergency lighting was added to resident room # 69 using hospital grade receptacles. All other emergency lighting were checked from the provided with a grade receptacles.	KJAZ	THIS STANDARD SURVEYOR 02249	sinot met as evidenced by:	8.47	needed.	· •	5-24-12
2. An americancy lighting adoptines in Emile Corper rooms of stilling light came is switched of the with needless lighting provide on an unswitched provide. The many lighting provide on an unswitched provide on the current calendar year. 2. An additional circuit was added to resident room # 69 using hospital grade receptacles. 2. All other emergency lighting were checked from the current calendar year. 2. All other emergency lighting were checked for the current calendar year. 2. All other emergency lighting were checked for the current calendar year. 3. Patient bed in room # 69 using hospital grade receptacles. 42. CFR 483.70(e) 3. Patient bed in room # 69 using hospital grade receptacles. 43. Patient bed in room # 69 using hospital grade receptacles. 44. CFR 483.70(e) 45. CFR 483.70(e) 46. It is afety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year. 47. Emergency exit discharge lights were disconnected from switched circuit. 48. L147 49. Emergency exit discharge lights were disconnected from switched circuit. 49. New lighting was added in the Elma Cooper room on an unswitched circuit. 40. An additional circuit was added to resident room # 69 using hospital grade receptacles. 40. All other emergency lighting were checked		Based on observat approximately 9:00 noncompliant with due to the following the memory exit.	amenward the facility is the National Electrical Gode is discharge lights are connected	N	Maintenance Assistant will con rounds to ensure all sprinkler he of paint, debris, or other obstruc- findings will be documented in	duct monthly eads are free ctions. Any	3-24-1 <i>2</i>
1. Emergency exit discharge lights were disconnected from switched eircuit and placed on an un- switched circuit. 2. New lighting was added in the Elma Cooper room on an un- switched circuit. 3. An additional circuit was added to resident room # 69 using hospital grade receptacles. All other emergency lighting were checked 6-4-1	Company of the second s	2: no emergency li Copper rooms exist with rocother light brount. 3: patient bed in ro minimum of four s reach patient bed minimum of two s	girling identified in Elima sing light can be switched off og provide on an unswitched om #69 is not equipped with a logie or two duplex receptacles room must be provided with a	ja virigen Cive of Cive of Cive of the Civ	"2012 Life Safety Plan of Corrections" that has been developed a findings and corrective actions. This report will be reviewed at Quality Assurance meetings the of the current calendar year.	ection Audit to log all if necessary. the quarterly	6-29-12
Elma Cooper room on an unswitched circuit. 3. An additional circuit was added to resident room # 69 using hospital grade receptacles. All other emergency lighting were checked 6-4-1	11.	42 CFR 483 70(e)			were disconnected fre circuit and placed on	om switched	5-31-12
3. An additional circuit was added to resident room # 69 using hospital grade receptacles. All other emergency lighting were checked 6-4-1					Elma Cooper room or		6-13-12
An other emergency regression and the second				ياسيدون وستستان مياسيدون المستوارية والمستوارية والمست	 An additional circuit resident room # 69 us 		6-4-12
or each resident room has a minimum of		Ya Tanana da		righterian mark at the strong	to ensure they are on an un-swi	tched circuit;	6-4-12

two duplex receptacles or four single receptacles per resident.

The Maintenance Director and/or Maintenance Assistant will make monthly rounds to ensure emergency lighting is on an un-switched circuit; or each resident room has a minimum of four single or two duplex receptacles per resident. Any findings will be documented in the monthly maintenance log.

6-29-12

6-4-12

The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year.