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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345066	A. BUILDING ______ B. WING ______	05/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALSTON BROOK	4748 OLD SALISBURY ROAD LEXINGTON, NC 27292

(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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	345066	A. BUILDING 02 - MAIN BUILDING 02 B. WING ______	06/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALSTON BROOK	4748 OLD SALISBURY ROAD LEXINGTON, NC 27292

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K 000	INITIAL COMMENTS Surveyor: 02249 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the New Health Care section of the LSC and its referenced publications. This building is Type III(211) construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	ALSTON BROOK'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIEES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW. K 029 WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE: A new latch has been installed to this door and the self-closing equipment adjusted to fully close the door.	
K 030 (29) SS=D	NFPA 101 LIFE SAFETY CODE STANDARD ~~Gift shops are protected~~ as hazardous areas when used for storage ~~or display of combustibles~~ in quantities considered hazardous. Non-rated walls may separate gift shops that are not considered hazardous, have separate protected storage and that are completely sprinklered. Gift shops may be open to the corridor if they are not considered hazardous, have separate protected storage, are completely sprinklered and do not exceed 500 square feet. 18.3.2.5 This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on June 8, 2012 at approximately 9:00am onward, the fire door to the soiled linen storage room did not self-latch. Room is located off service corridor.	K 030 (29)	HOW WILL YOU IDENTIFY OTHER LIFE SAFETY ISSUES HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: Our Maintenance Supervisor or his designee has checked all self-closing doors for proper closing and adjusted the self-closing equipment if needed. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: Our Maintenance Supervisor or designee will check all self-closing doors for proper closing and adjust the self-closing equipment if needed on a monthly basis for three months, then on an annual basis. The Maintenance Supervisor will keep these records in his office.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jeffrey D. Leeman (signature) — TITLE: Administrator — (X6) DATE: 6-21-12

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HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:

As part of our weekly Quality Assurance program, the Administrator will in-serviced the committee members to be observant of self-closing doors not working properly during their weekly Quality Assurance inspections. Any findings from our Quality Assurance members will be discussed during our weekly Quality Assurance meetings of which our Maintenance Manager attends. He will document any findings and be responsible for the repairs or adjustments. The Quality Assurance Committee will be responsible to ensure the corrective actions are achieved and sustained.

INCLUDE DATES WHEN CORRECTIVE ACTION(S) WILL BE COMPLETED:

A new latch was installed June 11, 2012 by the Maintenance Assistant. The in-service has been held on June 21, 2012, in our next scheduled meeting, by the Administrator.

K 038 WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE:

A new lock having a hand latch on the screen porch side, as described by the Life Safety Surveyor, has been installed on this door.

HOW WILL YOU IDENTIFY OTHER LIFE SAFETY ISSUES HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:

Our Maintenance Supervisor or his designee has checked all outside doors for proper locks and documented this on a Quality Assurance form.

WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:

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	345066	A. BUILDING 02 - MAIN BUILDING 02 B. WING ______	06/08/2012

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K 030	Continued From page 1 42 CFR 483.70	K 030	No one will be allowed to replace any outside door locks without the Administrator / Maintenance Supervisor's approval. HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE: Our Maintenance Supervisor or designee will check all outside doors for proper locks on a yearly basis, document these findings, and correct if issues occur immediately. The Quality Assurance Committee will be responsible to ensure the corrective actions are achieved and sustained. INCLUDE DATES WHEN CORRECTIVE ACTION(S) WILL BE COMPLETED: The new lock was installed June 19, 2012 by the Maintenance staff.	
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. 18.2.1 This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on June 8, 2012 at approximately 9:00am onward, there is non-passage type hardware on the door to screened porch. The screen porch is located beside room 206 and is equipped with a key-activated deadbolt latch from both sides. 42 CFR 483.70	K 038		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on June 8, 2012 at approximately 9:00am onward, there is no baffle between the deep fryer and cooking surfaces of the range. 42 CFR 483.70	K 069	K 069 WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE: Maintenance relocated the deep fryer away from the cook stove and installed a twenty-four inch wide stainless steel table between the fryer and the stove. HOW WILL YOU IDENTIFY OTHER LIFE SAFETY ISSUES HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 076		

An assessment of the kitchen was performed by the Dietary Manager and Maintenance Supervisor to ensure all appliances were located so as to meet Life Safety Standards. The Dietary Manager has the responsibility to ensure no appliances are moved in the kitchen.

WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:

The kitchen staff has been in-serviced by the Dietary Manager to not move any appliances within the kitchen under any circumstances. This in-service will become part of the normal orientation for new dietary staff and on an annual basis for all dietary staff.

HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:

The kitchen is inspected by a Quality Assurance member each week. If any appliances are moved, the inspecting member will report it to the Administrator immediately so it can be corrected immediately. In the weekly Quality Assurance Meeting it will be discussed and the Quality Assurance Committee will be responsible to ensure the corrective actions are achieved and sustained.

INCLUDE DATES WHEN CORRECTIVE ACTION(S) WILL BE COMPLETED:

The deep fryer was moved June 12, 2012 by the Maintenance Assistant. The in-service has been held on June 21, 2012, our next scheduled meeting, by the Administrator.

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K 076	Continued From page 2 Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4 This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on June 8, 2012 at approximately 9:00am onward, the medical gas storage facilities are noncompliant due to the following: 1. no canopy or other means to prevent oxygen cylinder exposure to extremes of weather - storage area is located outside behind kitchen area. 2. unsecured oxygen cylinders in outside storage area behind kitchen. 42 CFR 483.70	K 076	K 076 - 1 WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE: We will remove the chain linked fence and install a storage building to store the oxygen tanks according to regulatory requirements. HOW WILL YOU IDENTIFY OTHER LIFE SAFETY ISSUES HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: A visual inspection will be conducted by our Maintenance Supervisor or designee as to the condition of the building on a yearly basis and documented to be presented to the Quality Assurance Committee. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: Our Maintenance Supervisor will be responsible for keeping records to assure this building is in good condition during yearly checks.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by:	K 147	HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:	

The Quality Assurance Committee will review the records the Maintenance Manager maintains in our weekly Quality Assurance meetings to ensure the system is working properly. The Quality Assurance Committee will be responsible to ensure the corrective actions are achieved and sustained.

INCLUDE DATES WHEN CORRECTIVE ACTION(S) WILL BE COMPLETED:

Installation of a permanent building will be finished by June 28, 2012.

K 076 - 2 WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE:

The small unsecured oxygen tank has been secured via placement into an approved rack. All authorized staff having access to these tanks will be in-serviced up hiring and annually by the Staff Development Coordinator as to the proper procedures of handling and storage of pressurized tanks.

HOW WILL YOU IDENTIFY OTHER LIFE SAFETY ISSUES HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:

Our Maintenance Supervisor or designee will monitor and document on a weekly basis for four weeks, then on a monthly basis to ensure the tanks are properly stored and are secured.

WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:

Our Maintenance Supervisor or designee will monitor on a weekly basis for four weeks, then on a monthly basis to ensure the tanks are properly stored and are secured.

HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:

As part of our weekly Quality Assurance program, our Maintenance Supervisor will inform our Quality Assurance members of any findings of his weekly or monthly inspections. Any negative findings will be entered into our meeting notes and will be corrected by the Maintenance Supervisor. The Quality Assurance Committee will be responsible to ensure the corrective actions are achieved and sustained.

INCLUDE DATES WHEN CORRECTIVE ACTION(S) WILL BE COMPLETED:

The empty oxygen tank was secured June 8, 2012, by the Maintenance Assistant.

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K 147	Continued From page 3 Surveyor: 02249 Based on observation, on June 8, 2012 at approximately 9:00am onward, there is a loose emergency receptacle on the wall section beneath nurse call panel in resident room 102. 42 CFR 483.70	K 147	K 147 WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE: The emergency receptacle in room 102 has been tightened by the Maintenance Supervisor, to ensure the resident is safe. HOW WILL YOU IDENTIFY OTHER LIFE SAFETY ISSUES HAVING THE POTENTIAL TO AFFECT RESIDENTS BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: Every electrical receptacle in all residents' rooms will be inspected and secured if needed by our Maintenance Department to ensure no resident could be endangered. The Maintenance Supervisor has documented on a log the rooms check and any problems noted. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The Administrator will in-service our Quality Assurance members to inspect the electrical outlet during their weekly room inspections and report these findings immediately to the Maintenance Supervisor/Assistant for corrective action.	

HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:

Any findings from our Quality Assurance members will be discussed and documented in our weekly Quality Assurance meetings of which our Maintenance Manager attends. The Quality Assurance Committee will be responsible to ensure the corrective actions are achieved and sustained.

INCLUDE DATES WHEN CORRECTIVE ACTION(S) WILL BE COMPLETED:

The emergency receptacle in room 102 was tightened on June 19, 2012. All other receptacles will be inspected and repaired if necessary by June 25, 2012. The in-service has been held by the Administrator on June 21, 2012, our next scheduled meeting.