

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

PRINTED: 11/02/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2012
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NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROWA	STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN ST SALISBURY, NC 28147
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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
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F 000	<p>INITIAL COMMENTS</p> <p>The facility was found to be in compliance with the Medicare/Medicaid Long Term Care Regulation 42 CFR Part 483, Subpart B during a recertification survey.</p>	F 000		
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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: 345503	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/19/2012
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH RWVA			STREET ADDRESS, CITY, STATE 4412 SOUTH MAIN ST SALISBURY, NC 28147		ZIP CODE
(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 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V(11) construction, one story, with a complete automatic sprinkler system.	K 000			
K 038 SS=D	The deficiencies determined during the survey are as follows: 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	K 038	K-38 The on/off release switch will be changed to a toggle type switch which can be turned on and off by hand. A monthly test will be performed on the on/off switches at all exits	12/14/12	
K 047 SS=D	This STANDARD is not met as evidenced by: Based on observation, on November 19, 2012 at approximately 9:00am onward, the on/off release switch requires a special tool for operation of special locking arrangement serving courtyard gate - gate is located on courtyard serving 400 hall. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1	K 047	The on/off switches to all exit doors will be monitored when the monthly fire drill is performed. Corrected: 12/14/12	11/26/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *D. McKesson* TITLE: *ADMIN* (X6) DATE: *1/4/13*

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, this 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.

DEFICIENCIES FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0930-0088

STATEMENT OF DEFICIENCIES
 AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA
 IDENTIFICATION NUMBER:

A. BUILDING: 01 - MAIN BUILDING 01

DATE OF SURVEY
 COMPLETED

345503

B. WING:

11/19/2012

NAME OF PROVIDER OR SUPPLIER

LIBERTY COMMONS NSG & RENOWVA

STREET ADDRESS, CITY, STATE, ZIP CODE

4412 SOUTH MAIN ST
 SALISBURY, NC 28147

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K 047	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation, on November 19, 2012 at approximately 9:00am onward, there is no exit directional signage for exit discharge gate serving the 400 wing courtyard. The exit path is not obvious beyond the exit discharge from the building corridor.</p>	K 047	<p>K-47 An exit directional sign has been placed on the gate serving the 400- hall courtyard.</p>	
K 051 SS=D	<p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in every part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or 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 remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p>	K 051	<p>All fire exits will be tested monthly to ensure proper illumination and directional signs are visible.</p> <p>Monthly records will be maintained on the exit and directional signs by the ESD.</p> <p>Exit and directional signs will monitored for proper functioning by ESD or designee.</p> <p>Corrected: 11/26/12</p>	<p>11/19/12</p>

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NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROMVA	STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN ST SALISBURY, NC 28147
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K 051	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, on November 19, 2012 at approximately 9:00am onward, activation of the corridor smoke detector did not cause release of special locking arrangement at dining room door - door is located on 400 hall dining area. Note: The alarm signaling services did function properly, and the locks would release with activation of on/off release switches. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD	K 051	K-51 Modern Systems Inc. was immediately called to correct the release of the special locking arrangement at dining room door located at the 400 hall dining area. (See attached work order.) ESD or designee will test the locking device monthly when fire drill is performed.	
K 072 SS=D	Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation, on November 19, 2012 at approximately 9:00am onward, there are impediments in the means of egress located beyond the 400 hall exit discharge door - beds, chairs, and other impediments are stored under the patio. 42 CFR 483.70(a)	K 072	Monthly records will be maintained on the testing of the alarm system by the ESD. The ESD or his designee will monitor the alarm system monthly. Corrected: 11/19/12	11/19/12

K-072

The beds and chairs have been moved from the means of egress located under the patio beyond the 400-hall exit door.

Frequent rounds will be made by housekeeping to ensure the means of egress throughout the facility are free of clutter.

As part of housekeeping's daily assignment they will ensure the corridors and patios are free of clutter.

ESD or designee will monitor the corridors and patios.

Corrected: 11/19/12



Phone: (336) 453-5251
Fax: (336) 453-5220

INVOICE DATE: 11/28/12

DUPLICATE DATE: 12/28/12

BILL TO:

Liberty Commons Salisbury
4412 S. Main Street
Salisbury, NC 28144

LOCATION: LCSAL

Liberty Commons Salisbury
4412 S. Main Street
Salisbury, NC 28144

WORK ORDER NUMBER: 004715

YOUR REFERENCE NUMBER:

DESCRIPTION	QUANTITY	PRICE	AMOUNT	TAX
<p>REQUEST: The facility called and said the fire alarm system was in trouble and the maglocks did not drop out when testing the fire alarm system.</p> <p>RESOLUTION: 11-19-12 System reflecting maglock relay module (FRM-1) M001 invalid reply upon arrival. Located relay module at 400 hall nurse station. Replaced module and rebooted panel. Tested system.</p> <p>LABOR</p> <p>11/19/12 Technician</p>				
	hrs		260.00	N
TOTAL LABOR:			260.00	
MATERIAL				
NOT-FRM-1 Relay	11/19/12 Intelligent Addressable	1 EA	109.9600	N
TOTAL MATERIAL:			109.96	
TOTAL:			369.96	

Please note: Customer assumes any and all agency/attorney fees if invoice is not paid and is turned over for collection
Past due invoices are subject to late charges at the rate of 1 1/2% per month (Annual 18%).