

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

PRINTED: 04/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/11/2013
NAME OF PROVIDER OR SUPPLIER GLENAIRE			STREET ADDRESS, CITY, STATE, ZIP CODE 4000 GLENAIRE CIRCLE CARY, NC 27511		
(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 was found to be in compliance with the Medicare/Medicaid Long Term Care Regulations 42 CFR Part 483, Subpart B during a recertification survey. EVENT ID# FLXS11.	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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345445	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2013
NAME OF PROVIDER OR SUPPLIER GLENAIRE			STREET ADDRESS, CITY, STATE, ZIP CODE 4000 GLENAIRE CIRCLE CARY, NC 27511	
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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type III protected construction utilizing North Carolina Special locking arrangements, and is equipped with a complete automatic sprinkler system.	K 000		
K 025 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	K 025	The unsealed penetrations in the attic South smoke barrier above the cross corridor doors near room 5318 have been sealed as of May 17 th . All attic spaces throughout the building have also been inspected for penetration and resealing done as needed as of May 17 th . A quality assurance performance improvement plan has been written to include a monthly inspection of all attic spaces to identify any unsealed penetrations and to perform resealing.	May 17, 2013
K 032	This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 5/2/2013 the following Life Safety item was observed as noncompliant, specific findings include: There were unsealed penetrations in the attic South smoke barrier above the cross corridor doors near room 5318. CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD	K 032		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Beverly Caudrick

TITLE

Associate Director

(X6) DATE

5/17/2013

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 032 SS=D	Continued From page 1 Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 5/2/2013 the following Life Safety Item was observed as noncompliant, specific findings include: The exit door in the South area across from room 5311 was dragging on the frame when tested.	K 032	The exit door in the South area across from room 5311 was repaired on May 9 th to allow full automatic closure. All exit doors were inspected on May 10th for automatic closure. A quality assurance performance improvement plan has been written to include a monthly inspection of all exit doors to identify any doors that are not closing properly.	May 17, 2013
K 147 SS=E	CFR#: 42 CFR 483.70 (a) 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: Based on the observations and staff interviews on 5/2/2013 the following Life Safety item was observed as noncompliant with the generator annunciator panel, specific findings include: 1. The generator annunciator panel did not give an indication that the generator was running and carrying the load for the Life Safety circuit when tested. 2. The generator annunciator panel did have a fault condition saying "Battery Charge Fault".	K 147	The indicator panel in the 5500 first floor electrical room shows correctly when the generator is running and carrying the load for the Life Safety circuit. The enunciator panel at the 5500 second floor nurses' station has been repaired by replacing the circuit board for the battery charge fault function. The panel is now working properly. Both panels will be checked monthly during the generator testing exercise and the results will be logged and reported at the monthly quality assurance meeting.	May 17, 2013

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K 147	Continued From page 2 3. The generator annunciator panel did have a fault condition saying "Low Battery Voltage Fault". CFR#: 42 CFR 483.70 (a)	K 147		

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