

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

PRINTED: 07/18/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345539</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ARBOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 CLYNELISH CLOSE PITTSBORO, NC 27312</b>
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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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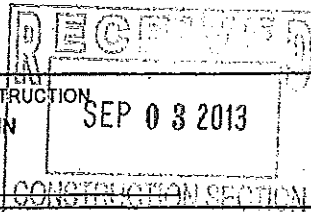
F 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility was found to be in compliance with the Medicare/Medicaid Long Term Care regulations, 42 CFR part 483, subpart B during the recertification survey of (DATE of exit)</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2013  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345539	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN  B. WING _____	(X3) DATE SURVEY COMPLETED  08/13/2013
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NAME OF PROVIDER OR SUPPLIER  THE ARBOR	STREET ADDRESS; CITY; STATE; ZIP CODE 300 CLYNELISH CLOSE PITTSBORO, NC 27312
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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 New Health Care section of the LSC and its referenced publications. This building is Type II (222) construction, two stories, with a complete automatic sprinkler system.  The deficiencies determined during the survey are as follows:  NFFPA 101 LIFE SAFETY CODE STANDARD  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	K 000	K 076  The corrective action will be accomplished for the deficient practice of the full and empty oxygen cylinders mixed/stored together by having the room divided where full tanks will be stored and empty containers will be stored. Full and empty signs have been posted to designate where the containers are to be placed. Staff re-education will be completed regarding oxygen storage.  K 076  During Environmental Rounds this same issue having the potential to affect residents by the same deficient practice will be monitored and documented on round sheets.  Other life safety issues having the potential to affect residents by the same deficient practice will be monitored and inspected by the Administrator or designee so that this does not recur.  During weekly rounds the oxygen room will be inspected for the location of cylinders. Inspection results will be documented on the rounds report. The inspection results will be reported in the QA meetings on a quarterly basis for 3 quarters.	9/16/13
	This STANDARD is not met as evidenced by: CFR#: 42 CFR483.70 (a) By observation on 8/13/13 at approximately noon medical gas storage per NFPA 99 was non-compliant, specific findings include; the full and empty oxygen cylinders were mixed/stored together. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jelton Wooten</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10/30/13</i>
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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 076  K 143 SS=D	Continued From page 1 hurriedly. [NFPA 99 4-3.5.2.2b(2)] (2nd floor oxygen storage) NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:  (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;  (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and  (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2	K 076  K 143	K 143  The corrective action will accomplished for the deficient practice that liquid oxygen was stored in a room that was not mechanically ventilated nor was the flooring ceramic to concrete. We have no use for liquid oxygen, therefore the liquid oxygen has been removed.  During Environmental Rounds this same issue having the potential to affect residents by the same deficient practice will be monitored and documented on round sheets that no liquid oxygen is stored.  Routine rounds as part of a systematic change having the potential to affect residents by the same deficient practice will be monitored and inspected by the Administrator or designee so that this does not recur.	9/16/13
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	This STANDARD is not met as evidenced by: CFR#: 42 CFR483.70 (a) By observation on 8/13/13 at approximately noon liquid oxygen per NFPA 99 was non-compliant, specific findings include; the room the liquid oxygen was stored was not mechanically ventilated nor was the flooring ceramic or concrete per Item (b) above. [NFPA 99 8-6.2.5.2b]		During weekly rounds the oxygen room will be inspected for the location of cylinders.  Inspection results will be documented on the rounds report. The inspection results will be reported in the QA meetings on a quarterly basis for 3 quarters.	
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