PRINTED: 08/05/2013 FORM APPROVED OMB NO 0938-0391

		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CON	ISTRUCTION	(X3) DAT	E SURVEY IPLETED
ATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ING		CON	ILTETEN
		345140	B. WING			07/	31/2013
		345140	1	STREE	T ADDRESS, CITY, STATE, ZIP COI	DE	
	ROVIDER OR SUPPLIER			610 W	EST FISHER STREET		
BRIGHT	100R NURSING CEN	NTER		SALIS	BURY, NC 28145		
(X4) ID PREFIX TAG	CANDEDOING	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	TS	F	000			
:	requirements of 42	ompliance with the 2 CFR Part 483, Subpart B for acilities (General Health					
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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.

							V V V V V V
177	13 FRI 15:42 F					FORM AF	8/28/2013 PROVED
DEPART	MENT OF HEALTH	AND HUMAN SERVICES					938-0391
CYATEUENT	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE	CONSTRUCTION 1 - MAIN BUILDING 61	X3) DATE S COMPL	ETED
AND PLAN O	FCORRECTION	IDEALLY HOW HOWEVE	AC BOILDI	,,,,			
		245440	B, WING			08/23	3/2013
		345140		ST	REET ADDRESS, CITY, STATE, ZIP CODE		-
NAME OF F	PROVIDER OR SUPPLIER		[61	0 WEST FISHER STREET		Į
THOIGH	MOOR NURSING CEN	ITER	l	S/	ALISBURY, NC 28145		
(X4) ID PREFIX	SUMMARY STA	AYEMENT OF DEFICIENCIES	IO PREFII YAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR		COMPLETION DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)		-	DEFICIENCY	- 1	
K 000	INITIAL COMMEN	TS	Κ¢	000	THIS FACILITY'S RESPONSE TO REPORT OF SURVEY DOES NOT DE AGREEMENT WITH THE STATEMENT DEFICIENCIES; NOR DOES CONSTITUTE AN ADMISSION THAT STATED DEFICIENCY IS ACCUR-	TI YMA	
	and and an open	ode (LSC) survey was The Code of Federal Register			STATED DEFICIENCY IS ACCOUNT OF ARE FILING THE POC BECAUS IS REQUIRED BY LAW.	E IT	
	Health Care section publications. This one story, with a caystem.	(a); using the 2000 Existing on of the LSC and its referenced building is Type V construction, omplete automatic sprinkler			ADDRESS HOW CORRECTIVE ACTION WILL HE ACCORDITHED FOR RESIDENTS FOUND TO HAVE BEEN AND BY THE DEFICIENT PRACTICE;	TROSE	
K 018 SS≓E	are as follows: NFPA 101 LIFE S	AFETY CODE STANDARD	К	018	door to remain latched when closed.	Be toom	8-30-13
33-6	Doors protecting of required enclosure hazardous areas	corridor openings in other than es of vertical openings, exits, or are substantial doors, such as of 1% inch solid-bonded core			The door to the boutekeeping closer it the station now has fire/weather stripping arou frame to resist the passage of smoke.		
		of resisting fire for at least 20 a sprinklered buildings are only the passage of smake. There is	al ana serie	20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ADDRESS HOW CORRECTIVE ACTION W		use symptom of the operation of the operations o
	no impediment to are provided with the door closed.	the closing of the doors. Doors a means suitable for keeping Dutch doors meeting 19.3.6.3.6 19.3.6.3			THE SAME DEFICIENT PRACTICE: The dry storage room door in the kitc provided with a latch suicable for keeping closed at all times. This allows the dry storage of the remain latched when closed.	theo was	
	Roller latches are in all health care	prohibited by CMS regulations facilities.			The other doors in the facility have been inequire the Maintenance Supervisor to determine if other doors do not have a suitable means of remaining closed at all times. None were for	and.	
					The door to the housekeeping closer at the n reation has been placed with fire weather sor around the door frame allowing resist passag mooke.	ge of	
	This STANDARE) is not met as evidenced by:			The other doors in the facility have been in determine if any other doors have a gap ber door and the frame. None were found.	spected to	O'RI DAYE

LABORATORY DIRECTOR'S OR PROVIDENSUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Facility ID: 923010

9-6-13

(X8) 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 other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the above findings and plans of correction are disclosable 14 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 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.

If continuation sheet Page 1 of 5

ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEPICIENT PRACTICE WILL NOT OCCUR:

The facility has been inspected to determine if other doors are found not to able to latch at all times. None were found.

On a monthly basis for three months and quarterly thereafter the Maintenance Supervisor will inspect all doors and document on a log sheet that all doors are able to be latched. If any are found that do not latch properly the Maintenance Supervisor will repair at that time and document on the log.

The facility has been inspected to determine if other doors are found to have a gap between the door and the frame. None were found.

On a monthly basis for three months and quarterly thereafter the Mointenance Supervisor will inspect all doors and document on a log sheet that all doors do not have a gap between the door and the frame. If any are found that do not latch properly the Maintenance Supervisor will repair at that time and document on the log.

REDICATE HOW THE EACILITY PLANS TO
HONTROR LTS PERFORMANCE TO MAKE SURE
THAT SOLUTIONS ARE SUSTAINED. THE
FACILITY HUST DEVELOF A FLAN FUN
ENSURING THAT CORRECTION IS ACHIEVED
AND SUSTAINED. THE FLAN MUST BE
IMPLEMENTED AND THE CORRECTIVE ACTION
ENSURING TO THE CORRECTIVE ACTION
HOWELENED FOR ALS EXPERIENCE. THE

The Maiarenance Supervisor will be responsible for ensuring that all doors latch at all times.

The Administrator will present the Maintepance Supervisor log to the QA committee on a quarterly basis. If no issues after the fourth quarter it will be monitored on an annual basis.

The QA committee will be responsible to ensure compliance is achieved and sustained.

The Maintenance Supervisor will be responsible for ensuring that all doors do not have a gap between door and frame,

The Administrator will present the Maintenance Supervisor log to the QA committee on a quarterly batis. If no issues after the fourth quarter it will be monitored on an annual basis.

The QA committee will be responsible to ensure compliance is achieved and sustained.

PRINTED: 08/26/2013 FORM APPROVED OMB NO. 0938-0391

STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILO	LTI	IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01		re survey Apleted	od skalen de vermadoski stalikinger
		345140	B. WING	·		08/	23/2013	}
	PROVIDER OR SUPPLIER		L		STREET ADDRESS, CITY, STATE, ZIP CODE 610 WEST FISHER STREET SALISBURY, NC 28145			
(X4) ID PREFTX TAG	FACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE	BE	(75) COMPLETION DATE	
K 018 K 038 SS=0	Surveyor, 27871 Based on observation approximately 8:00 items were noncominclude: 1. dry storage room latch. 2. door to housekee has a gap between 42 CFR 483.70(a) NFPA 101 LIFE SAI	ge 1 ons and staff interview at am onward, the following pliance, specific findings door in kitchen would not ping closet at nurse station the top of door and the frame. FETY CODE STANDARD ged so that exits are readily es in accordance with section	КО		RESIDENTS FOUND TO HAVE SEEN RESIDENTS FOUND TO HAVE SEEN BY THE DEFICIENT PRACTICE: The bathroom door in the employee break door knob that was not a two hand most door knob has been replaced that requires motion. This allows the exis to be restily at all times. ADDRESS HOW CORRECTIVE ACTION ACCOMPLISHED FOR THOSE RIMAVING ROTENTIAL TO HE AFFE THE SAME DEFICIENT FRACTICE: The bathroom door to the employee break to door knob that was not a two band motion of knob has been replaced that requires motion. This allows the exist to be readily at all closes. None were found. ADDRESS WEAT MEASURES WILL BE INTO PLACE OR SYSTEMIC CHARGES	THOSE AFFECTES (coom had: con. A new a one hance secessible writt HI (SINENTS CTED BY com had a coessible accessible (OUT MADDE RECTICE	8-30-13	
SS=E	Surveyor: 27871 Based on observatio approximately 8:00 a items were noncomplications with the second state of the second	not met as evidenced by: ns and staff interview at am onward, the following sliance, specific findings our in employee breakroom of hand to open door. ETY CODE STANDARD sprinkler systems are ned in reliable operating	K 08	32	The facility has been inspected to determine doors are found not to be readily accessible. were found. On a quarrerly basis the Maintenance Super inspect all doors and document on a log that have a one hand motion and are readily acces any are determined not to be, the Maintenan Supervisor will repair at that time and document on the second of the s	if other None Visor will all doors seible. If		

PRINTED: 08/26/2013 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MUI	LTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	(X3) DA CO	TE SURVEY MPLETED
		245440	B. WING	·	08	/23/2013
l	PROVIDER OR SUPPLIER	345140 TER	10.	STREET ADDRESS, CITY, STATE, ZIP C 610 WEST FISHER STREET SALISBURY, NC 28145		
(X4) ID PREFIX TAG	/CACH DESIGNATION	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		SHOULD BE	(X6) COMPLETION DATE
K 062	Surveyor: 27871 Based on observatile approximately 8:00 items were noncominclude: 1. per sprinkler confusprinkler system has obstruction investigated also, 3 year full file. 3. sprinkler heads up heads.	s not met as evidenced by: lons and staff interview at am onward, the following ipliance, specific findings tractor inspection report is not having a 5 year ation in past 5 years.	K	INDICATE HOW THE FACILITY MENTYOR ITS PERFORMANCE TO THAT SOLUTIONS ARE SOSTA FACILITY HUST DEVELOR A ENSURING THAT CORRECTION AND SUSTAINED. THE FLI DEVELORMENT AND THE CORRECT EVALUATED FOR ITS EFFECTI FOC IS INTEGRATED INTO ASSURANCE SYSTEM OF THE FACILITY accessible at all times. The Maintenance Supervisor will be reasuring that all times. The Administrator will present the M Supervisor log to the QA committee of basis. If no issues after the fourth quant proprieted on ap annual basis. The QA committee will be responsible compliance is achieved and surrained.	O MAKE SURE LINED. THE A PLAN FOR AN HOST HE TIVE ACTION VENUSS: THE GRALITY: CALITY:	
	42 CFR 483.70(a) NFPA 101 LIFE SAF	FETY CODE STANDARD	Κo	66 · κ 062		9-3-13
	(1) Smoking is prohicompartment where combustible gases, and in any other haz area is posted with sor with the internation (2) Smoking by patieresponsible is prohib direct supervision.	ibited in any room, ward, or flammable liquids, or oxygen is used or stored cardous location, and such signs that read NO SMOKING anal symbol for no smoking.	STORY STATE OF THE	HET THE ATTRIBUTED LETTER BI	MAZETTA A	
				5-474-UD: 022010	continuation shar	ol Page 3 of 5

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TE SURVEY MPLETEO			
		345140	B. WING	·		08	/23/2013	
	PROVIDER OR SUPPLIER	ITER		(SYREET ADDRESS, CITY, STATE, ZIP CODE 510 WEST FISHER STREET SALISBURY, NC 28145			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	L IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF THE APPR	BE	(XS) COMPLETION DATE	
K 068	(4) Metal containers devices into which a	s with self-closing cover ashtrays can be emptied are all areas where smoking is	ΚO)66	ADDRESS HOW CORRECTIVE ACTION OF THE BEST ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE EXEN AND HY THE DEFICIENT FRACTICE! The nurses were la serviced on 9-1-17 by the Services Supervisor that all oxygen cylinders stored under the appropriate signage. Only cylinders that are empty to be placed under the signage and full oxygen cylinders are to bunder the full signage. New bright signage I placed in the med rooms to help aurees between follow the appropriate signage.	Clinical must be oxygen e empty e placed ass been		
in combinations as	Surveyor: 27871 Based on observation approximately 8:00 sitems were noncomplicated in the second sec	onot met as evidenced by: ons and staff interview at am onward, the following pliance, specific findings to provide proper ashtrays with self-closing cover in	K 07	76	ENVINC POTENTIAL TO BE AFFECT THE SHARE DEPICIENT PRACTICE: Any resident has the ability to be affected cited practice. The nurses were in serviced of that all oxygen cylinders must be stored un appropriate signage. Only oxygen cylinders empty bave to be placed under the empty signage, they bright signage has been placed med rooms to help nurses better read the signal	by the on 911-13 der the char are age and the full in the	9-2-13	
	protected in accorda Standards for Health (a) Oxygen storage I 3,000 cu.ft. are encic separation. (b) Locations for sup 3,000 cu.ft. are vente 4.3.1.1.2, 19.3.2.4	care Facilities. ocations of greater than used by a one-hour ply systems of greater than and to the outside. NFPA 99	tal tale currier stock		The facility has been inspected as maken vaygearly linder one placed onder the conservation of the conserv	TICE		
	This STANDARD is	not met as evidenced by:						

% 066

ADDRESS NOW CORRECTIVE ACTION (S)
WILL BE ACCOMPLISHED FOR THOSE
RESIDENTS FOUND TO HAVE BEEN ASSECTED
BY THE DEFICIENT PRACTICE;

The areas outside where smoking is permitted, now has an ashtray of noncombustible material and safe design. Along with a metal container with a self-closing cover device in which the ashtrays can be emptied.

ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE PESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE;

The areas ourside where smoking is permitted, now has an ashtray of noncombustible material and safe design. Along with a metal container with a self-closing cover device in which the self-tays can be emptied.

ADDRESS WEAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:

The Maintenance Supervisor will do a QA round every two weeks times for one month then once a week times one month then quarterly thereafter to inspect all permitted smoking areas. He will document on a log that an ashtray of noncombustible material and a metal container with self-cloring cover is readily available in all permitted amoking areas. If any noncompliance is found the Maintenance Supervisor will replace immediately with appropriate materials and document on a log.

INDICATE BOW THE FACILITY PLANS TO MINITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACILITY HUST DEVALOP A PLAN FOR ENSURING THAT CORRECTION IS ACCIEVED AND SUSTAINED. THE PLAN MUST BE INFLIMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SISTEM OF THE FACILITY:

The Maintenance Supervisor will do a QA round every two weeks times for one month then once a week times one month then quarterly thereafted to inspect all permitted smoking areas. He will document on a log that an astrony of noncombustible material and a metal container with self-closing cover is readily available in all permitted smoking areas. If any noncompliance is found the Maintenance Supervisor will replace immediately with appropriate materials and document on a log.

The Administrator will present the Maintenance Supervisor log to the QA committee on a quarterly batis. If no issues after the foreth quarter it will be monitored on an annual basis.

The QA committee will be responsible to ensure compliance is achieved and sustained.

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A. BUILDING 01 - MAIN BUILDING 01 A. BUILDING 01 - MAIN BUILDING 01 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 610 WEST FISHER STREET SALISBURY, NC 28145 A. BUILDING 01 - MAIN BUILDING 01 STREET ADDRESS, CITY, STATE, ZIP CODE 610 WEST FISHER STREET SALISBURY, NC 28145 A. BUILDING 01 - MAIN BUILDING 01 STREET ADDRESS, CITY, STATE, ZIP CODE 610 WEST FISHER STREET SALISBURY, NC 28145 D. PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) On a weekly basis for one month, then three times DEFICIENCY On a weekly basis for one month and three times DEFICIENCY On a weekly basis for one month and three times DEFICIENCY On a weekly basis for one month and three times DEFICIENCY ON a weekly basis for one month and three times DEFICIENCY THE DEFI	COMPLETION DATE
STREET ADDRESS, CITY, STATE, ZIP CODE SIGHTMOOR NURSING CENTER SALISBURY, NC 28145 PROVIDERS PLAN OF CORRECTION (EACH CORRECTION MERETX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG Continued From page 4 Surveyor: 27871 Based on observations and staff interview at approximately 8:00 arm onward, the following items were noncompliance, specific findings include: at time of survey, full oxygen cylinders were stored under signage for empty cylinders were stored under signage for empty cylinders. 42 CFR 483,70(a), STREET ADDRESS, CITY, STATE, ZIP CODE 510 WEST FISHER STREET SALISBURY, NC 28145 PROVIDERS PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) On a weekly basis for one month, then three times were weekly for one wonth and then quarterly thereafter of the Maintenance Supervisor will inspect all oxygen cylinders to make sure they have been placed under the correct signage and he will document on a log. If any oxygen can be aveiled under the correct signage and he will document on a log. STREET ADDRESS, CITY, STATE, ZIP CODE 100 WEST FISHER STREET SALISBURY, NC 28145 PROVIDERS PLAN OF CORRECTION FREFIX TAG CONTINUE THE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OF INCHANGEMENT AND THE FISH THE CORRECTION SHOULD BE THE CONTENT OF THE FISH THE CORRECTION SHOULD BE THE CONTENT OF THE FISH THE FISH TO THE FISH TO THE FISH TO THE FISH TO THE FISH THE FISH TO THE FISH TO THE FISH TH	(X5)
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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliance, specific findings include: at time of survey, full oxygen cylinders were stored under signage for empty cylinders. 42 CFR 483.70(a). Summary STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) On a weekly basis for one month, then three under weekly for one month and then quarterly thereafter the Maintenance Supervisor will inspect all oxygen cylinders to make sure they have been placed under the correct signage and he will document on a log. If any oxygen canks are found to be annoompliant the Maintenance Supervisor will remove at that time and document on a log. 1200/CATE HOW THE FACILITY PLANS TO MONITOR ITS PREFUNCTION IS ACHIEVED AND SUSTAINED. THE PLAN MOST HE MAINTEND AND THE CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MOST HE MAINTEND AND THE CORRECTIVE ACTION TO ANALYMENTED AND THE CORRECTIVE ACTION TO ANALYMENTED AND THE CORRECTIVE ACTION TO ANALYMENTED AND THE CORRECTIVE ACTION TO ANALYMENT AND THE CORRECTIVE	(X5) COMPLETION DATE
Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following litems were noncompliance, specific findings include: at time of survey, full oxygen cylinders were stored under signage for empty cylinders, were stored under signage for empty cylinders. 42 CFR 483.70(a). **Continued From page 4 **K 076 **K 076 **Exit for one month and then quarterly thereafter the Maintenance Supervisor will inspect all oxygen cylinders to make sure they have been placed under the correct signage and he will document on a log. If any oxygen cylinders were stored under signage for empty cylinders, were stored under signage for empty cylinders. 42 CFR 483.70(a). **Exit for one month and then quarterly thereafter the Maintenance Supervisor will inspect all oxygen cylinders to make sure they have been placed under the correct signage and he will document on a log. If any oxygen cylinders are found to be noncompliant the Maintenance Supervisor will remove at that time and document on a log. **EXECUTE HOW THE FACTUATY PLANS TO NONITOR ITS PERSONANCE TO MAKE SURE FACTUATY MOST DEVELOP A PLANS FOR ENGINE THE CORRECTION IS ACHIEVED AND SUBTAINED. THE PLANS MOST DEVELOP A PLANS FOR DIMENSIONAL AND THE CORRECTION AND THE CORRECTION ENGINEED FOR ITS REPECTIVENESS. THE	
Poc 18 INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY: On a weekly baris for one month, then three times weekly for one month and then quarterly thereafter the Maintenance Supervisor will insport all oxygen cylinders to make sure they have been placed under the correct signage and he will document on a log. If any oxygen tanks are found to be noncompliant the Maintenance Supervisor will remove at that time and document on a log.	
The Administrator will present the Maintenance Supervisor's log to the QA committee on a quarterly basis. If no issues after the fourth quarter it will be monitored on an annual basis, The QA committee will be responsible to ensure compliance is achieved and sustained.	