DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/13/20 FORM APPROVE OMB NO .0938-039

CENTERS FOR MEDICARE & MEDICAD SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 345269 B. WING 09/12/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1505 BRINGLE FERRY ROAD AUTUMN CARE OF SALISBURY SALISBURY, NC 28146 (X5) COMPLETIO PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 F 000 INITIAL COMMENTS The facility was found to be in compliance with the requirements of 42 CFR Part 483, Sub- part B for Long Term Care facilities recertification and complaint survey conducted on 09/12/2013 **EVENT ID # GTID11.** (X6) DATE TITLE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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

PRINTED: 09/30/2013 FORM APPROVED OMB NO. 0938-0391

AUTUMN CARE OF SALISBURY STREET ADDRESS, CITY, STATE, ZIP CODE 1505 BRINGLE FERRY ROAD 15	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
AUTUMN CARE OF SALISBURY 1505 BRINGLE FERRY ROAD SALISBURY, NC 28146 PROVIDERS PLAN OF CONRECTION PREFEX TAG	•		345269	B. WING		09/25/2013	
AUTUMN CARE OF SALISBURY SALISBURY, NC 28146	NAME OF	PROVIDER OR SUPPLIER					
CACH CORRECTIVE ACTION SHOULD BE CACHELORY OR LISC IDENTIFYING INFORMATION	AUTUMN	CARE OF SALISBU	RY .		SALISBURY, NC 28146		
This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type II(222) construction, one story, with a complete automatic sprinkler system for the new addition. The deficiencies determined during the survey are as follows: K 038 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 This STANDARD is not met as evidenced by: Based on the observations and slaff interview during the tour on 9725/2013 the door releases for the freezer in the dietary department did not have door release mechanism inside the door that could be located in all levels of light in case of an emergency. CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that fallure of any single lighting fixture (bulb) will not leave the area in the leave that can be seen in all levels of the CAR Committee. K 045 REQUIREMENT OF SECRET OF SECRET OF SECRET OF THE FREE SECRET OF THE FREE SECRET OF THE FREE SECRET OF SECRET OF THE FREE SECRET OF THE FR	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	D BE COMPLETION	
conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type II(222) construction, one story, with a complete automatic sprinkler system for the existing main building; and Type III(221) construction, one story, with a complete automatic sprinkler system for the new addition. The deficiencies determined during the survey are as follows: K 038 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 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/25/2013 the door releases for the freezer in the dietary department did not have door release mechanism inside the door releases for the freezer in the dietary department did not have door release mechanism inside the door release so for the freezer in the dietary department did not have door release mechanism inside the door releases for the freezer in the dietary department did not have door release mechanism inside the door release for the freezer in the dietary department did not have door release mechanism inside the door releases for the freezer in the dietary department did not have door release mechanism inside the door release for the freezer in the dietary department. Maintenance will either have repaired or order a new mechanism. Results of monitoring will be reported to the QA Committee. K 045 K 045 NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in	K 000	INITIAL COMMENTS		K 00	00		
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 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/25/2013 the door releases for the freezer in the dietary department did not have door release mechanism inside the door that could be located in all levels of light in case of an emergency. K 045 K 045 K 046 K 047 K 048 K 048 K 048 The door release mechanism inside the walk-in freezer in the kitchen is being replaced with one that can be seen in all levels of light in case of emergency. Dietary staff will monitor this daily for operation and report any operational problems to the maintenance department. Maintenance will either have repaired or order a new mechanism. Results of monitoring will be reported to the QA Committee. K 045 Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in		conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type II(222) construction, one story, with a complete automatic sprinkler system for the existing main building; and Type III(211) construction, one story, with a complete automatic sprinkler system for the new addition. 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		K 038	UN 0CT 1 6 2013	TOW!	
This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/25/2013 the door releases for the freezer in the dietary department did not have door release mechanism inside the door that could be located in all levels of light in case of an emergency. CFR#: 42 CFR 483.70 (a) K 045 SS=D K 045 Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in					The door release mechanism inside the freezer in the kitchen is being replaced that can be seen in all levels of light in	d with one	
K 045 NFPA 101 LIFE SAFETY CODE STANDARD SS=D Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Based on the obse during the tour on 9 the freezer in the di door release mecha could be located in	ne observations and staff interview our on 9/25/2013 the door releases for in the dietary department did not have mechanism inside the door that		and report any operational problems to maintenance department. Maintenance will either have repaired a new mechanism. Results of monitoring will be reported	or order	
	SS=D	NFPA 101 LIFE SA Illumination of mear discharge, is arrang lighting fixture (bulb)	FETY CODE STANDARD as of egress, including exit ed so that failure of any single will not leave the area in		45		
	ABORATOR	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	VATURE	Admin's fronter	(X6) DATE 10/10/2013	

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.

Facility ID: 922955

If continuation sheet Page 1 of 2

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
•		345269	B. WING		09/	09/25/2013		
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SALISBURY				STREET ADDRESS, CITY, STATE, ZIP CODE 1505 BRINGLE FERRY ROAD SALISBURY, NC 28146				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
K 045	O45 Continued From page 1 darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8			A new exit outdoor spot light is the from the 600 hallway near the the leading to the garden area on the of the building.	herapy area	 10 31 13 		
	This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 9/25/2013 the following Life Safety item was observed as noncompliant, specific findings include: The exit discharge lighting was incomplete from the 600 hallway near the therapy area leading to the garden area.			Maintenance staff will monitor to exit lighting weekly and replace a have burned out. Monitoring results will be report QA Committee.	any bulbs that			
	CFR#: 42 CFR 48	3.70 (a)						

