

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

PRINTED: 03/03/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345410	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  02/19/2014
NAME OF PROVIDER OR SUPPLIER  CENTRAL CONTINUING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1287 NEWSOME STREET MOUNT AIRY, NC 27030	
(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 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type III (211) protected construction and is equipped with a complete automatic sprinkler system. LIC # NH0516 and the census for the facility at the survey was 114.	K 000	Filing the Plan of Correction does not constitute an admission that the deficiencies alleged, did, in fact, exist. This Plan of Correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality resident care.	
K 062 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 2/19/2014 the facility has a required accelerator installed on its dry pipe sprinkler system. This accelerator has a valve that is essential to the sprinkler system. This valve is not currently electrically supervised to protect the system against accidentally during the valve off.  CFR#: 42 CFR 483.70 (a)	K 062	1) The Maintenance Director, or his designee, assured an electronically supervised alarm was installed on the sprinkler system accelerator. This was completed on 3/6/14. 2) The Maintenance Director will inspect the sprinkler system to identify that essential valves are electronically supervised. The Maintenance Director will take corrective action for identified issues. 3) The Maintenance Director and the contracted sprinkler system company will inspect the system on a quarterly basis to assure the system is continuously maintained in a reliable operating condition. 4) The Maintenance Director, or his designee, will monitor through observation, monthly for three months, then at least quarterly, to assure the automatic sprinkler system is continuously maintained in a reliable operating condition. Monitors will be reviewed at scheduled QA meetings. The Administrator is responsible for overall compliance.	3/6/14

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

TITLE

(X6) DATE

*Sharon Saylor*

ADMINISTRATOR

3/6/14

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.