

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

PRINTED: 01/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/31/2014
NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526		
(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	<p>INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of a recertification survey conducted 01/27/2014 through 1/31/2014. The facility is in substantial compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</p>	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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34550	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING	01	(X3) DATE SURVEY COMPLETED 02/26/2014
NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA NC 27526		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER RESPONSE (EACH CROSS-REFERENCE 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 building is type III protected construction, one story with a complete automatic sprinkler system. The Deficiencies determined during the survey area as follows:	K 000	Windsor Point acknowledges receipt of this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable provisions for our residents. The Plan of Correction is submitted as written allegation of compliance. Windsor Point's response to the Statement of Deficiencies and Plan of Correction does not deny the agreement with the deficiencies, nor does it constitute an admission that any deficiency is accurate. Further, Windsor Point reserves the right to submit documentation to refute any of the stated deficiencies on the Statement of Deficiencies through informal dispute resolution, formal appeal process, and/or any other administrative or legal proceeding.		
K 038 SS=D	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	K 038	Windsor Point continues to ensure that all exit access is arranged so that exits are readily accessible in accordance with section 7.1. 19.2.1.		1/12/14 * * PER COVER LETTER
K 062 SS=D	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	K 062	An audit on all locking systems was completed on 2/26/2014. The locking system was properly released on all master doors on the master release switch located at the nurses' station hall. The service hall locking system will be wired so that it will release on the master release switch located at the nurses' station.		4/12/14 *

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

Amanda Green

Administrator

(X6) DATE
3/13/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 appropriate plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3451 00	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2014	
NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARIN, NC 27526		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER CROSS-REF	PLAN OF CORRECTION (EFFECTIVE ACTION SHOULD BE TAKEN TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By documentation the last sprinkler system inspection was 10/29/2013. The system shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing and Maintenance of water-based fire protection systems. Provide quarterly certification for the sprinkler system. NFPA 101 LIFE SAFETY CODE STANDARD	K 062	All exit doors ensure that doors on the master nurses' station	doors will be inspected randomly to ensure doors are properly released. Release switch located at the nurses' station.	
K 067 SS=D	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2. NFP 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 2/26/14 at approximately noon the following Heating, Ventilating, and Air Conditioning system (HVAC) was not compliant; specific findings include, there was not an emergency shut down switch located at a readily observed station. (HVAC unit located at the Health care entrance and the reception area) NFPA 101 LIFE SAFETY CODE STANDARD	K 067	Windsor Point ensure our automatic fire alarm continuously operating condition Advanced Fire Maintenance certification for the system be completed	Windsor Point ensures that sprinkler systems are maintained in reliable condition and tested. Advanced Fire Maintenance was contacted by the Director so that the quarterly certification for the sprinkler system could be completed	4/12/14
K 076 SS=D	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	K 076	The Maintenance Director will be in-serviced by the Executive Director by 4/12/2014 regarding the quarterly certification for the sprinkler system. The Administration will monitor the quarterly certification for the sprinkler system.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345501	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/26/2014
NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 076	Continued From page 2 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, 19.3.2.4 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 2/26/14 at approximately noon the oxygen storage was non-compliant; specific findings include: full and empty oxygen cylinders were 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 hurriedly. (NFPA 99 4-3.5.2.2b(2)) (oxygen storage near the health care entrance/reception area)	K 076	K067 Windsor Point Continuing Care will establish that the heating, ventilating, and air conditioning comply with the provisions of section 9.2 and installed in accordance with the manufacturer's specifications. The Maintenance Director will contract services to install an emergency shutdown switch at a readily observed station. K076 Further inspection on 2/16/2014 and periodically since as proved that all oxygen cylinders are currently separated and stored in secured racks with the proper signage for full and empty. An in-service will be conducted by the Medical Records Clerk to address the need to segregate empty oxygen cylinders and full cylinders. The Medical Records Clerk will observe oxygen storage areas and poll staff twice weekly for two weeks, once weekly for four weeks and then periodically to ensure compliance. The plan of correction for the Life Safety visit on February 26, 2014 will be reviewed in the scheduled Quality Assessment and Assurance Committee meeting for its effectiveness. The corrective action will be completed by April 12, 2014	4/12/14*	