

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

PRINTED: 02/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345282	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2015
NAME OF PROVIDER OR SUPPLIER CLEVELAND PINES NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1404 N LAFAYETTE STREET SHELBY, NC 28150	
(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 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III(211) construction, one story, with a complete automatic sprinkler system. At time of survey the: Total Certified Bed Count = 120 NF Census = 108 The deficiencies determined during the survey are as follows:	K 000		
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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on January 8, 2015 at approximately 9:00 am onward, the following deficiencies were noted: There is no heat source connected to the critical branch of the essential electrical system to assure minimum required temperature in the sprinkler riser room - located in the main electrical equipment room.	K 062	*Correcting deficiency: Install a permanent heat source to ensure the wet pipe sprinkler riser is maintained in an environment greater than 40 degrees F. *Procedure for corrective plan: A fix wall mounted electrical heater was installed on 1/19/15. This deficiency has been corrected. The riser room electrical heat will be supplied by the Critical Branch emergency power supply.	2/6/15

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

TITLE

(X6) DATE

Electronically Signed

01/21/2015

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 062	Continued From page 1	K 062	<p>*Monitoring procedure: The riser room will be inspected on a quarterly basis (daily during extreme cold weather conditions) in accordance with NFPA 25, Inspection, Testing, and Maintenance of Wet Pipe Sprinkler Systems to ensure the heater is remaining operational and the room remains above 40 degrees F. The riser room electrical heat will be connected to the facility fire alarm panel as an audible alarm for monitoring.</p> <p>*Responsible person: Facility Maintenance</p>		