

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

PRINTED: 03/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345277	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2015
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 VISION DRIVE ASHEBORO, NC 27203	
(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 A 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. In the exit conference all deficiencies noted were discussed with administration. Stories: One Construction Type III (211) Constructed: 1988 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 100 Census - 96 Certified Beds: Medicaid only - 100 Census - 96	K 000		
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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 2/3/2015 at approximately 9:30 AM onward, the following deficiencies were noted:	K 038	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Woodland Hill Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements,	2/20/15

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

TITLE

(X6) DATE

Electronically Signed

02/13/2015

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 038	Continued From page 1 The special locking master door release switch at nurse's station # 2 was mounted above 48 inches above the finished floor. The releasing mechanism for doors shall be installed between 34" and 48" AFF(Above Finish Floor). This deficiency affected 1 of approximately 2 master release areas. Ref: 2000 NFPA 101 Section 19.2.1, 7.1.10.1, 7.2.1.5.4	K 038	findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency." K038 The special locking door release switch at the nurses' station #2 has been lowered below the 48 inch mark. All other special locking master door release switches were measured and are below the 48 inch mark. The Maintenance Director was educated by the Property Manager on 2/10/2015 on the proper height of the special locking master door release switches. The Maintenance Director will address to the PI committee that all the special locking master door release switches are at proper height from the floor.		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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, NFPA 90A, 19.5.2.2	K 067		2/20/15	

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K 067	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations on 2/3/2014 at approximately 9:30 AM onward, the following deficiencies were noted:</p> <p>The facility has a build up of dust and lint on the radiation dampers in the return air registers in the following locations:</p> <ol style="list-style-type: none"> 1. Janitor's closet at nurses's station #1 2. 400 Hallway resident lounge 3. Laundry room soiled side <p>The facility could not verify that the integrity of the radiation damper fusible link was maintained to deploy at the proper temperature or the damper would close the opening completely to maintain the one hour rating of the ceiling as required.</p> <p>The deficiency affected 2 of 8 smoke compartments.</p> <p>Ref: 2000 NFPA 101 Sections 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p>	K 067	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Woodland Hill Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>K067</p> <p>The dust and lint on the radiation dampers in the return air registers in the Janitor's closet at nurses' station #1, 400 hallway resident lounge, and the soiled side of the laundry room, have been cleaned.</p> <p>All other radiation dampers in the facility have been checked for dust and lint build up, and are cleaned as necessary.</p> <p>The Maintenance Director was educated by the Property Manager on 2/10/2015 on maintaining the radiation dampers in the return air registers throughout the facility.</p> <p>The Maintenance Director will conduct monthly audits of the radiation dampers in the return air registers and report to the PI committee his findings. Audits will be conducted monthly for three months.</p>		

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