

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

PRINTED: 03/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345091	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2015
NAME OF PROVIDER OR SUPPLIER EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVENUE BURLINGTON, NC 27215	
(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 II construction, two story, with a complete automatic sprinkler system. At time of survey the: Total Certified Bed Count = 129 Census =101 The deficiencies determined during the survey are as follows:	K 000		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 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) Based on observations, on 1/13/15 at approximately 11 AM onward, the following	K 076	K076- The statements made on this plan of correction are not an admission to and do not constitute an agreement with alleged deficiencies.	2/20/15

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

TITLE

(X6) DATE

Electronically Signed

01/30/2015

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 076	Continued From page 1 deficiencies were noted: The oxygen storage was non-compliant, specific findings include; A. Twenty H size cylinders in the outside main oxygen room were sitting directly on the concrete floor without protection beneath to prevent rusting. Ref: 2000 NFPA 99, 4-3.5.2.2 Cylinders stored in the open shall be protected against extremes of weather and from the ground beneath to prevent rusting. B. Twenty H size cylinders in the outside main oxygen room were gang chained together. Ref: 2000 NFPA 99, 4-3..1.1.2 a (3) Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. Ref: 2000 NFPA 99, 4-5..1.1.1 Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over.	K 076	To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. Corrective Action The facility has purchased a heavy duty mat made of rubber to place under tanks to eliminate rust and or corrosion. This will be placed under tanks when metal rack is installed. Ordered metal rack to be fabricated and installed in outside storage area to protect oxygen cylinders from accidental damage and dislocation. Estimated installation to be completed by 2/15/15. Corrective Action for Residents Potentially Affected Preventative Maintenance Work Order is completed daily to inspect tanks. See Attached Preventative Maintenance Sheet Systemic Changes Maintenance staff was instructed on 1/28/15 to insure that oxygen cylinders are inspected on daily basis and PM work orders are completed for documentation. Quality Assurance Plant Operations Manager will give report to QA Committee or February 19, 2015 on survey and corrective actions that have been completed. In addition, the Plant Operations Manager will report to the administrator weekly updates on status of compliance.	2/20/15	
K 144	NFPA 101 LIFE SAFETY CODE STANDARD	K 144			

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K 144 SS=D	Continued From page 2 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 1/13/15 at approximately 11 AM onward, the following deficiencies were noted: The generator annunciator was non-compliant, specific findings include; the lights to "overcrank" and "not in auto" did not operate when tested. Ref: NFPA 99 3-4.1.1.15 A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source.	K 144	K144- The statements made on this plan of correction are not an admission to and do not constitute an agreement with alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. Corrective Action On 1/26/2015, the facility replaced annunciator panel that was defective with a new one. Corrective Action for Residents Potentially Affected Weekly generator test run will include inspection of annunciator panel. This item has been included in the PM work order. See attached sheet. Systemic Changes		

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K 144	Continued From page 3	K 144	<p>All maintenance staff was instructed on 1/28/15 on the addition of the inspection of annunciator panel to insure that all lights are working properly during weekly generator test.</p> <p>Quality Assurance Plant Operations Manager will give report to QA Committee or February 19, 2015 on survey and corrective actions that have been completed. In addition, the Plant Operations Manager will report to the administrator weekly updates on status of compliance.</p>		