

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

PRINTED: 03/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345051	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ANSON CO HOSPITAL B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2015
NAME OF PROVIDER OR SUPPLIER ANSON HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 405 SOUTH GREENE STREET WADESBORO, NC 28170		
(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 (111) construction, one story, with a complete automatic sprinkler system.	K 000			
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 018		1/30/15	
			K 0018		

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

TITLE

(X6) DATE

Electronically Signed

01/27/2015

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 018	Continued From page 1 Based on observations, on Thursday, January 15, 2015 at approximately 8:00 AM onward, the following deficiencies were noted: 1) The corridor doors to resident rooms 38, 22 and 04 did not close and latch smoke tight.	K 018	Corrective Action Rooms 4, 22 and 38 have had adjustments to correct and positively latch when closed. Corrective Action for Others All doors have been inspected and tested on January 19, 2015, by the Maintenance Director to ensure that they properly latch. Any areas of concern identified were corrected as necessary. Systemic Changes The Director of Maintenance has placed on his quarterly rounds sheet to review all doors for positive latching. Monitoring The Maintenance Director will review all doors for latching monthly for 3 months and then quarterly thereafter. The maintenance director will report his audit findings to the monthly Quality Assurance and Performance Improvement (QAPI) committee for three months, for any further recommendations. The Maintenance Director will be responsible to follow-up on any recommendations made.		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each	K 025		1/30/15	

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K 025	<p>Continued From page 2</p> <p>floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on Thursday, January 15, 2015 at approximately 8:00 AM onward, the following deficiencies were noted: 1) The smoke walls located in the attic next to rooms 59 and 49 (front and back smoke walls) have holes and/or penetrations that were not sealed in order to maintain the fire resistance rating of the wall. NFPA 101, 19.3.7.3 NFPA 101, 8.3.6.1</p>	K 025	<p>K 0025</p> <p>Corrective Action</p> <p>The smoke walls located in the attic next to rooms 49 and 59, have had the penetrations repaired by the maintenance director.</p> <p>Corrective Action for Others All smoke walls have been inspected on January 19, 2015, by the Maintenance Director to ensure that they were sealed. Any areas of concern identified were corrected as necessary.</p> <p>Systemic Changes The Director of Maintenance has placed on his quarterly rounds sheet to review all smoke walls for holes or penetrations. If any holes or penetrations are identified during the rounds, they will be fixed by the Maintenance Director immediately. After any work is done in the attic by sub-contractors, the maintenance director will review the area as the work is complete, to ensure no holes have been left unsealed.</p> <p>Monitoring</p>		

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K 025	Continued From page 3	K 025	The Maintenance Director will review all smoke walls monthly for 3 months and then quarterly thereafter. The maintenance director will report his audit findings to the monthly Quality Assurance and Performance Improvement (QAPI) committee for three months, for any further recommendations. The Maintenance Director will be responsible to follow-up on any recommendations made.		
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on Thursday, January 15, 2015 at approximately 8:00 AM onward, the following deficiencies were noted:</p> <ol style="list-style-type: none"> 1) There is an unapproved tamper alarm connected to the accelerator line that will need to be replaced with an approved type. 2) The sprinkler heads scattered throughout the attic are covered in insulation or are not clean and maintained in good condition. 3) The sprinkler head located in resident bathroom 31 was not maintained clean and in good condition. 4) The automatic sprinkler system was last inspected on 7/22/2014 and is not inspected 	K 062	<p>K0062</p> <p>Corrective Action The tamper alarm has been inspected by the sprinkler company and has been deemed to be correct. The sprinkler heads identified during the survey have been cleaned of all debris. The sprinkler head in room 31 has been corrected and cleaned. The sprinkler system has been inspected by the sprinkler company on 1-27-15.</p> <p>Corrective Action for others All sprinkler heads have been reviewed by the maintenance person on January 19,</p>	1/30/15	

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K 062	Continued From page 4 quarterly as required. Ref: 2000 NFPA 101, 4.6.12.1. Every required sprinkler system shall be continuously maintained in proper operating condition. NFPA 25, 2-2 and table 2-1 requires an inspection every quarter of a calendar year.	K 062	2015, and cleaned if found to have debris on it. Systemic Changes The Director of Maintenance has placed on his quarterly rounds sheet to review all sprinkler heads for debris, to include the sprinkler heads in the attic for insulation that may have blown onto them. If the sprinkler head is found to have debris, the maintenance person will clean the sprinkler head at that time. The sprinkler contract has been updated to include automatic quarterly inspections. The tamper alarm will not require any further changes since it has been deemed correct. Monitoring The Maintenance Director will bring the quarterly sprinkler inspection report to the monthly QAPI meeting for two quarters for review. The Maintenance Director will review all sprinkler heads, as well as the attic sprinkler heads for debris, monthly for 3 months and then quarterly thereafter. The maintenance director will report his audit findings to the monthly Quality Assurance and Performance Improvement (QAPI) committee for three months, for any further recommendations. The Maintenance Director will be responsible to follow-up on any recommendations made.		