

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345348</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/05/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>WHISPERING PINES NURSING &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>523 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301</b>		
(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: 1 Construction Type V (111) Constructed: 1/21/1991 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 86 Census - 76 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000			
K 062 SS=F	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 February 4, 2015 at approximately 1:00 PM onward, the following deficiencies were noted: 1) The sprinkler head located in the front hall by the nurse station and in the maintenance storage have paint on the heat sensitive element of the sprinkler head.	K 062	Contracted vendor will replace sprinkler heads located near front nurse station and maintenance storage by 3/18/15. All facility sprinkler heads have been inspected and cleaned if needed. All are free of dust as of 2/19/15. Monthly inspection of sprinkler heads will be conducted to ensure they remain dust free.	3/18/15	

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

TITLE

(X6) DATE

Electronically Signed

02/20/2015

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 2) Throughout the facility in rooms and in the corridor sprinkler heads have dust and lint on the heat sensitive element of the sprinkler head. 3) Upon review of sprinkler documentation for system #1 dated 10/28/2014 a 10 year test or replacement of sprinkler heads is required. 4) Upon review of sprinkler documentation dated 10/28/2014 there are pressure gauges installed 1/10/2010 that will need to be replaced or calibrated. NFPA 25, 5.3.1.15 NFPA 101, 4.6.12.1. This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	Contracted vendor will conduct a test of the sprinkler system and replace any sprinkler heads as needed by 3/18/15. Contracted vendor will calibrate pressure gauges installed on 1/10/2010 and replace any as needed by 3/18/15. Preventive Maintenance Log will be updated to include another ten year test of sprinkler system that will be due in 2025.		
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 February 4, 2015 at	K 076	All oxygen cylinders were placed in oxygen storage rooms on 2/5/15. Nursing staff were in-serviced on the importance	2/23/15	

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K 076	Continued From page 2 approximately 1:00 PM onward, the following deficiencies were noted: 1) An unsecured oxygen cylinder was found in the clean utility room located on 200 hall. [NFPA 99 4-3.5.2.1b(27)] This deficiency affected one of two oxygen storage rooms. Failure to comply with minimum standards as referenced increases the risk of death or injury due accidents.	K 076	of proper oxygen storage in order to eliminate risk. Training started on 2/5/15 and will conclude with current staff on 2/23/15. New staff hired will receive training on proper oxygen storage during orientation. Maintenance staff will randomly conduct audits of storage rooms to ensure oxygen tanks are not stored improperly weekly for four weeks and then monthly thereafter. Audit findings will be discussed during the monthly QA Meeting for three months.		
K 211 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on February 4, 2015 at	K 211	All alcohol based dispensers that were improperly hung have been relocated within six inches of light switches. To	2/19/15	

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

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K 211	Continued From page 3 approximately 1:00 PM onward, the following deficiencies were noted: 1) Alcohol Based Hand Rub (ABHR)dispenser are noncompliant: specific findings include that (ABHR) are located within six inches of the light switches or above an ignition source in resident rooms scattered throughout the facility. Ref:CMS S&C 05-33 This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire.	K 211	ensure prevention of this in future, all alcohol based dispensers will be hung by facility maintenance staff.		