

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

PRINTED: 06/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345168	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - NEW 152 BED FACILITY - NEW SITE LOCATION B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2015
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - GREENVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2910 MACGREGOR DOWNS GREENVILLE, NC 27834	
(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 New Health Care section of the LSC and its referenced publications. This building is Type V (111) construction, one story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count =152 Census =144 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, 18.3.2.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 3/24/15 at approximately 10 AM onward, the following	K 076	1.The facility has relocated the designated oxygen area to another area within the Center. this area does not contain any combustible material, and	3/31/15

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

TITLE

(X6) DATE

Electronically Signed

04/02/2015

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 Medical gas was non-compliant, specific findings include: Oxygen storage within 5'-0" of combustible storage in the main oxygen room. Reference: 2000 NFPA 101 Section 18.3.2.4, 1999 NFPA 99 Section 8-3.1.11.2, CMS S&C 07-10 In storage locations protected by automatic sprinkler system where the volume of oxygen is less than 3000 cubic feet (approx. 120 E sized cylinders) oxidizing gases shall be separated from combustible materials by a minimum distance of 5'-0" or be enclosed with 1/2 hour fire resistant rated construction or in a flammable liquid storage cabinet. Volumes of oxygen less than 300 CF of O2 (approx. 12 E sized cylinders) may be kept in each smoke compartment at location open to the corridor. This deficiency affected one smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 076	meets the Life Safety Code guidelines. 2.The Maintenance Director and his assistant will monitor this area to assure no combustible material is placed in this area. The area has a Oxygen Storage sign affixed to the wall, and staff have been inserviced on the new location. Any findings by the maintenance team of non-compliance will be reported to the QAA Committee monthly, until it is determined by the committee that monitoring is no longer required. 3. The Maintenance Director and his assistant will monitor this area to assure no combustible material is placed in this area. The area has a Oxygen Storage sign affixed to the wall, and staff have been inserviced on the new location. Any findings by the maintenance team of non-compliance will be reported to the QAA Committee monthly, until it is determined by the committee that monitoring is no longer required. 4.The Maintenance Director and his assistant will monitor this area to assure no combustible material is placed in this area. The area has a Oxygen Storage sign affixed to the wall, and staff have been inserviced on the new location. Any findings by the maintenance team of non-compliance will be reported to the QAA Committee monthly, until it is determined by the committee that monitoring is no longer required. 5.Corrected on 3/31/2015		

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