

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: 345228	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2015
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1624 HIGHLAND DRIVE WASHINGTON, NC 27889	
(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. Facility is using delayed egress system. Stories: 2 Construction Type III Constructed: 1988 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 150 Census - 115	K 000		
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5	K 017		5/8/15

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

TITLE

(X6) DATE

Electronically Signed

04/13/2015

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 017	Continued From page 1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 03/26/2015 at approximately 8:30 AM onward, the following deficiencies were noted: an opening in wall above ceiling by room 125 is not properly sealed to maintained to resist the passage of smoke. NFPA 101,19.3.6.1 This deficiency affected one of four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 017	The opening in the wall above the ceiling by room 125 has been sealed. Walls Will be checked monthly for three months and quarterly for two quarters to insure compliance . any pattern of noncompliance will be referred to the Quality Assurance Committee for recommendations		
K 020 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 03/26/2015 at approximately 8:30 AM onward, the following deficiencies were noted: door to laundry chute did	K 020	The latch on the door to the Laundry chute will be repaired so that it will latch properly. The latch will be checked weekly for 4 weeks and then monthly for 3 months to monitor for compliance.	5/8/15	

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K 020	Continued From page 2 not close an latch for the one hour rating of construction. NFPA 101,19.3.1.1 NFPA 101, 8.2.5.6 This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 020	Patterns of negative findings will be brought to the QA committee for recommendations		
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 03/26/2015 at approximately 8:30 AM onward, the following deficiencies were noted: in zone 3 and 4 their was not a audible/visual signal device to alert staff and residents of smoke in facility. NFPA 70 NFPA 72	K 052	Audible/visual signal device will be placed in zone 3 and 4 the alarme system will be tested weekly for three weeks and then monthly there after to monitor for compliance. Negative trends will be brought to the QA committee for recommendations	5/8/15	

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K 052	Continued From page 3 This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 052			
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 03/26/2015 at approximately 8:30 AM onward, the following deficiencies were noted: 1. boxes and several oxygen concentrator's were stored on service hallway by supply room reducing corridor width to exit egress. 2. B/P machines stored on corridor by room 316 blocking hand rail and reducing corridor width. NFPA 101,7.1.0 This deficiency affected one of four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 072	Boxes and oxygen concentrators will not be stored in the service hall way. Vital sign machines will be stored in the clean utility rooms when not in use. The service hall will checked daily for 2 weeks , weekly for one month as will the storage of the vital sign machines to monitor for compliance. Negative trends will be brought to the QA committee for review.	5/8/15	
K 076	NFPA 101 LIFE SAFETY CODE STANDARD	K 076		5/8/15	

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K 076 SS=D	Continued From page 4 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 03/26/2015 at approximately 8:30 AM onward, the following deficiencies were noted: oxygen cylinder not properly scured in room 214. NFPA 101, 19.3.2.4 NFPA 99, 4.3.5.2. This deficiency affected one of four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 076	All oxygen cylinders will be stored properly. The cylinder that was in room 214 has been moved and secured . Oxygen storage will be monitored daily for 2 weeks and weekly for one month to monitor for compliance . negative trends will be taken to the QA committee for review.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		5/8/15	

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K 147	Continued From page 5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 03/26/2015 at approximately 8:30 AM onward, the following deficiencies were noted: 1. power strip being used in room's 228 and 310 for refrigerator and TV's. 2. exhaust fan for bathroom 125 not working. 3. outlets by sink's in beauty shop are not GFCI protected. NFPA 70 This deficiency affected three of four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	The power strips in room 228 and 310 have been removed . We will identify any other power strips in use and remove them. The exhaust fan in 125 has been repaired , and the outlets in the beauty shop have been replaced with outlets that are GFCI protected rounds will be made weekly for 4 weeks and monthly for 2 months to monitor for compliance . Results brought to the QA committee for review.		