

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A - MAIN BLDG B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2015
NAME OF PROVIDER OR SUPPLIER GLENFLORA			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 FAYETTEVILLE ROAD LUMBERTON, NC 28360	
(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 construction, one story, with a complete automatic sprinkler system and utilizing delayed locking system. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count =52 Census =46 The deficiencies determined during the survey are as follows:	K 000		
K 062 SS=E	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 04/21/2015 at approximately 9:00 AM onward, the following deficiencies were noted: sprinkler heads in kitchen and on outside porch are not maintained in good condition. Also sprinkler head in staff bathroom behind nurse station. NFPA 101, 19.7.6	K 062	K-062 <input type="checkbox"/> Plan of Correction " Plant operations director manually cleaned sprinkler heads in noted locations upon notification from Executive Director. " Internal listing/mapping of all sprinkler heads compiled in order to confirm completion of preventative maintenance. " Plant operations director will accompany fire protection/equipment	6/5/15

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

TITLE

(X6) DATE

Electronically Signed

05/08/2015

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 NFPA 13 NFPA 25 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 062	vendor during biannual inspections to ensure sprinkler heads are clean and lint/dust free. " Inspections will be reported to GlenFlora's Safety and Quality Assurance Committees.		
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 04/21/2015 at approximately 9:00 AM onward, the following deficiencies were noted: 1. excess lent on return vent damper in bathroom behind nurse station going into Rehab. 2. HVAC system did not shut down on activation of fire alarm test. 3. HVAC did not shut down when emergency switch was tested. NFPA 101, 19.5.2.1 NFPA 90A This deficiency affected entire facility. Failure to comply with minimum standards as	K 067	K-067 <input type="checkbox"/> Plan of Correction " Noted bathroom vents dusted upon notification from Executive Director. " Bathroom vents to be dusted weekly as part of preventative maintenance schedule. " Fire alarm system to be checked semi-annually by Plant Operations Director to determine air handlers working in conjunction (properly shutting down upon fire alarm activation) with panel. " All manual/test switches for air handlers to be enabled/corrected by vendor and tested and recorded semi-annually. " Inspections will be reported to GlenFlora's Safety and Quality	6/5/15	

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K 067	Continued From page 2 referenced increases the risk of death or injury due to fire and/or smoke.	K 067	Assurance Committees.		
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 04/21/2015 at approximately 9:00 AM onward, the following deficiencies were noted: the oxygen storage room had combustible items, plastics and supplies in cardboard boxes stored within 5'-0" of the E sized O2 tanks. Ref: 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	K 076	K-076 <input type="checkbox"/> Plan of Correction " Oxygen storage racks and tanks removed from main supply room upon notification from Executive Director. " Oxygen tanks relocated to main oxygen storage room and properly stored and secured with no combustibles within 5 ft. " Plant Operations Director to ensure proper storage of oxygen tanks with routine checks.	6/5/15	

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

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K 076	<p>Continued From page 3</p> <p>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.</p> <p>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.</p> <p>NFPA 101,</p> <p>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.</p>	K 076		