

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345472	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2015
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD NURSING AND RETIREME			STREET ADDRESS, CITY, STATE, ZIP CODE 180 SOUTHWOOD DRIVE BOX 708 CLINTON, NC 28328	
(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 (211) 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 = 100 Census = 91 The deficiencies determined during the survey are as follows:	K 000		
K 052 SS=F	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 4/30/15 at	K 052	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the	5/22/15

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

TITLE

(X6) DATE

Electronically Signed

05/15/2015

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 052	<p>Continued From page 1</p> <p>approximately 11 AM onward, the following deficiencies were noted: The fire alarm control panel (FACP) was non-compliant, specific findings include;</p> <p>1) The audio/visual devices (AV or bell/strobes) did not function the same throughout the facility. The 200 and 300 halls AV devices could be silenced but the remainder of the facility could not.</p> <p>2) Sensitivity testing documentation was not available.</p> <p>Ref: NFPA 101, 9.6.1.4. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code.</p> <p>This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 052	<p>alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>K 056 SS= F</p> <p>Corrective Action The audio/visual devices will be adjusted to silence correctly throughout the facility no later than 5/22/15. Sensitivity testing was completed on all smoke detectors throughout the facility on 5/15/15.</p> <p>Identification of related safety hazards potentially affecting residents Proper silencing of the fire alarm system will be completed no later than 5/22/15. Sensitivity testing was completed on 5/15/15.</p> <p>Systemic Changes Environmental Services Director will ensure that all halls silence properly at each fire drill and testing of fire alarm system. This will be documented in the fire drill record. If the system does not silence correctly, Environmental Services Director will initiate corrective action immediately. Reports will be given to the monthly Quality of Life-QA committee and</p>	

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K 052	Continued From page 2	K 052	corrective action initiated as appropriate. Sensitivity testing documentation will be maintained and available by the Environmental Services Director.		
K 072 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 4/30/15 at approximately 11 AM onward, the following deficiencies were noted: The means of egress was non-compliant, specific findings include: lifts stored in the 200 hall egress.</p> <p>Ref: NFPA 101, 7.1.10 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.</p> <p>This deficiency affected one of five smoke compartments Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 072	<p>K 072 SS= D</p> <p>Corrective Action All lifts stored on 200 Hall have been relocated to the General Bathroom, when not in use. All nursing staff will be in-serviced on maintaining proper means of egress no later than 5/22/15 by the Staff Development Coordinator, Administrator, or Environmental Services Director.</p> <p>Identification of related safety hazards potentially affecting residents All lifts to be stored in the General Bathroom on each hall, when not in use.</p> <p>Systemic Changes Environmental rounds will be conducted on a daily basis by the Environmental Services Director or designee. Any lift not</p>	5/22/15	

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K 072	Continued From page 3	K 072	in use will be stored in the General Bathroom on that hall.		
K 075 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 4/30/15 at approximately 11 AM onward, the following deficiencies were noted: The soiled linen receptacles were non-compliant, specific findings include: 96 gallon receptacles in the main linen storage rooms.</p>	K 075	<p>Quality Assurance The Environmental Services Director will monitor this issue using the Environmental Services Weekly/Monthly Rounds Form. This will be recorded weekly and reported to the monthly Quality of Life-QA committee and corrective action initiated as appropriate.</p> <p>K 075 SS= D</p> <p>Corrective Action 32 gallon carts were ordered as of 5/18/15, with an estimated delivery date no later than 6/5/15.</p> <p>Identification of related safety hazards</p>	6/5/15	

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K 075	Continued From page 4 Ref: NFPA 101, 19.7.5.5 Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. This deficiency affected two of five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 075	potentially affecting residents Administrator ordered four 32 gallon carts, one for each soiled utility room, on 5/18/15. Systemic Changes Environmental Services Director or designee will in-service all nursing and housekeeping staff on use and location of new carts no later than 5/22/15. Quality Assurance Orientation to soiled linen utility equipment will incorporate new carts.		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 4/30/15 at approximately 11 AM onward, the following deficiencies were noted: The generator was non-compliant, specific findings include: The emergency generator located on the exterior of	K 144	 K 144 SS= F Corrective Action Remote manual stop switch installed outside generator set location on 5/15/15. Identification of related safety hazards	5/22/15	

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K 144	Continued From page 5 the building has no remote manual stop switch located outside the generator set location. Reference NFPA 101, 110, 3-5.5.6 All level 1 and level 2 installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144	potentially affecting residents Environmental Services Director monitored installation and ensured proper working of remote manual stop switch on 5/15/15. Systemic Changes Environmental Services Director will in-service all staff on use and location of emergency stop switch no later than 5/22/15. Quality Assurance In-servicing on location and use of emergency stop switch will be conducted by the Environmental Services Director or designee for all new hires during orientation and annually for all staff.		