

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

PRINTED: 07/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345337</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/29/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEAK RESOURCES - ALAMANCE, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>779 WOODY DRIVE GRAHAM, NC 27253</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: 11/8/1990 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 120 Census - 99 Facility utilizes special locking on exit doors	K 000		
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on Wednesday 4/29/15 at approximately 8:00AM onward, the following deficiencies were noted: 1) The exit door on D-Hall was dragging on the floor and required greater than 15lbf of force to	K 038	K038 NFPA 101 LIFE SAFETY CODE STANDARD  The exit door on D-Hall has been repaired and is no longer dragging the floor, and doesn't require more than 15lbs of pressure to open. This was completed	6/1/15

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 038	Continued From page 1 open. 2) Two cross corridor doors, one on A-Hall and the other on C-Hall required greater than 15lbf to open when door closed. This was observed during testing of the fire alarm system. NFPA 101: 7.2.1.4.5 This deficiency affected five of approximately seven smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	on 4/29/15 by the Maintenance Director.  The two cross corridor doors on A-Hall and C-Hall will be repaired on 5/20/15 by an outside vendor.  All other exit access doors and cross corridor doors have been audited to ensure proper working order. This was completed on 5/14/15 by the Maintenance Director.  The maintenance director has been in-serviced on 5/15/15 to the standard for maintaining exit access accessibility at all times in accordance with Life Safety regulation.  The Maintenance director will audit all exit access doors weekly X 4 weeks, then monthly thereafter to ensure proper working function. This audit will be an ongoing monthly audit starting the week of 5/18/15.  All findings from the audits will be brought forth to the Quality Assurance Committee to review the results of the monthly audit. The Committee will also determine the effectiveness and duration of ongoing audits.		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8	K 045		6/1/15	

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K 045	Continued From page 2  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on Wednesday 4/29/15 at approximately 8:00AM onward, the following deficiencies were noted: 1) In the therapy area, in the front room the emergency light was not operational and in the back therapy room emergency lighting was not provided. NFPA 101: 19.28 This deficiency affected one of approximately seven smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 045	<b>K045 NFPA 101 LIFE SAFETY CODE STANDARD</b>  The therapy area will be provided emergency lighting in the front area as well as the back area. This will be completed on 5/18/15 by a licensed electrician.  The Maintenance Director has been educated as to the Life Safety Regulation regarding Emergency Lighting. This was completed on 5/15/15  All areas of the facility have been audited to ensure emergency lighting is operational. This was completed on 5/15/15.  The Maintenance Director will audit all areas requiring emergency lighting monthly to ensure proper functioning and adherence to Life Safety Regulations. The audit will be conducted monthly beginning 5/15/15.  The results of the audit will be provided to the Quality Assurance Committee to review, and to determine effectiveness and duration of the audit.		
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Exit and directional signs are displayed in	K 047		6/1/15	

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K 047	Continued From page 3 accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on Wednesday 4/29/15 at approximately 8:00AM onward, the following deficiencies were noted: 1) Scattered throughout the facility there are exit directional lights that are not fully illuminated. There are one of two bulbs out and one has two of two bulbs out in the light. This deficiency affects the entire facility. NFPA 101: 7.10 Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 047	K047 NFPA 101 LIFE SAFETY CODE STANDARD  The exit directional lights that were identified as deficient have been repaired and are now fully illuminated. This was completed on 4/29/15.  All exit directional lights have been audited to ensure full illumination. This was completed on 5/15/15  The Maintenance Supervisor has been in-serviced on the Life Safety Code Standard regarding directional exit sign illumination on 5/15/15.  All exit directional lights will be audited weekly X 4 weeks, then monthly thereafter to ensure full illumination. This audit will be conducted monthly on an ongoing basis beginning 5/15/15.  The results of the audit will be provided to the Quality Assurance Committee to review, and to determine effectiveness and duration of the audit.		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is	K 056		6/1/15	

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K 056	<p>Continued From page 4</p> <p>installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on Wednesday 4/29/15 at approximately 8:00AM onward, the following deficiencies were noted:</p> <p>1) The main electrical room was not protected with sprinkler coverage. Ref: 2000 NFPA 101 Section 19.3.5 1999 NFPA 13 Section 5-13.8.1 CMS S&amp;C 13-55-LSC This deficiency affected one of approximately seven 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 056	<p>K056 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The main electrical room has been provided sprinkler coverage on 5/11/15.</p> <p>The facility has been audited by the Maintenance Director to ensure all other areas of the facility have sprinkler coverage. This was completed on 5/14/15.</p> <p>The Maintenance Director has been educated on the Life Safety Code regarding sprinkler coverage on 5/15/15.</p> <p>The Maintenance Director will audit all areas of the building monthly to ensure sprinkler coverage is adequate beginning 5/15/15.</p> <p>The results of the audit will be provided to</p>		

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K 056	Continued From page 5	K 056	the Quality Assurance Committee to review, and to determine effectiveness and duration of the audit.		
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on Wednesday 4/29/15 at approximately 8:00AM onward, the following deficiencies were noted:</p> <p>1) The sprinkler head in the freezer was disconnected and not operational at the time of the survey. Sprinkler head will need to be reinstalled.</p> <p>2) The 5-year internal inspection of the sprinkler system that was stated was due in the sprinkler inspection report Dated 6/4/14 has not been conducted.</p> <p>NFPA 101, 4.6.12.1.</p> <p>This deficiency affects the 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 062	<p>K062 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The sprinkler head will be reinstalled on 5/20/15 by an outside vendor specializing in fire suppression system installation.</p> <p>The 5-year inspection of the sprinkler system will be conducted on 5/20/15 by a vendor specialized and licensed to inspect fire suppression systems.</p> <p>The Maintenance Director will audit all areas of the facility to ensure that all areas of the facility have sprinklers maintained in reliable operating condition. This was completed on 5/15/15.</p> <p>The results of the audit will be discussed with the Quality Assurance Committee. The committee will determine the duration and frequency of ongoing audits.</p>	6/1/15	
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 147		6/1/15	

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K 147	<p>Continued From page 6</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on Wednesday 4/29/15 at approximately 8:00AM onward, the following deficiencies were noted:</p> <p>1) On A &amp; B Hall in multiple rooms the receptacles in the resident bathroom that were connected to a GFCI breaker were not labeled. NFPA 70</p> <p>This deficiency affected three of approximately seven smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 147	<p>K147 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The electrical outlets in the rooms on A &amp; B Hall have been labeled accordingly. This was completed on 5/15/15 by the Maintenance Director and assistant.</p> <p>The facility has been audited to ensure all other GFCI electrical outlets have been labeled. This was completed on 5/15/15 by the Maintenance Director.</p> <p>The Maintenance Director has been in-serviced to the standard of GFCI electrical outlets on 5-15-15.</p> <p>The Maintenance Director will audit the facility monthly to ensure that all GFCI outlets are labeled correctly. This audit will be ongoing.</p> <p>The results of the audit will be provided to the Quality Assurance Committee to review, and to determine effectiveness and duration of the audit.</p>		