

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

PRINTED: 07/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345546</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - THE CYPRESS OF RALEIGH</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/13/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE ROSEWOOD HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615</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 New 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 III (211) Constructed: 12/5/2010 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 36 Census - ***	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches shall be prohibited. 18.3.6.3 This STANDARD is not met as evidenced by: Based on observations, on Friday 5/13/2016 at approximately 10:30 AM onward, the following deficiencies were noted: The corridor doors were non-compliant, specific findings include:  1) The Dining room corridor door located at the 2nd Floor nurse station did not close and latch smoke tight. The inactive door on the left side	K 018	1)The dining room door was repaired to close and latch smoke tight. The inactive door on the left side equipped with a manual locking mechanism will remain closed and locked in place at all time.  A sign will be placed by the dining room door to indicate it must remain closed and	6/27/16

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

TITLE

(X6) DATE

Electronically Signed

05/27/2016

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 018	Continued From page 1 was equipped with a manual locking mechanism and at the time of the survey this door was found open and not locked in place.  2. There was a corridor Dutch door located on second floor where the upper leaf was not equipped with a self-latching device nor a astragal, rabbet or bevel.  Reference NFPA 101, 19.3.6.3 Corridor Doors, Reference NFPA 101 19.3.6.3.6 Dutch doors shall be permitted where they conform to 19.3.6.3.6 In addition, both the upper leaf and lower leaf shall be equipped with a latching device, and the meeting edges of the upper and lower leaves shall be equipped with an astragal, a rabbet, or a bevel. NFPA 101, 4.6.12.1 Maintenance  The deficiency affected two smoke compartments on second floor. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 018	locked.  All staff will be educated on the need to keep the dining room door closed and locked in place.  The dining room door will be tested monthly by maintenance staff during monthly preventative maintenance.  The facility attests that it is in substantial compliance with all regulations and all corrective actions will be fully implemented by June 27th, 2016.  2)A self latching device, a handle on the upper door and a astragal between doors have been installed.  The Dutch door will be tested by maintenance staff during monthly preventative maintenance inspections.  The facility attests that it is in substantial compliance with all regulations and all corrective actions will be fully implemented by June 27th, 2016.		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA70 and 72. 9.6.1.4, 9.6.1.7,	K 052		6/27/16	

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K 052	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, on Friday 5/13/2016 at approximately 10:30 AM onward, the following deficiencies were noted: The fire alarm system was non-compliant, specific findings include:  1. When testing the fire alarm system on battery backup the system did not provide a visual and/or audible alarm on the second floor when the pull station at the 2nd floor nurse station was activated. NFPA 101: 9.6.1.7* NFPA 72, 2-8  This deficiency affected the 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	1)The facility has changed the EES board and batteries on BPS panel.  The facility will test the alarm system under the battery backup power quarterly to ensure proper operation.  The facility attests that it is in substantial compliance with all regulations and all corrective actions will be fully implemented by June 27th, 2016.		
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: Based on observations, on Friday 5/13/2016 at approximately 10:30 AM onward, the following deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings include:  1. The sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve.	K 061	Supervisory signal will be modified so it does not silence permanently and continues to emit an audible sound every three minutes.  Alarm will be tested quarterly by maintenance staff to ensure proper operation.	6/27/16	

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K 061	Continued From page 3  Reference NFPA 101, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 NFPA 13 "...distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system." NFPA 9.7.2.1 "...supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system...Supervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.  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 061	The facility attests that it is in substantial compliance with all regulations and all corrective actions will be fully implemented by June 27th, 2016.		
K 130 SS=D	NFPA 101 MISCELLANEOUS  Miscellaneous  List in the REMARKS sections, any items that are not listed previously, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.THER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observations, on Friday 5/13/2016 at approximately 10:30 AM onward, the following deficiencies were noted: Staff training is non-compliant: Specific findings included:	K 130	All food and beverage staff will be educated by Food and Beverage Director and Facilities Director.  Instructions for operating the Ansul	6/27/16	

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K 130	Continued From page 4 1. Staff in the kitchen when questioned were not familiar on how to operate the Ansul System in case of an emergency.  NFPA 101: 18.3.2.6 NFPA 101: 18.7.1.3 "Employees of health care occupancies shall be instructed in life safety procedures and devices." NFPA 96: 8-1.4 "Instructions for manually operating the fire-extinguishing system shall be posted conspicuously in the kitchen and shall be reviewed periodically with employees by the management."  This deficiency affected one of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 130	System in case of emergency will be posited at manual activation station.  An annual education training will be held for current Food and Beverage staff and all/ any newly hired Food and Beverage staff will also be trained.  The facility attests that it is in substantial compliance with all regulations and all corrective actions will be fully implemented by June 27th, 2016.		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: Based on observations, on Friday 5/13/2016 at approximately 10:30 AM onward, the following deficiencies were noted: The emergency generator was non-compliant, specific findings include:  1. The generator annunciator panel located at the nurses station did not show that the generator was supplying emergency power when the power was transferred from normal to emergency.	K 144	Appropriate wires from transfer switches to the annunciator panel were pulled and terminated accordingly so that the generator annunciator panel located at the nurses station shows the generator was supplying emergency power when the power was transferred from normal to emergency.  The status of the annunciator panel indication light will be added to monthly	6/27/16	

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K 144	Continued From page 5 NFPA 99. 3-4.1.1.15  This deficiency affected annunciator panel for entire facility.  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	full load generator testing by maintenance staff.  The facility attests that it is in substantial compliance with all regulations and all corrective actions will be fully implemented by June 27th, 2016.		