

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

PRINTED: 02/14/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345384	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER PRUITTHEATH-FARMVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 4351 SOUTH MAIN STREET FARMVILLE, NC 27828	
(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. The facility is utilizing speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: V(111) Constructed: 7/3/1991 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 56 Census = 52	K 000		
K 029 SS=D	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and documentation review on 6/8/2016, at approximately 1:00 PM	K 029	How corrective action is accomplished - Ceiling mounts for sprinkler system water lines were tightened with nut, securing washer to the ceiling by support bracket	6/22/16

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

TITLE

(X6) DATE

Electronically Signed

06/24/2016

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 029	Continued From page 1 onward, the following deficiencies were noted: The facility maintenance and inspection of the rated ceiling of hazardous spaces was non-compliant, specific findings include: The facility rated ceiling in the laundry room had unsealed penetrations in the rated ceiling. The ceiling mounts for the sprinkler system water lines were not secure to the ceiling nor were sealed with a material that is capable of maintaining the fire resistance of the ceiling fire barrier. This deficiency affects 1 of approximately 4 smoke zones in the facility. Ref: 2000 NFPA 101 Section 19.1.6.2, 19.3.5.4 2000 NFPA 101 Section 8.2.3.2.4.2	K 029	and sealed with fire rated caulking. Open entrances to the ceiling were sealed with fire rated caulking. Corrective action to identify potential - All ceiling mounts for the sprinkler system water lines were assessed by Maintenance Director to ensure that the washers were secured to the ceiling eliminating openings. Measures to prevent reoccurrence - Maintenance Director will assess ceiling mounts weekly to ensure that washer is mounted securely to ceiling. Monitor to prevent reoccurrence - Administrator or designee will randomly check ceiling mounts to ensure that potential openings are sealed.		
K 061 SS=E	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: 42 CFR 483.70 (a) Based on observations, and documentation review on 6/8/2016, at approximately 1:00 PM onward, the following deficiencies were noted: The facility maintenance and inspection of the sprinkler system was non-compliant, specific	K 061	How Corrective Action is accomplished - Contracted vendor (BFPE)will install a buzzer on the control panel located by the nurse station that will not be able to be permanently silenced when activated by the electronically supervised tamper alarm on the sprinkler control valve.	7/5/16	

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K 061	Continued From page 2 findings include: The supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel (FACP) could be silenced permanently when the valve was in the closed position in the sprinkler riser room. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve to the normal operating position. This deficiency affects the entire facility. Ref: 2000 NFPA 101 Section 19.7.6; 9.7.2.1	K 061	Measures to prevent reoccurrence - Buzzer will be inspected monthly by facility Maintenance Director and contracted vendor (BFPE) to ensure proper operation and alarming including that the alarm is not able to be silenced except for reopening/restoration of the valve to the normal operation position. Monitor to prevent reoccurrence - Administrator or designee will perform random checks to assure that alarm system is operating properly and is not able to be silenced except by reopening/restoration of the valve to the normal operating position.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and documentation review on 6/8/2016, at approximately 1:00 PM onward, the following deficiencies were noted: The facility maintenance and inspection of the electrical system was non-compliant, specific findings include: The facility has a circuit breaker box in the dry storage room of the dietary department that was missing a plank space plate at the bottom of the box exposing electrical circuitry. This deficiency affects the circuit breaker box in the dietary department.	K 147	How corrective action is accomplished - Maintenance director installed a plank space plate at the bottom of the electrical box in the dietary storage room to prevent the electrical circuitry from being exposed. Corrective action to identify potential - Maintenance director inspected all circuit breaker boxes to ensure boxes are intact without exposing electrical circuitry Corrective action to prevent reoccurrence - Maintenance director will perform routine checks to ensure breaker boxes are in proper order and that no plates are missing.	6/24/16	

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K 147	Continued From page 3 Ref: 2000 NFPA 101 Section 19.5.1; 9.1.2	K 147	Monitor to prevent reoccurrence - Administrator or designee will randomly inspect breaker boxes.		