

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345097</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - MAIN BUILDING 02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>JESSE HELMS NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1411 DOVE STREET MONROE, NC 28111</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. The facility is utilizing special locking systems. In the exit conference all deficiencies noted were discussed with administration.  Stories: One Construction Type III Constructed: 2007 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 70 Census - 62	K 000		
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 5/11/2016, at approximately 10:45 AM onward, the following deficiencies were noted:  The facility maintenance and inspection of the sprinkler system was non-compliant, specific findings include: The supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel (FACP)	K 061	In accordance with NFPA 72 9.7.2.1 Facilities Management will convert the fire alarm panel to continuously alert the supervisory signal to an area that is constantly attended. Procedure for corrective plan: A piezo buzzer will be installed by contracted vendor that will continuously alarm when supervisory signal is activated. This buzzer will be installed at a	7/14/16

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

TITLE

(X6) DATE

Electronically Signed

05/26/2016

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.

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

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FORM APPROVED  
OMB NO. 0938-0391

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K 061	Continued From page 1 could be silenced permanently when the valve was in the closed position in the sprinkler riser room on the main riser for the facility. The facility must not have this condition on any supervised tamper alarms serving both buildings. 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, NFPA 72 Section 2-9	K 061	constantly attended location within the facility. Monitoring procedure: An ILSM has been implemented and the facility, and fire panel will be monitored in accordance with NFPA 25. As part of the ILSM the FM Global Red Tag System shall be utilized when the fire system is affected in a manner that causes supervisory signals cited within this document to be activated. Responsible person: Facility Maintenance Manager.		