

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: 345127 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____ | (X3) DATE SURVEY COMPLETED 06/09/2016 |
|--|---|---|--|---|
| NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - TRYON | | | STREET ADDRESS, CITY, STATE, ZIP CODE 70 OAK STREET TRYON, NC 28782 | |
| (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 II(222) construction, one story, with a complete automatic sprinkler system and using special locking. This building contains the new physical therapy addition. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the licensed bed capacity = 100 = 70 NF + 30 AC Total Certified Bed Count 70 NF Census 60 NF | K 000 | | |
| K 144 SS=E | 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: 42 CFR 483.70 (a) Based on observations, on May 9, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. The generator annunciator panel did not read EPS supplying load during test of the emergency power supply system. The automatic transfer | K 144 | Generator Services, Inc. has been scheduled to inspect the annunciator panel and correct this deficiency so that the visual indicator will show activation of the generator. During weekly generator activation tests, maintenance will check the annunciator panel to see that it is properly displaying information and will document this on the | 6/30/16 |

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

TITLE

(X6) DATE

Electronically Signed

06/22/2016

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 144 | <p>Continued From page 1</p> <p>switch was observed in emergency mode with no corresponding visual indicator activated beside EPS supplying load indicator at main front entrance nurse's station.</p> <p>2. There were no documents showing specific gravity checks for emergency generator battery cells.</p> <p>NFPA 101, 9.1.2, NFPA 99, NFPA 110 Chapter 6</p> <p>This deficiency potentially affects all 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 144 | <p>log.</p> <p>Maintenance will record specific gravity check monthly on generator battery check log. Device for checking specific gravity has been ordered.</p> <p>Maintenance will consult with Generator Services, Inc. to see if there are other items which should be check on generator and if so, put a system into place to do so.</p> <p>Logs of generator checks will submitted to the Quality Improvement Committee (SWIPE) on a monthly basis for 3 months.</p> | | |