

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

PRINTED: 02/27/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345198	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - REHAB ADDITION 0202 B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2016
NAME OF PROVIDER OR SUPPLIER ASTON PARK HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 380 BREVARD ROAD ASHEVILLE, NC 28806	
(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 New Health Care section of the LSC and its referenced publications. This building is Type III(211) construction, one story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the licensed bed capacity = 139 = 120 NF + 19 AC Total Certified Bed Count = 120 NF Census = 112 NF The deficiencies determined during the survey are as follows:	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 26, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. There is no remote emergency stop switch for emergency generator. 2. There is no documentation of specific gravity	K 144	K144: Corrective Action: Grigg Electric installed a remote emergency stop switch for the emergency generator on 5-27-16 and two "maintenance free" batteries were ordered to replace the two existing backup batteries in emergency generator. Identification of other potential problems: There are no additional emergency	7/2/16

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

TITLE

(X6) DATE

Electronically Signed

06/08/2016

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	Continued From page 1 readings and electrolyte levels for approximately eleven months following annual preventative maintenance inspection by CAT in January 2015. NFPA 101, 9.1.2, NFPA 110, Chapter 6 This deficiency potentially affects 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	generators on the property. Systematic Changes: Operations Manager will assure that the remote stop switch is working properly during weekly inspections, as well as, independent contractor will check during annual inspections. Operations Manager will assure that the "maintenance free" batteries are installed when received and replaced every 3 years per regulation. Quality Assurance: QA Committee consisting of at least Administrator, DON, and Medical Director will monitor and follow through to assure that this issue has been resolved		