

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/18/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALLEGHANY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>179 COMBS STREET SPARTA, NC 28675</b>	
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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 III(211) construction, one story, with a complete automatic sprinkler system and using special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration.  At time of survey the licensed bed capacity = 112 = 90 NF + 22 AC Total Certified Bed Count 90 NF Census 82	K 000		
K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on May 18, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  1. There is a rated ceiling access door left in the open position at time of survey. Ceiling access door is located in the storage room beside room 314.  2. There is damaged to the roof sheathing and	K 012	This plan of correction is prepared and submitted as required by law. By submitting this plan of correction Genesis Healthcare Alleghany Center does not admit that the deficiency listed on this form exist, nor does the center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency statements, facts, and conclusions that form the basis for the	6/30/16

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

TITLE

(X6) DATE

Electronically Signed

06/06/2016

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 012	<p>Continued From page 1</p> <p>roof singles - beside roof exhaust fan on 300 hall. At the time of survey, there is leak damage to rated gypsumboard ceiling - located in storage room beside room 314.</p> <p>3. There is no ceiling fire damper for new duct penetration in Social Services office.</p> <p>NFPA 101, 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>This deficiency affected one of two 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 012	<p>deficiency.</p> <p>1) Ceiling access door in 300 Hall storage room was closed by Maintenance Director on May 18, 2016. The roof sheathing &amp; shingles next to exhaust fan will be repaired by June 30, 2016 as well as the damaged ceiling in the 300 Hall storage room. Ceiling fire damper for new duct penetration in Social Service Office will either be removed with repairs to the ceiling or fire damper will be installed by June 30, 2016.</p> <p>2) All ceiling access doors were checked on 6/6/16 by Director of Maintenance and no other doors were found to be open while not in use. The roof was assessed by Maintenance Director on May 31, 2016 for other areas missing shingles or damaged with a potential for leaks. A list of these areas and a monthly schedule for completion will be made by June 30, 2016 to assure all damaged areas are repaired. All storage rooms throughout facility will be assessed by Maintenance Director on June 7, 2016 for damage caused by leaks in roof. On June 6, 2016 Maintenance Director assessed all offices to assure no other duct penetrations were in need of a fire damper. No other duct penetrations were found.</p> <p>3) On June 6, 2016, Center Executive Director re-educated Maintenance Director on keeping ceiling access doors closed when not in use; to monitor roof for leaks repairing as needed to prevent ceiling damage; to assure dampers are in</p>		

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K 012	Continued From page 2	K 012	place for duct penetrations.		
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with 0 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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on May 18, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>Fire door to laundry room will not self-close and latch without manual intervention.</p> <p>Note: The facility was constructed under 1981 New Life Safety Code - the standard and NC Codes required minimum 45-minute fire door to</p>	K 029	<p>4)Maintenance Director will monitor ceiling access doors to assure closed while not in use, ceilings for signs of leaks, roof for missing shingles or damage and need for fire damper with duct penetrations 1 x weekly x 3 months. Any issues noted as a result of monitoring will be reported to and addressed by the Process Improvement Committee by Director of Maintenance.</p> <p>1) The fire door to the laundry room will be repaired by Maintenance Director to assure will self-close without manual intervention by June 17, 2016.</p> <p>2) All fire doors will by assessed and repaired as needed by Maintenance Director to assure will self-close without manual intervention by June 17, 2016.</p> <p>3) Maintenance Director was re-educated by Center Executive Director on June 6, 2016 to assure all fire doors will self-close</p>	6/30/16	

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K 029	Continued From page 3 referenced area. The level of safety may not be reduced below standards required at occupancy.  NFPA 101, 19.3.2.1, 8.4.1  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 029	without manual intervention.  4) Maintenance Director will monitor fire doors 1 x weekly x 3 months to assure self-closing without manual intervention. Maintenance Director will report findings and any issues noted will be addressed monthly by Performance Improvement Committee.		
K 046 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on May 18, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  There is no emergency lighting to provide coverage for enclosed courtyard exit discharges. Emergency lighting shall be connected to the Life Safety distribution panel identified as panel EM in the facility.  NFPA 101, 19.2.9.1, 9.1.2, 7.9  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 046	1) Maintenance Director will repair emergency lighting at courtyard discharges by June 10, 2016.  2) Maintenance Director will assess all emergency lighting to assure providing appropriate coverage and assure connected to Life Safety Distribution panel by June 10, 2016.  3) On June 6, 2016 Center Executive Director provided re-education to Maintenance Director that all emergency lighting will provide appropriate coverage and will be connected to Life Safety Distribution panel.  4) Maintenance Director will monitor emergency lighting to assure providing appropriate coverage 1 x weekly x 3 months. Maintenance Director will report	6/30/16	

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K 046	Continued From page 4	K 046			
K 051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on May 18, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>The audible signaling device for fire alarm notification did not function during activation of</p>	K 051	<p>findings monthly to Process Improvement Committee for follow up and to be addressed as needed.</p> <p>1) Maintenance Director will call on June 6, 2016 to outside vendor for repairs to audible signaling device for fire alarm notification at main nurse's station.</p> <p>2) On May 18, 2016 no other audible signaling devices were found to be in need of repair.</p>	6/30/16	

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K 051	Continued From page 5 ceiling smoke detector - located beside main nurse's station.  NFPA 101, 19.3.4, 9.6  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 051	3) On June 6, 2016 Center Executive Director re-educated Maintenance Director that all audible signaling devices for fire alarm notification must be in good working order.  4) Once outside vendor has been in for repairs to device, Maintenance Director will test fire alarm system bi-weekly x 3 months to assure audible signaling devices for fire alarm notifications are working properly. If outside vendor unable to complete repairs by June 30, 2016 will request waiver in writing to allow for an extension for repairs. Findings from fire alarm system checks will be reported monthly to Process Improvement Committee and will be addressed accordingly.		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on May 18, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  There is no documentation to show inspection of sprinkler heads in use for greater than twenty years.	K 062	1) On June 6, 2016 Maintenance Director made appointment with American Fire & Equipment set for June 7, 2016 to perform sprinkler head inspection/investigation.  2) American Fire & Equipment to perform required inspection/investigation for entire facility on June 7, 2016. Representative states may take 6-8 weeks to receive sprinkler heads back from vendor.	8/16/16	

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K 062	Continued From page 6 NFPA 101, 19.7.6, 9.7.5, 4.6.12, NFPA 25, NFPA 13  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 062	Investigation to be completed putting facility back into compliance by August 16, 2016.  3) On June 6, 2016 Center Executive Director re-educated Maintenance Director that Inspection of Sprinkler Heads should be performed per Life Safety Guidelines.  4) Once investigation is completed Maintenance Director will retain documentation in an accessible area and monitor to assure future inspections/investigations are completed timely. Maintenance Director will review location of documentation of inspection monthly x 3 months and findings will be discussed with Process Improvement Committee.		
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 18, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  No documentation of generator specific gravity and electrolyte level in review of weekly inspection documents.	K 144	1) Maintenance Director purchased tester for measuring generator specific gravity and electrolyte levels on June 6, 2016. Tests will be performed on both generators by June 10, 2016.  2) Facility has two generators and once tests are complete document will reflect results of specific gravity and electrolyte levels for both generators.	6/30/16	

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

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K 144	Continued From page 7  NFPA 101, 9.1.2, NFPA 110 Chapter 6  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 144	3) Center Executive Director re-educated Maintenance Director to assure specific gravity and electrolyte levels are tested monthly on both generators to assure levels are appropriate.  4) Maintenance Director will test specific gravity and electrolyte levels in both generators 1 x monthly going forward. Center Executive Director will monitor preventive maintenance system 1 x monthly x 3 months to assure required tests are being completed. Center Executive Director will report findings to Process Improvement Committee for follow up as needed.	