

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

PRINTED: 04/12/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345092	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2016
NAME OF PROVIDER OR SUPPLIER WINSTON SALEM NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 W 1ST STREET WINSTON-SALEM, NC 27104	
(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 delayed egress locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: Five Construction Type: II (222) Constructed: 1973 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 230 Census = 199	K 000		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and staff interviews on 7/6/2016, at approximately 9:30 AM onward, the	K 029	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Winston-Salem Nursing & Rehabilitation	8/20/16

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

TITLE

(X6) DATE

Electronically Signed

07/20/2016

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 following deficiencies were noted: The facility had unsealed penetrations in the rated ceilings at the central supply air handler room where conduits penetrate the rated ceiling. NFPA 101, 19.3.2.1; 8.2.4.4.1 This deficiency affects one of approximately 12 smoke zones in the facility.	K 029	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 deficiency." K029 1.No residents affected by this practice, immediate corrective action with the identification of the unsealed penetrations in the rated ceiling areas.The maintenance director will close off penetrations with new 3/4" fire rated sheetrock, cut to fit securely, and sealed with fire retardant caulking,to be completed 7/20/2016. 2.Maintenance director completed audit of adjoining rooms to assure no other areas would potentially affect residents. Completed by 7/21/2016. 3.Measures in place to assure deficient practice does not reoccur, Maintenance director audit TEL'S(preventive maintenance program)to assure required areas checked and monitored on a monthly basis. 4.Monitoring- Maintenance director to audit /monitor required areas for unsealed penetrations monthly and report at monthly Quality Assurance.		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily	K 038		8/20/16	

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K 038	Continued From page 2 accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and and staff interviews on 7/6/2016, at approximately 9:30 AM onward, the following deficiencies were noted: The facility inspection of the required exits was non-compliant, specific findings include: The required exit from the service hallway has an exit that includes outside stairs. The stair railings has been damaged and it not in good repair. This deficiency affects one of approximately 12 smoke zones in the facility. Ref: 2000 NFPA 101 Section 19.2.7; 7.2.2.4.1*; 7.7.1	K 038	K038 1.No residents affected with practice. No potential residents affected with this practice as area is a employee designated area only. 2. Corrective action: Maintenance director assured plan for restructure loading dock with concrete and re attach hand rail securely. Maintenance is framing out existing loading dock, will pour 4" concrete overlay to existing structure, allow procurement time and reattach existing hand rail to secure base to be completed on 7/21/2016. 3. Measures in place to assure deficient practice does not reoccur- Maintenance Director to implement monthly safety rounds and report monthly at quality assurance which will include exterior and interior physical plant.		
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 staff interviews on 7/6/2016, at approximately 9:30 AM onward, the following deficiencies were noted:	K 061	K061 1.No resident affected with practice, all residents have potential to be affected. 2.Immediate corrective action-Administrator notified Simplex	8/20/16	

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K 061	Continued From page 3 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) 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	Grinnell and service arranged for 7/19/2016 to repair supervisory signal/alarm at the fire panel. 3.Measures /systems to assure ongoing compliance-facility has ongoing partnership with Simplex Grinnell and Administrator to request monthly/quarterly reports on all systems to review at monthly Quality Assurance.	
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, and staff interviews on 7/6/2016, at approximately 9:30 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the emergency power source was non-compliant, specific findings include: The facility emergency generator is currently offline and the fire pump generator is carrying the load for the facility in the event of total facility loss of power. The emergency circuit is not currently automatic and must be manually transferred in	K 144	K144 1.No residents affected by practice, all residents have potential to be affected. 2.Immediate corrective action: Administrator notified Life Safety Inspector and received approval for temporary solution with fire pump generator.Currently in the process of gathering estimates/quotes for replacement with a new generator.As soon as contract signed and permit work started-Administrator will send to DHHS/ of correction for the generator at facility is as follows, facility has been working on	8/20/16

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K 144	Continued From page 4 the event of the life safety circuit is lost. This deficiency affects the entire facility. Ref: 2000 NFPA 101 Section 19.5.1; 9.1.3	K 144	gathering quotes and repair options for this generator. Once estimates are complete and contract signed.Facility will send to DHHS/Life Safety division to reflect date of completion. Facility Administrator is asking for a temporary waiver to allow the facility to correct the deficiency appropriately with qualified electricians.Facility will continue to test and ensure that our current generator functioning properly. 3. Once new generator is installed,Facility will test, and document per regulations to assure compliance and report at monthly quality assurance.	