

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

PRINTED: 04/20/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345558	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLDG 1- MAIN B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2016
NAME OF PROVIDER OR SUPPLIER NC STATE VETERANS HOME-BLACK MOUNTAIN			STREET ADDRESS, CITY, STATE, ZIP CODE 62 LAKE EDEN ROAD BLACK MOUNTAIN, NC 28711	
(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 = 100 Total Certified Bed Count = 100 Census = 94 The deficiencies determined during the survey are as follows:	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.3.5.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on July 28, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is a hole in the rated roof/ceiling assembly beside pendent sprinkler in resident room C208. NFPA 101, 18.1.6.2, 18.1.6.3, 18.3.5.1 This deficiency affected one of two smoke compartments.	K 012	1. Corrective action accomplished by the facility to correct practice. The facility sealed the hole in the rated roof/ceiling assembly beside pendent sprinkler in resident room C208 on 7/28/2016. 2. Identification of life safety issue having the potential to affect others. The facility completed a facility wide check of all ceilings beside the pendant sprinkler to ensure no other holes where identified. 3. Systemic changes to ensure practice	9/9/16

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

TITLE

(X6) DATE

Electronically Signed

08/30/2016

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	Continued From page 1 Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	will not recur. The Maintenance Director and Maintenance department reviews the ceiling surrounding the pendant sprinklers weekly for four weeks then monthly thereafter until three consecutive months of compliance are met. 4. Quality Assurance and Performance Improvement. The Maintenance Director will present the findings of the reviews detailing the ceiling surrounding the pendant sprinklers monthly at the Quality Assurance/Performance Improvement Committee for review and further recommendations as needed.		
K 070 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices shall be prohibited in all health care occupancies. Except it shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F (100 degrees C). 18.7.8, 19.7.8 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on July 28, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is a high temperature portable space heater with elements exceeding 212 degrees Fahrenheit - located in rehabilitation office.	K 070	1. Corrective action accomplished by the facility to correct practice. The High Temperature portable space heater was removed from the rehabilitation office on 7/28/2016. 2. Identification of Life Safety issue having the potential to affect others. The Maintenance Director and Maintenance department inspected all areas of the facility and no other space	9/9/16	

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K 070	Continued From page 2 NFPA 101, 18.1.6.2, 18.1.6.3, 18.3.5.1 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 070	heaters where identified in the facility. 3.Systemic changes to ensure practice will not recur. The Maintenance Director and Maintenance Department checks all areas of the facility for space heaters weekly for four weeks then monthly thereafter until three consecutive months of compliance are met . 4.Quality Assurance / Performance Improvement. The Maintenance Director will present the findings of the monthly facility check for space heaters to Quality Assurance and Performance Improvement Committee for review and recommendations as needed.		