

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:  <b>345319</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELDERBERRY HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>415 ELDERBERRY LANE MARSHALL, NC 28753</b>	
(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 speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration.  Stories: One Construction Type: III (211) Constructed: 1990 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 80 Census = 75	K 000		
K 012 SS=E	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 482.41(a)  Based on the observations, and staff interviews on 7/21/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the rated ceiling protection systems in the was non-compliant the specific items include: The facility has two of the three areas in the therapy office where heating ventilation and air conditioning duct work penetrate the rated ceiling that are not protected by fire dampers.	K 012	K012  The building construction will meet the standard of Life Safety Code. The facility Maintenance Director will install fire dampers in the two ducts in the therapy room. The Maintenance Director will inspect for fire dampers in all heating and air conditioning ducts. The Maintenance Director will inspect all air and heat duct work or repairs and have fire dampers in place. The Maintenance Director will do	9/10/16

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

TITLE

(X6) DATE

Electronically Signed

08/04/2016

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 Ref: 2000 NFPA 101 Sections 19.5.2.1, 9.2.1, 8.2.3.2.4.1* Ref: 1999 NFAP 90A  These deficiencies affect one of approximately ten smoke zones. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	inspections quarterly to ensure all air and heating ducts have fire dampers. The Maintenance Director will report inspection results to the Administrator monthly and to the Quality Assurance committee quarterly.		
K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. Doors, passages or stairways that are not a way of exit that are likely to be mistaken for an exit have a sign designating "No Exit". 7.10, 18.2.10.1, 19.2.10.1 This STANDARD is not met as evidenced by: 42 CFR 482.41(a)  Based on the observations, and staff interviews on 7/21/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility inspection of the required and non required exits was non-compliant the specific items include: The facility did not have proper signage noting the exiting for the interior courtyards and the resident smoking area. The two interior areas were not marked properly by signage noting "No Exit". The two areas have doors leading into them that are arranged so that it is likely to be mistaken for and an exit. Ref: 2000 NFPA 101 Sections 19.2.10.1; 7.10.8.1  This deficiency affect two of approximately ten	K 022	K022  The facility will have signs to indicate that all doors that are non-exit doors will have signage identifying doors as No Exit doors. The Maintenance Director will inspect all doors monthly to ensure non-exit doors have No Exit signs. The Maintenance Director will identify any doors without signage and replace signage if needed. The Maintenance Director will report inspection results to the Administrator monthly and to the Quality Assurance committee quarterly.	9/10/16	

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K 022	Continued From page 2 smoke zones in the facility Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 022			
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 482.41(a)  Based on the observations, and staff interviews on 7/21/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the sprinkler system in the was non-compliant the specific items include: One of the supervisory trouble audible/visual signal for the electronically supervised tamper control valves in the sprinkler riser room did not give a signal when closed. The left tamper alarm did not work when tested. Ref: 2000 NFPA 101 Sections 19.3.5.1, 9.7.2.1 NFPA 25  These deficiencies affect the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	K062  The facility will maintain automatic sprinkler systems and ensure that systems are continuously maintained in reliable operating condition and are inspected and tested periodically. During quarterly inspection and test of sprinkler system by licensed sprinkler company of 6/8/16, no trouble signals were found. Sprinkler company did inspection and test on 6/28/16 and verified that audible alarm and visual signal were operating. The left tamper alarm was adjusted on 6/28/16 and worked properly when tested. Facility will continue to have a licensed sprinkler company do scheduled inspections and test. The Maintenance Director will report inspection and test results to the Administrator monthly, or immediately if a problem is found, and to the Quality Assurance committee quarterly.	9/10/16	
K 069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance	K 069		9/10/16	

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K 069	<p>Continued From page 3 with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: 42 CFR 482.41(a)</p> <p>Based on the observations, and staff interviews on 7/21/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility inspection of the hood suppression system was non-compliant the specific items include: The facility hood suppression system must be inspected at least semiannually. The facility has a hood system installed and the facility does not have a current tag or label securely attached indication the month and year the maintenance was preformed and the identification of the person performing the maintenance. The current tag for the range hood is dated January 2016. Ref: 2000 NFPA 101 Sections 19.3.2.6, 9.6; 9.2.3; NFPA 17A; NFPA 96</p> <p>This deficiency affected one of approximately ten smoke zones in the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 069	<p>K069</p> <p>The facility will maintain cooking facilities and ensure that cooking facilities are maintained in accordance with Life Safety code. 7-30-16</p> <p>The facility hood system was inspected on 1/17/16 and again on 7/26/16. The Maintenance Director will maintain inspection records of hood suppression system and order inspections at least semi-annually. The Maintenance Director will inspect tags on hood suppression system in December and June annually to ensure tags are signed and dated when semi-annual inspections are completed. The Maintenance Director will report findings of inspections completed at least quarterly and in June and December to the Administrator and quarterly to the Quality Assurance committee.</p>		