

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>345218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/18/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MARY GRAN NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328</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: II Protected Constructed: 1974 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 212 Census =126	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with o 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: Based on observations, on Thursday 8/18/2016 at approximately 9:30 AM onward, the following deficiencies were noted: The ....was non-compliant, specific findings include:	K 029	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in	9/16/16

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

TITLE

(X6) DATE

Electronically Signed

09/02/2016

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  1. The chemical storage room corridor door in the service hall did not close and latch when checked. NFPA 101, 19.3.2  This deficiency affected one smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.  Corrective Action The closure for the chemical storage room corridor door was adjusted by Maintenance to ensure proper functioning on 08/29/2016.  Maintenance will inspect all door closures for proper functioning and correct any deficiencies by 09/08/2016.  Systematic Change/ QA Maintenance will in-service staff members on reporting any door closures that fail to close and latch properly to maintenance immediately; this in-service will be completed by 09/06/2016. Maintenance will also perform quarterly checks of all door closures to ensure proper functioning, and findings will be reported to the QA committee.		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations, on Thursday 8/18/2016 at approximately 9:30 AM onward, the following deficiencies were noted: :	K 038	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the	9/16/16	

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K 038	Continued From page 2  1. Staff when questioned about the magnetically locked exited doors they were not familiar on how to release the doors with the master override switch located at the nurse station and/or at the door in case of an emergency. NFPA 101: 7.2.1.6  This deficiency affected 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 038	alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.  Corrective Action Staff members directly involved were in-serviced immediately in regards opening exit doors using both the master override switch located at the nurse station and/or at the door in case of an emergency.  Maintenance will in-service all staff on location and use of the master and individual override switches for all magnetically locked doors. This in-service will be completed by 09/06/2016.  Systematic Change/ QA Staff will be in-serviced on location and use of the master and individual override switches for all magnetically locked doors both during new-hire orientation and at the conclusion of each facility fire drill. A record of all drills & in-service will be submitted and reviewed by the QA team monthly.		
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's	K 067		9/16/16	

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K 067	<p>Continued From page 3 specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Thursday 8/18/2016 at approximately 9:30 AM onward, the following deficiencies were noted: The following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include;</p> <ol style="list-style-type: none"> <li>1. The HVAC system located at nurse station #1 did not shut down with fire alarm activation.</li> <li>2.. The emergency HVAC shut down switch located at a readily Nurse Station #1 did not shut the HVAC unit down when tested.</li> <li>3. Staff when questioned did not know how to shut the HVAC system with the emergency shut down switch located Nurse Station #1.</li> </ol> <p>NFPA 101: 19.5.2 NFPA 90A, 4-2 This deficiency affected one of eight smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 067	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>Corrective Action The HVAC emergency shutdown system for the HVAC on unit #1 was trouble shot and corrective action was taken to ensure proper functioning both with the fire alarm system and with the manual override switch on 09/16/2016. Maintenance will perform a sweep of all HVAC systems to ensure proper emergency shutdown with both the fire alarm system and with the manual override switches. This review will be completed by 09/16/2016. The nurse who did not know how to manually shut down the HVAC system was educated immediately in regards to the location and function of the switch.</p> <p>All nursing staff and administrative staff will be educated by the Maintenance supervisor in regards to location and function of the switches by 09/06/2016.</p> <p>Systematic changes/QA</p>		

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K 067	Continued From page 4	K 067	Maintenance will conducted checks to ensure all HVAC systems are functioning properly with the fire alarm system during each facility fire drill. Maintenance will also check the HVAC systems are functioning properly with the manual override switches monthly X3 months and then quarterly thereafter. The results of all checks will be submitted to the QA committee monthly for review.  All nursing staff members and members of the administrative team will be in-serviced in regards to the location and function of the manual override switches for all HVAC systems by maintenance no later than 09/06/2016.	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observations, on Thursday 8/18/2016 at approximately 9:30 AM onward, the following deficiencies were noted: : The staff training in the kitchen was non-compliant, specific findings include:  1. Staff in the kitchen when questioned were not familiar on how to operate the Ansul System in case of an emergency. NFPA 96: 8-1.4 "Instructions for manually operating the fire-extinguishing system shall be posted conspicuously in the kitchen and shall be reviewed periodically with employees by the management." NFPA 101: 19.1.1.3 Total Concept. All health care facilities shall be designed,	K 069	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.  Corrective Action All staff members on duty were immediately in-serviced on location of the	9/16/16

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K 069	<p>Continued From page 5</p> <p>constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. Because the safety of health care occupants cannot be ensured adequately by dependence on evacuation of the building, their protection from fire shall be provided by appropriate arrangement of facilities, adequate staffing, and development of operating and maintenance procedures composed of the following:</p> <p>(1) Design, construction, and compartmentation (2) Provision for detection, alarm, and extinguishment (3) Fire prevention and the planning, training, and drilling programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building</p> <p>This deficiency affected one compartment. 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>Ansul System manual activation switch and its use.</p> <p>Maintenance will install signage to clearly identify Ansul manual actuation switch this will be completed by 09/06/2016.</p> <p>All dietary staff members were in-serviced on the location and use of the Ansul System manual activation switch and its use. This training was completed by 08/29/2016.</p> <p>Systematic changes/QA All dietary staff will be in-service on location and use of Ansul System manual activation switch on hire and quarterly. Quarterly in-service training will be tracked and records of training will be submitted to the QA committee quarterly.</p>		