

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: 345238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2016
NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 4009 CRAIG AVENUE CHARLOTTE, NC 28211	
(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 special locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: III (211) Constructed: 1983 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 180 Census = 157	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 documentation review on 8/4/2016, at approximately 9:15 AM	K 029	The dust and lint in the combustion Chamber of the gas fired dryers in the laundry department were cleaned and free of dust and lint on the day of the survey.	8/22/16

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

TITLE

(X6) DATE

Electronically Signed

08/22/2016

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 onward, the following deficiencies were noted: The facility maintenance and inspection of the hazardous areas was non-compliant, specific findings include: The facility has a build up of dust and lint in the combustion chamber of the gas fired dryers in the laundry department. Ref: 2000 NFPA 101 Section 19.3.2.1; 8.4.1.1* This deficiency affected one smoke of approximately 8 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	This was one of 8 smoke compartments. All smoke compartments were inspected the day of the survey. The smoke compartments are on a daily cleaning schedule Monday thru Friday by the Maintenance Assistant. Smoke compartment in the Laundry are will be monitored for cleanliness Monday, Wednesday, and Friday for four weeks then Friday for four months to assure the smoke compartment in the Laundry is free of lint and dust. The monitoring sheets will be reviewed daily during the M-F Meetings for 4 weeks then Monthly for 4 months and concerns will be addressed and recommendations needed as indicated. In addition, The smoke department cleaning schedules are incorporated into the Quarterly Safety Committee Meeting and The Committee with make ongoing recommendation as indicated. The Maintenance Director is responsible for compliance with K029		
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72.	K 052		8/31/16	

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K 052	Continued From page 2 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and documentation review on 8/4/2016, at approximately 9:15 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the fire alarm system was non-compliant, specific findings include: The facility has a combination of horns and strobes on the South egress corridor connected to the Fire Alarm Control Panel (FACP). During the testing of the FACP a test was conducted while running on battery back-up power. During this portion of the test the horn portion of the combination did activate, but the strobe portion did not activate. Ref: 2000 NFPA 101 Section 19.3.4.1; 9.6.1.7, NFPA 72 Section 9.6.1.4 This deficiency affected one smoke of approximately 8 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 052	An outside contractor has been secured and has inspected and ordered parts to assure strobe light activate on the South unit AND throughout the building where strobe lights are located. Once the system changes are made to allow strobe lights to activate on battery power weekly monitoring for 4 weeks will be conducted to assure strobe lights activate on battery power. Monitoring will be reviewed during the Monday - Friday QI meetings with recommendations as indicated. After the 4 weeks of monitoring the strobe light activation will be checked monthly during routine fire drills. Strobe light activation under battery power will be reviewed during the Quarterly Safety meeting for 4 months. The maintenance Director is responsible for ongoing compliance to K 052		
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:	K 061		8/22/16	

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K 061	Continued From page 3 42 CFR 483.70 (a) Based on observations, and staff interviews on 8/4/2016, at approximately 9:15 AM onward, the following deficiencies were noted: 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. Ref: 2000 NFPA 101 Section 19.7.6; 9.7.2.1 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 061	An outside contractor was secured and corrected the supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel so that the alarm can not be silenced permanently when the valve is in the closed position in the sprinkler riser room. The Supervisory signals cannot be silenced permanently except by reopening/restoration of the valve to the normal operating position. Other supervisory signals were reviewed during the survey. Monitoring of the tamper alarm will be conducted weekly four weeks then monthly for 4 months and upon routine inspections. Monitoring will be reviewed by the Monday-Friday QI meeting for 4 weeks then monthly for 4 months with concerns addressed as indicated. Quarterly Safety Committee meeting will review Supervisory signals. The Maintenance Director is responsible for ongoing compliance with K 061.		
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than	K 076		8/31/16	

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K 076	<p>Continued From page 4</p> <p>3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: 42 CFR 482.41(a)</p> <p>Based on the observations, and staff interviews on 8/4/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility inspection of the storage of oxygen cylinders was non-compliant the specific items include:</p> <ol style="list-style-type: none"> The E type oxygen cylinders in the medication room were not properly secured. The full cylinders had two different type of racks to secure the cylinders, the smaller rack was not designed to hold E size cylinders securely. Full and empty oxygen cylinders were stored together. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. <p>Ref: 2000 NFPA 101 Section 19.3.2.4; NFPA 99 Section 4-3.5.2.1b (27); NFPA 99 4-3.5.2.2b(2)</p> <p>This deficiency affected one smoke of approximately 8 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 076	<p>The E tank oxygen cylinders are properly secured in new rack specifically designed to hold E size cylinders securely.</p> <p>All areas where E tank cylinders are stored in racks specifically to hold E size cylinders.</p> <p>All areas where E tank cylinders are stored and equipped with separate racks clearly labeled FULL and Empty.</p> <p>In addition, the empty E tanks will be removed daily and replaced with full tanks by the 11-7 Supervisor. Nursing staff have been educated on not storing full and empty tanks together and assuring they are in the proper containers.</p> <p>Monitoring of the E tank oxygen storage areas for proper storage will be conducted for weekly for 4 weeks then monthly for 4 months thereafter. Nursing will observe for compliance during daily routine rounds.</p> <p>The monitoring will be reviewed during the Monday- Friday QI meetings with interventions as indicated.</p> <p>Proper storage of E tanks will be discussed during the Quarterly Safety Meetings with recommendations as indicated.</p> <p>The Director of Nursing is responsible for</p>	

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K 076	Continued From page 5	K 076	ongoing compliance to K 076.		