

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - NEW ADDITION</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/03/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF MARSHVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 W PHIFER STREET MARSHVILLE, NC 28103</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 New 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 with administration.  Stories: One Construction Type V (111) Constructed: 2005 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 120 Census - 97	K 000		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2, NFPA 90A, 18.5.2.2, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 482.41(a)  Based on the observations, and documentation review on 8/3/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The facility inspection fire rated dampers in the rated ceiling was non-compliant the specific items include: Facility has an exhaust fan in the nourishment room that does not have a fire rated damper installed to protect the rating of the ceiling in that space.	K 067	Facility Maintenance Director has purchased a fire rated damper that will be installed in the nourishment room. There were no other areas that needed a fire rated damper installed in the building. The Maintenance Director/designee will audit the nourishment room damper weekly for six weeks to ensure its function and placement. Results of these audit will be taken to the Quality Improvement Committee for further recommendations.	9/17/16

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

TITLE

(X6) DATE

Electronically Signed

08/19/2016

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 067	Continued From page 1 Ref: 2000 NFPA 101 Section 19.5.2.1; 9.2.1, NFPA 90A  This deficiency affected one of approximately 8 smoke zones. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 067			
K 076 SS=E	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 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 This STANDARD is not met as evidenced by: 42 CFR 482.41(a)  Based on the observations, and staff interviews on 8/3/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The facility inspection of the storage of oxygen cylinders was non-compliant the specific items include: The E type oxygen cylinders in the medication room were not supported in the proper cylinder stand or cart. 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. Ref: 2000 NFPA 101 Section 19.3.2.4; NFPA 99	K 076	The cited cylinder storage rack was removed from the medication room and the Maintenance Director discarded it. The cylinders were placed in an appropriate rack. The facility's oxygen vendor was contacted by the Administrator and they were educated on not bringing unapproved racks into the center. Appropriate facility staff were educated on which racks are approved for usage in the facility.	9/17/16	

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K 076	Continued From page 2 Section 4-3.5.2.1b (27)  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 076			
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 482.41(a)  Based on the observations, and staff interviews on 8/3/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the emergency generator was non-compliant the specific items include: The generator for the new section did not start transfer power from normal to the emergency circuit within the required 10 seconds. The generator had a low oil pressure fault and stop running. NOTE: The facility notified its generator contractor for service on the generator the same day. Ref: 2000 NFPA 101 Section 19.2.9.1; 9.1.3 NFPA 99  This deficiency affected all of the newer section of the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury	K 144	Our vendor who services the generator was called in to service the unit. Necessary parts and repairs were made and the generator is now functioning properly. Weekly manual load testing will be done by the Maintenance Director for six weeks.	9/17/16	

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

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K 144	Continued From page 3 due to fire and/or smoke.	K 144			