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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345090 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 0303 - REPLACEMENT BLDG B. WING _____ | (X3) DATE SURVEY COMPLETED 08/29/2016 |
| NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262 | |
| (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: Two Construction Type: II (211) Constructed: 2003 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 129 Census = 123 | K 000 | | |
| K 038 SS=D | The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: 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: 42 CFR 482.41(a) Based on the observations, and staff interviews on 8/29/2016 at approximately 10:00 AM onward, the following deficiencies were noted: The facility inspection of the speical locking systems non-compliant the specific items include: The required exit at the double doors in the main dining room has a door release mechanism installed at the vicinity of the doors used to release the doors in an emergency other than fire was not a simple switch. The door release | K 038 | Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907 K-038 | 9/1/16 |

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

TITLE

(X6) DATE

Electronically Signed

09/08/2016

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 038 | Continued From page 1 mechanism at this location did not have the ability to be turned back on my manual means when the emergency is cleared. Other such doors in the facility had a similar button for the staff ease of exiting along with a simple switch in the vicinity of the door. The door in question is missing the simple switch. Ref: 2000 NFPA 101 Section 19.2.1; 7.2.1.6 This deficiency affected one of approximately eight 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 038 | 1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice: A simple switch door release mechanism was installed on the required exit at the double doors of the main dining room on 9/01/16. 2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice: The Maintenance Director on 9/01/16 completed an audit of all other such facility doors to ensure that the simple switch was functioning properly. Repairs were made as necessary. 3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur: The Maintenance Director or designee will complete a quarterly inspection of all such facility doors to ensure they have the appropriate simple switch and that it is functioning properly. Repairs will be completed as necessary. 4. Indicate how the facility will monitor its performance: Results will be presented to Quality Assurance team for recommendations and follow up for 6 months. | | |
| K 052 | NFPA 101 LIFE SAFETY CODE STANDARD | K 052 | | 9/1/16 | |

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| K 052 SS=E | <p>Continued From page 2</p> <p>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. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: 42 CFR 482.41(a)</p> <p>Based on the facility documentation review on 8/29/2016 at approximately 10:00 AM onward, the following deficiencies were noted: The facility inspection of the Fire Alarm Control Panel components was non-compliant the specific items include: The review of the smoke sensitivity test documentation noted that the last smoke sensitivity test date was June 18th 2014. The smoke sensitivity test must be conducted at a minimum every other calendar year. Ref: 2000 NFPA 101 Section 19.3.4; NFPA 72, Section 10.4.3.2.2</p> <p>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</p> | K 052 | <p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907</p> <p>K-052</p> <p>1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice: The required smoke sensitivity test was conducted on 9/01/16.</p> <p>2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice: The Maintenance Director on 9/01/16 communicated with the contracted provider who inspects the fire alarm control panel of the need to schedule the</p> | | |

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| K 052 | Continued From page 3 | K 052 | <p>smoke sensitivity test at a minimum of every other year. Inspection provider will complete next smoke sensitivity test by 9/01/18.</p> <p>3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur:</p> <p>The Maintenance Director or designee will schedule the smoke sensitivity test for a minimum of every other year with the inspection provider. Adjustments to schedule will be made as necessary to ensure smoke sensitivity test is conducted a minimum of every other year.</p> <p>4. Indicate how the facility will monitor its performance:</p> <p>Results will be presented to Quality Assurance team for recommendations and follow up for 6 months.</p> | | |
| K 061 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</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 8/29/2016 at approximately 10:00 AM onward, the following deficiencies were noted:</p> | K 061 | <p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of</p> | 9/1/16 | |

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| K 061 | <p>Continued From page 4</p> <p>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.</p> <p>Ref: 2000 NFPA 101 Section 19.7.6; 9.7.2.1</p> <p>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</p> | K 061 | <p>Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907</p> <p>K-061</p> <p>1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the fire alarm control panel was adjusted by the installation of an alarm module so that it could not be silenced on 9/01/16.</p> <p>2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice:</p> <p>The Maintenance Director or designee completed a test of the fire alarm panel on 9/01/16 to ensure that the supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the fire alarm control panel could not be silenced. Adjustments or repairs were made as necessary.</p> <p>3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur:</p> <p>The Maintenance Director or designee will</p> | | |

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

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| K 061 | Continued From page 5 | K 061 | <p>complete monthly tests for 6 months on the fire alarm control panel to ensure the supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the fire alarm control panel cannot be silenced and record the results. The fire alarm control panel will then be tested annually to ensure the supervisory tamper alarm cannot be silenced. Adjustments or repairs to the fire alarm control panel will be completed as necessary.</p> <p>4. Indicate how the facility will monitor its performance:</p> <p>Results will be presented to Quality Assurance team for recommendations and follow up for 6 months.</p> | | |