

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345484	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2016
NAME OF PROVIDER OR SUPPLIER TRANSYLVANIA REGIONAL HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE HOSPITAL DRIVE BREVARD, NC 28712	
(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 This 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. This building is Type II(222) construction, one story, with a complete automatic sprinkler system. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the licensed bed capacity = 92 = 42(General Acute) + 40(sub. abuse) + 10 NF Total Certified Bed Count 10 Census 5 The deficiencies determined during the survey are as follows:	K 000		
K 012 SS=D	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 483.70 (a) Based on observations, on August 30, 2016 at approximately 9:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is a hole in the suspended ceiling tile located in electrical room - room is beside fire barrier separating NF Unit from Hospital. NFPA 101, 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This deficiency affected one of two smoke	K 012	At the time of survey, a hole in the corner of the ceiling tile in the electrical room adjacent to the NF unit was identified. Work order number 53004 was entered on 8/30/16 and the deficiency was corrected immediately. The hospital facilities department does have an above ceiling work permit in place which is used to verify ceiling tiles are back in place. The above ceiling work permit has been modified by Facility Manager to state: "All ceiling tiles back in place and defect free." In order to ensure ongoing compliance, the above ceiling work permit has been	8/30/16

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

TITLE

(X6) DATE

Electronically Signed

09/19/2016

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 012	Continued From page 1 compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	modified and was reviewed with the facility staff. Facility Manager will conduct additional weekly ceiling inspections for the next 3 months in the TCU area. The additional rounding will be conducted in order to verify that there are no damaged ceiling tiles. Results of the additional inspections will be reported out in the monthly EC meeting. Goal is to be 100 percent in compliance.		
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 051	The return air duct smoke detector failed to shut down air handler AHU-S-2 during	8/30/16	

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K 051	<p>Continued From page 2</p> <p>Based on observations, on August 30, 2016 at approximately 9:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>The return air duct smoke detector failed to shut down air handler AHU-S-2 during test. The system had been by-passed in the main fire alarm control panel during construction renovations. Staff had not implemented a fire watch procedure to address emergency conditions that could occur during periods of system deactivation.</p> <p>NFPA 101, 19.3.4, 9.6</p> <p>This deficiency affected one of two smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 051	<p>the requested test. Prior to the requested testing of the smoke head in the TCU area, the facility technician had placed the control panel in the bypass mode in order to prevent all of the AHU's from shutting down. The smoke head in the TCU area was smoked and all systems worked accordingly except AHU-S-2 did not shut down. The reason it did not shut down was because it had been bypassed in the main fire alarm control panel just minutes before by a technician. An additional return air duct smoke test was asked to be performed. The return air duct for AHU-S-2 was smoked and the air handling unit system did not shut down. The system did not shut down because the fire alarm control panel had not been put back into service from the previous test. Once the main fire alarm control panel was placed back on line an additional test was conducted and AHU-S-2 did shut down accordingly. Additional training was conducted:(ILSM) Interim Life Safety Policy and the Fire Watch policy was reviewed with the facility staff. Additional visual inspections of the fire alarm panel will be performed weekly during our construction project for the next 3 months. Results of the additional inspections will be reported out in the monthly EC meeting. Goal is to be 100% compliance.</p>		