

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

PRINTED: 06/13/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345247	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2016
NAME OF PROVIDER OR SUPPLIER VALLEY NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 581 NC HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681	
(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. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: 1 Construction Type II (211) Constructed: *** Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 183 Census = 111	K 000		
K 029 SS=D	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, on Wednesday 8/30/2016 at approximately 10:30 AM onward, the following deficiencies were noted: The	K 029	K029 NFPA 101 Life Safety Code is met as evidenced by: 1) The Maintenance Director contacted building contractor on 09/01/16 and	9/16/16

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

TITLE

(X6) DATE

Electronically Signed

09/15/2016

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 hazardous area was non-compliant, specific findings include: 1. In the mechanical room on 200 hall the ceiling has wood covering a hole in the ceiling. The ceiling in the area is not properly repaired in order to maintain the required rating of the ceiling. This deficiency affected one 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	scheduled repair for the 200 Mechanical Room ceiling using approved materials to return it to required rated construction. Repairs to be completed 09/16/16. 2) The Maintenance Director checked all other ceilings in the facility to ensure the required rating was not compromised. No other issues identified. 3) The Maintenance Director will inspect all ceilings quarterly. Any area in need of repair, will be repaired using approved material to maintain required fire rating. 4) The results of the quarterly ceiling inspections listing any necessary repair will be reviewed and discussed in the following Quality Assurance Performance Improvement (QAPI) committee meeting. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance.		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on Wednesday 8/30/2016 at approximately 10:30 AM onward, the following deficiencies were noted: The sprinkler heads are non-compliant, specific findings include:	K 062	K062 NFPA 101 Life Safety Code is met as evidenced by: 1) The sprinkler maintenance company was contacted and new sprinkler heads were ordered to replace all identified to have paint on them. New sprinkler heads	9/23/16	

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K 062	Continued From page 2 There are four sprinkler heads in the lobby, one in the chapel and one in the cart storage room next to the nursing station have paint on the sprinkler head and are not maintained in good condition. This deficiency affected two of six smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	will be installed 09/23/16. 2) The Maintenance Director inspected all other sprinkler heads in the facility and ordered two additional heads for two others in need of replacement. 3) In addition to the routinely scheduled sprinkler head inspection, the Maintenance Director will inspect sprinkler heads immediately following all ceiling repairs or paint work. Any sprinkler head affected by such work will be cleaned or replaced as needed to ensure sprinkler heads are maintained in reliable operating condition. 4) Results of the inspections will be reviewed and discussed in the following Quality Assurance Performance Improvement committee meeting. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance.	
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 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:	K 076		9/6/16

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K 076	Continued From page 3 42 CFR 483.70 (a) Based on observations, on Wednesday 8/30/2016 at approximately 10:30 AM onward, the following deficiencies were noted: The oxygen storage was non-compliant, specific findings include: 1. In the respiratory director office an oxygen cylinders were not properly chained or supported in a proper cylinder stand or cart. [NFPA 99 4-3.5.2.1b(27)] This deficiency affected one 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	K076 NPFA Life Safety Code is met as evidenced by: 1) The empty oxygen cylinder in the Respiratory Director's office was removed and stored properly in the oxygen cylinder storage area on 8/30/16. 2) The Maintenance Director made rounds on 8/31/16 and checked all areas of the facility to ensure all other cylinders were properly secured. No observation of unsecured cylinders. In-service training was completed, on 09/06/16, for Respiratory Therapy staff and the Respiratory Director on proper storage and securement of all oxygen cylinders at all times. 3) The Respiratory Therapy Director will conduct monthly audits of oxygen cylinder storage to ensure cylinders are properly stored and secured. 4) The results of the monthly audits will be reviewed and discussed in the following Quality Assurance Performance Improvement committee meeting. The QAPI Committee will assess and modify the action plan as needed to ensure continued compliance.		