

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345522	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2016
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/FLETCHER			STREET ADDRESS, CITY, STATE, ZIP CODE 86 OLD AIRPORT ROAD FLETCHER, NC 28732	
(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 V(111) construction, one story, with a complete automatic sprinkler system and using special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the licensed bed capacity = 90 Total Certified Bed Count 90 Census 83 The deficiencies determined during the survey are as follows:	K 000		
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 483.70(a) 1. Based on observations, on August 18, 2016 at approximately 1:00 PM onward, the following deficiencies were noted: The emergency generator operational inspection and testing was non-compliant, specific findings include; documentation for monthly load test was conducted without recording percent of generator rated load under operating temperature or loading that maintains the minimum exhaust gas temperature recommended by manufacturer. A	K 144	Example #1 * this alleged deficient practice was cited for not having a documented Load Bank Test for the generator within the past year. Due to the timeframe, this is unable to be corrected for the past year; however, a load bank test has been scheduled for completion. This was scheduled by the Maintenance Director with CAT Carolina on 9-9-16 and will be completed before 10-2-16	10/2/16

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 144	<p>Continued From page 1</p> <p>load bank test had not been completed within the past year.</p> <p>NFPA 99 3-4.4.2 Record keeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(a) Under operating temperature conditions and at not less than 30 percent of the generator's nameplate KW rating</p> <p>(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.(load bank testing)</p> <p>2. Based on observations, on August 18, 2016 at approximately 1:00 PM onward, the following deficiencies were noted: The generator records were non-compliant, specific findings include, documentation for weekly electrolyte testing was not available for review. There was no documentation of generator battery specific gravity for each battery cell.</p> <p>Reference 1999 NFPA 110 6-3.6 Storage</p>	K 144	<p>* There were no other quarterly or annual generator inspections missing. Generator documentation was reviewed by the Maintenance Director for he past year on 9-8-16.</p> <p>* Measure put into place to prevent this same alleged deficient practice from recurring include: 1) A review of this citation and its importance with the Maintenance Direcotr...the administrator reviewed this with the Maintenance Director on 9-8-16. 2) A tickler file will be set up for quarterly and annual generator inspections (Preventative Maintenance) by the Maintenance Director so that inspections and load bank testing will nt be missed (by 9-10-16). 3) The tickler file will be reviewed at the start of each month by the Maintenance Director who will in turn provide a written notification to the administrator indicating what is needed nad schedule for the current month. This will begin 10-1-16. 4) Any issues identified with the generator during or in conjunction with the Load Bank test or quarterly inspections will be communicated to the administrator for correction.</p> <p>* The Maintenance Director will provide a summary statement to the QAPI team at the montly meeting starting in September of 2016 regarding this process and its effectiveness. The QAPI team will make or suggest changes as deemed necessary. This will be for a period of 3 months and longer if necessary.</p>	

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K 144	<p>Continued From page 2</p> <p>batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects.</p> <p>Reference 1999 NFPA 110 A-6-3.6, NFPA 70, National Electrical Code, Section 700-4(c)</p> <p>Maintenance of batteries should include checking and recording the value of the specific gravity.</p> <p>This deficiency potentially affected all smoke compartments and all residents.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p> <p>This deficiency affected all 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 144	<p>* Compliance date 10-2-16</p> <p>Exapmle #2</p> <p>* The alleged deficient practice was cited for frailure to provide weekly battery checks to include recording of the value of the specific gravity. Because this has to do with actionsin the past, it is not possible to correct this error for the past, however all the batteries were checked and documentattion completed by the Maintenance Director fo the generator batteries on 9-2-16 and all were found to be within the standard readings.</p> <p>* There were no issues identified with the battery cells texted by the Maintenance Director on 9-2-16.</p> <p>* Measures put into place to prevent this same allefed deficient practice rom recurring include: 1) The administrator has reviewed this with the Maintenance Director and stressed its importance on 9-2-16. 2) A checklist for testing and documenting the generator batteries has been added to the Weekly Checklist for the Preventative Maintenance program by the Maintenance Director and approved by the Administrator on 9-2-16 3) If a battery is found to be less than in full compliance per the manufacturer's specifications, the Maintenance Director will review this issue with the Administrator and make arrangements to replace he battery immediately effective 9-7-16</p>		

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

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K 144	Continued From page 3 This deficiency affected *** of *** smoke compartments *** of Resident rooms*** Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144	* A summary statement will be prepared by the Maintenance Director and presented to the QAPI team at the monthly QAPI meetig. This will be for a period of 3 months or longer as deemed necessary by the QAPI team. The QAPI team will make necessary changes or suggestions as necessary. This will start with the Sept QAPI meeting. * The compliance date is 10-2-16 Preparation and or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and or executed soley because it is required by provision of state and federal law.	