

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

PRINTED: 04/14/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345535	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2011
NAME OF PROVIDER OR SUPPLIER ADAMS FARM LIVING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MACKAY ROAD JAMESTOWN, NC 27282	
(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
F 000	INITIAL COMMENTS The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).	F 000		

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

TITLE

(X6) DATE

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.

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 78525	(X2) MULTIPLE CONSTRUCTION 5-BUILDING 01 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/19/2011
--	---	--	--

NAME OF PROVIDER OR SUPPLIER
ADAMS FARM LIVING & REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE
5100 MACKAY ROAD
JAMESTOWN, NC 27282

(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 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: a. Based on observation on 05/19/2011 the staff interviewed did not know about the master door release switch located at the nurses station. 42 CFR 483.70 (a)</p>	K 038	<p>Adams Farm Living and Rehabilitation acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provisions of the quality of care to residents.</p> <p>The below response to the Statement of Deficiency and plan of correction does not denote agreement by Adams Farm with the citation. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.</p> <p>ALLEGATION OF COMPLIANCE</p> <p>The plan of correction is submitted as written allegation of compliance.</p>	
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: A. Based on observation on 05/19/2011 there was only one (1) bulb out side the 500 hall exit. 42 CFR 483.70 (a)</p>	K 045	<p>K039</p> <p>Corrective actions</p> <p>*All Adams Farm staff will be educated on the locations and purpose of the master door release switch located at the nurses stations.</p> <p>Other potential impacts</p> <p>No other related issues were identified</p> <p>System changes</p> <p>*Education specific to the location and purpose of the master door release switch will be added to the new employee orientation checklist. *Education regarding the master door release will occur with each scheduled fire drill.</p>	0/13/2011
K 061 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p>	K 061	<p>Monitors</p> <p>*Staff Development coordinator will validate completion of Life Safety Checklist for all new hires. *All "Fire Drill Summary Reports will validate education on location and purpose of master door release switch.</p>	0/13/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 4/3/11

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.

PDC 10/13

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345535	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2011
--	--	---	--

NAME OF PROVIDER OR SUPPLIER ADAMS FARM LIVING & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MACKAY ROAD JAMESTOWN, NC 27282
--	--

(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 061	Continued From page 1	K 061	<p><u>K045</u> Corrective actions *The 500 Hall outside light fixture will be replaced with one with two light bulbs.</p> <p>Other potential impacts All single bulb fixtures at egress doors will be replaced with 2 bulb fixtures.</p>	8/1/2011
K 072 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: A. Based on observation there were BP machines on the 400 hall being charged in the egress corridors and other items were stored in the 100 hall. 42 CFR 483.70 (a)</p>	K 072	<p>System changes *All future egress fixtures needing replacement will continue to be replaced with two bulb fixtures as needed.</p> <p>Monitors All outside egress lights will be checked monthly during Maintenance Rounds by the Plant Operations Manager or designee.</p> <p><u>K051</u> Corrective actions Audible alarm for the tamper alarm on the accelerator valve tested by certified sprinkler system inspector. Inspector validated that audible alarm is working. Plant Operations Manager was educated on correct test procedure and demonstrated ability to correctly test. Test by Plant Operations Manager demonstrated audible alarm working.</p> <p>Other potential impacts No other potential issues were identified.</p> <p>System changes A test of the audible signal alarm for the tamper alarm on the accelerator valve will be conducted quarterly by a certified sprinkler system inspector.</p> <p>Monitors To ensure the audible signal for the tamper alarm on the accelerator valve is working properly, the Plant Operations Manager will test the audible alarm on the tamper alarm with the certified sprinkler system inspector quarterly.</p>	6/1/2011 5/20/2011 6/17/2011 6/2/2011 6/2/2011

PDC 2 of 3

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345535	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2011
--	--	---	--

NAME OF PROVIDER OR SUPPLIER ADAMS FARM LIVING & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MACKAY ROAD JAMESTOWN, NC 27282
--	--

(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 061	Continued From page 1 This STANDARD is not met as evidenced by: A. Based on observation on 05/19/2011 there was no audible signal for the tamper alarm on the accelerator valve. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: A. Based on observation there were BP machines on the 400 hall being charged in the egress corridors and other items were stored in the 100 hall. 42 CFR 483.70 (a)	K 061	<p><u>K072</u></p> <p>Corrective actions</p> <p>To assure maximum egress capacity at all times, all staff will be educated on the need to continuously keep all halls, means of egress, free of all obstructions or impediments.</p> <p>Other potential impacts</p> <p>The 200, 300 and 500 halls are also means of egress.</p> <p>System changes</p> <p>All BP equipment will be charged in non-egress areas. Carts and other staff work carts units will not be left in egress when not being used in ongoing manner for ongoing care of residents or facility.</p> <p>Monitors</p> <p>Daily Shift Supervisor rounds will monitor for obstruction of means of egress. Supervisor's will document non-compliance, educate and report non-compliance to Director of Nursing, Plant Operations Manager and Administrator.</p>	6/13/2011
K 072 SS=D		K 072		8/13/2011

Poc 3af3