

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

PRINTED: 06/22/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/06/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HUGH CHATHAM MEMORIAL NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 JOHNSON RIDGE RD ELKIN, NC 28621</b>
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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). Event ID# TPL511.	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

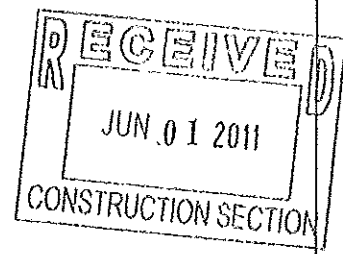
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.

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NAME OF PROVIDER OR SUPPLIER  HUGH CHATHAM MEMORIAL NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 700 JOHNSON RIDGE RD ELKIN, NC 28621	
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K 012 SS=F	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: Based on observation, on May 12, 2011 at approximately 11:00am onward, there are holes throughout the rated roof/ceiling assembly due to missing sprinkler drops in the following areas:  1. above nurses's station at intersection of 100, 200, and 300 corridors.  2. patient room 107  3. patient room 114	K 012	K 012  The facility is currently under construction with replacing the sprinkler main. The contractor has a completion date of 06/20/11 for this project.  1. Missing sprinkler drops at intersection of 100, 200 & 300 corridors, patient rooms 107 and 114 has been reinstalled.  2. Maintenance Director or designee will complete building inspection with a punch list following completion by contractor to ensure facility compliance.  3. Maintenance Director or designee will complete preventive maintenance inspection to ensure compliance quarterly. See attachment # 1  4. Preventive maintenance report will be presented to PI Committee and Safety Committee quarterly for review and recommendation.	Completion Date 06/20/11  05/12/11  06/20/11  06/21/11  06/21/11 & 06/22/11
K 029 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ 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	K 029		



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Russell B. Smith, Administrator* TITLE *May 27, 2011* (X8) 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.

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NAME OF PROVIDER OR SUPPLIER  HUGH CHATHAM MEMORIAL NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 700 JOHNSON RIDGE RD ELKIN, NC 28621
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K 029	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation, on May 12, 2011 at approximately 11:00am onward, there are holes in the ceilings of the following hazardous areas due to missing sprinkler drops:  1. soiled linen room on 100 hall  2. combination soiled linen and soiled utility room near nurse's station located at 100, 200, and 300 hall corridor intersection.	K 029	K 029  The facility is currently under construction with replacing the sprinkler main. The contractor has a completion date June 20, 2011 for this project.	Completion Date 06/20/11
K 056	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This STANDARD is not met as evidenced by: Based on observation, on May 12, 2011 at approximately 11:00am onward, the required sprinkler system was out of service due to replacement of sprinkler mains and branches	K 056	1. Missing sprinkler drops in soiled linen room on 100 hall, combination soiled linen and soiled utility room near nurses' station located 100, 200 & 300 hall corridor intersection has been reinstalled. 2. Maintenance Director or designee will complete building inspection with a punch list following completion by contractor to ensure facility compliance. 3. Maintenance Director or designee will complete preventive maintenance inspection to ensure compliance quarterly. See attachment # 1 4. Preventive maintenance report will be presented to PI Committee and Safety Committee quarterly for review and recommendation.	05/12/11  06/20/11  06/21/11  06/21/11 & 06/22/11

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K 056	Continued From page 2 inside the attic.	K 056	K 056 The facility is currently under construction with replacing the sprinkler main. The contractor has a completion date of June 20, 2011 for this project.	Completion Date 06/20/11
K 072 SS=F	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: Based on observation, on May 12, 2011 at approximately 11:00am onward, there are unattended patient lifts and linen carts in the corridor area between resident rooms 109, and 111. The impediments were not in immediate and continuous use.	K 072	1. Sprinkler main and branches will be replaced and in full operation per contractor once construction is complete. 2. Maintenance Director or designee will complete building inspection with a punch list following completion by contractor to ensure facility compliance. 3. Maintenance Director or designee will complete preventive maintenance inspection to ensure compliance quarterly. See attachment # 1 4. Preventive maintenance PM report will be presented to PI Committee and Safety Committee quarterly for review and recommendation.	06/20/11 06/20/11 06/20/11 06/21/11 & 06/22/11
K 076 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards 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. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076	K 072  The facility will keep all means of egress free of obstruction. 1. Staff Development Coordinator will inservice all staff regarding the need to keep all means of egress free from obstruction. Equipment, lifts, linen carts, other objects will be placed in designated areas when not in immediate or continuous use. 2. Nursing Supervisor or designee will make rounds all three shifts to ensure hallways are free of obstruction. S33 attachment # 4 3. Maintenance will add to Environment of Care rounding, record weekly and reported monthly. See attachment #2 <i>Con't on next page</i>	Completion Date 06/17/11 06/17/11 06/17/11 06/20/11

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K 076	Continued From page 3  This STANDARD is not met as evidenced by: Based on observation, on May 12, 2011 at approximately 11:00am onward, the oxygen cylinders located outside were not protected from extremes of weather - cylinders are exposed on all sides to direct sunlight and inclement weather. (located beside liquid oxygen tank)  42 CFR 483.70(a)	K 076	<p>K 072 con't.</p> <p>4. Environment of Care rounding report will be presented to PI and Safety Committee quarterly for review and recommendations. Director of Nursing / designee will report finding from means of egress/impediments rounding log to PI and Safety Committee monthly for review and actions taken.</p> <p>K 076 Oxygen Cylinders located outside will be protected from extremes of weather.</p> <p>1. Maintenance will construct walls around the outside canopy to ensure compliance. 06/17/11</p> <p>2. All safety issues will be resolved by constructing barrier to protect oxygen cylinders from the extremes of weather 06/17/11</p> <p>3. Maintenance will make Environment of Care round monthly to ensure oxygen cylinders are stored and protected properly. 06/17/11</p> <p>4. Environment of Care report presented to PI and Safety Committee monthly for review and recommendations. See attachment # 2 06/21/11 &amp; 06/22/11</p>	Completion Date 06/21/11 & 06/22/11  06/21/11 & 06/22/11