

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

PRINTED: 12/09/20  
FORM APPROVE  
OMB NO. 0938-038

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345342</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/02/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>BIG ELM RETIREMENT AND NURSING CENTERS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1285 WEST A STREET KANNAPOLIS, NC 28081</b>		
(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) COMPLETE 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.	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.

DHSR CONSTRUCTION

Fax: 919-733-6592

Dec 12, 2011 08:43am P004/004

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

DEC 19 2011

PRINTED: 11/21/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345342	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  11/21/2011
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NAME OF PROVIDER OR SUPPLIER  BIG ELM RETIREMENT AND NURSING CENTERS	STREET ADDRESS, CITY, STATE, ZIP CODE 1286 WEST A STREET KANNAPOLIS, NC 28081
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(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
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K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.8.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/21/2011 the facility has a required accelerator installed on its dry pipe sprinkler system. This accelerator has a valve that is essential to the sprinkler system. This valve is not currently electrically supervised to protect the system against it being accidentally turned off.</p> <p>CFR: 42 CFR 483.70 (a)</p>	K 062	<p>Preparation and/or execution of this correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>K062</p> <p>The facility ensures that automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.</p> <p>Corrective Action Call was placed to Carolina Fire Control On 11/21/2011 by the Maintenance Director to correct problem with the accelerator on the dry pipe sprinkler system.</p> <p>Proposal was presented and accepted by the facility. The work will be completed on 12/16/2011.</p> <p>Identification for Others Potentially Affected All residents in the facility have the potential to be affected by the alleged deficient practice.</p> <p>Systemic Changes There is no need for systemic changes as the accelerator was already in place and the electrical supervision is being added.</p>	12/16/2011
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ann Lewis</i>	TITLE <i>Administrator</i>	(X6) DATE 12/19/2011
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**Quality Assurance**  
The Maintenance Director will ensure that Carolina Fire Control conducts quarterly inspections of the sprinkler system. Carolina Fire Control will monitor the accelerator and tamper switch on their routine quarterly inspections and any identified problems will be corrected. The Maintenance Director will report the results of the quarterly inspections to the Quality Assurance committee quarterly to ensure continued compliance.