

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

PRINTED: 05/07/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/15/2012
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NAME OF PROVIDER OR SUPPLIER  JACOB'S CREEK NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1721 BALD HILL LOOP MADISON, NC 27025
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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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F 000	INITIAL COMMENTS  no deficiencies were cited as a result of the recertification and complaint survey . evt #C2MZ11.	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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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PRINTED: 04/16/2012  
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RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345050	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  04/12/2012
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NAME OF PROVIDER OR SUPPLIER  JACOB'S CREEK NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1721 BALD HILL LOOP MADISON, NC 27025
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K 012 SS=D	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: A. Based on observation on 04/12/2012 there were two (2) PVC conduits not properly protected penetrating the ceiling on the main office. 42 CFR 483.70 (a)	K 012	Jacob's Creek Healthcare and Rehabilitation acknowledges receipt of the Statement of Deficiencies and purposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Jacob's Creek's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor that any deficiency is accurate. Further, Jacob's Creek reserves the right to refute any of the Deficiencies through Informal Dispute Resolution, formal appeal procedures and/or any other administrative or legal proceeding.	5/25/12
K 029 SS=D	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  This STANDARD is not met as evidenced by: A. Based on observation on 04/12/2012 the door to the dry storage room in the kitchen did not have a closer on it. 42 CFR 483.70 (a)	K 029	K 012  The two PVC conduits were covered in fire retardant cuffs on 4/13/2012.  A building wide audit was completed to identify any other areas of non-compliance. No other issues were identified.  Walking rounds will be completed by maintenance staff monthly to identify any areas of non-compliance. Issues will be reported to administrator and corrected at the time of audit.	5/25/12
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily	K 038	The safety committee will continue to meet monthly reviewing the results of the walking rounds to identify any further issues related to building plant safety.	5/25/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Jenny Golley*  
TITLE  
*Administrator*  
(X6) DATE  
4/23/12

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  JACOB'S CREEK NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1721 BALD HILL LOOP MADISON, NC 27025	
(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)
K 038	Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1	K 038	K 029 A closer was placed on the door to the dry storage room in the kitchen on 4/13/2012.  A building wide audit was conducted checking all doors on 4/16/2012. No other issues were identified.
K 050 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 04/12/2012 the special locking ( magnetic lock ) did not have an on and off switch on the kitchen side of the door. 42 CFR 483.70 (a) <b>NFPA 101 LIFE SAFETY CODE STANDARD</b> Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2	K 050	Walking rounds will be completed by maintenance staff monthly to identify any areas of non-compliance. Issues will be reported to administrator and corrected at the time of audit.  The safety committee will continue to meet monthly reviewing the results of walking rounds to identify any further issues related to building plant safety.
K 062 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 04/12/2012 the staff interviewed did not know the fire drill procedure. 42 CFR 483.70 (a) <b>NFPA 101 LIFE SAFETY CODE STANDARD</b> 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	K 062	K038 The mag lock door was wired with a kill switch on 4/16/2012 by a licensed contractor/electrician.  An audit was completed – all other exit doors have a kill switch accessible.  Walking rounds will be completed by maintenance staff monthly to identify any areas of non-compliance. Issues will be reported to administrator and corrected at the time of audit.  The safety committee will continue to meet monthly reviewing the results of walking rounds to identify any further issues related to building plant safety.

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NAME OF PROVIDER OR SUPPLIER  JACOB'S CREEK NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1721 BALD HILL LOOP MADISON, NC 27025		
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K 062	Continued From page 2  This STANDARD is not met as evidenced by: A. Based on observation on 04/12/2012 the sprinkler heads in the over hang in the can wash area and the kitchen were covered with corrosion. Have contractor confirm that these are ok or do they need to be replaced. 42 CFF 483.70 (a)	K 062	K050  The known employees involved in the survey received one-on-one training at the time of the survey.  Fire drill procedure was inserviced with all staff on 4/26/2012 and again on 5/10/2012. All staff will be required to take part in the inservicing  Maintenance in conjunction with administrative staff will conduct a fire drill weekly for the next four weeks. At that time results will be reviewed and a determination made regarding how often fire drills are to be continued with a minimum of monthly on-going.  The fire drill results will be audited by the administrator as completed X90 days and on-going in conjunction with safety committee. Any issues of non-compliance will result in continual retraining or other intervention as deemed appropriate.  K 062  The sprinkler inspection to include replacing the corroded sprinkler heads in the can wash and kitchen area is scheduled for 5/1/2012.  A building wide audit will be completed at that time to identify any other sprinkler heads with corrosion problems. They will be replaced at that time.	5/25/12

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NAME OF PROVIDER OR SUPPLIER  JACOB'S CREEK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1721 BALD HILL LOOP MADISON, NC 27025	
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K 062 SS=D	<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, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: A. Based on observation 04/12/2012 the sprinkler head in the 500 hall mech. room was corroded have the contractor verifie these are ok</p> <p>42 CFR 483.70 (a)</p>	K 062	<p>The maintenance director will round a minimum of quarterly, looking at all sprinkler heads in facility. Any issues of corrosion will be reported to the sprinkler company for follow-up.</p> <p>Audit results and Sprinkler inspections will be included in Safety committee and will be discussed and reviewed at that time. The administrator will follow-up on any issues of non-compliance to ensure that sprinkler system is in good operating order and is being inspected and tested routinely.</p> <p>K 062</p> <p>The sprinkler inspection to include replacing the corroded sprinkler heads in the 500 hall mechanical room is scheduled for 5/1/2012.</p> <p>A building wide audit will be completed at that time to identify any other sprinkler heads with corrosion problems. They will be replaced at that time.</p> <p>The maintenance director will round a minimum of quarterly, looking at all sprinkler heads in facility. Any issues of corrosion will be reported to the sprinkler company for follow-up.</p> <p>Audit results and Sprinkler inspections will be included in Safety committee and will be discussed and reviewed at that time. The administrator will follow-up on any issues of non-compliance to ensure that sprinkler system is in good operating order and is being inspected and tested routinely.</p>	5/25/12

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

*Jonny Jolley*

TITLE

*Administrator*

(X6) DATE

*4/23/12*

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