

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

PRINTED: 07/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/26/2012
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262		
(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 No deficiencies were cited as a result of the complaint investigation Event ID#WSL911.	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

DECLARATION NO. 038-039
DATE SURVEY COMPLETED
JUN 04 2012
05/16/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345090	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 0303 - REPLACEMENT B. WING _____
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NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE	STREET ADDRESS, CITY, STATE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262
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K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By documentation review on 5/16/12 at approximately noon the following fire alarm devices and components were noted as non-compliant: specific findings include; A. Documentation read as: The sync module is bad. Sound test not good. B. Documentation read as: Batteries in FCPS on right is bad.	K 052	SEE ATTACHED	
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING	K 066		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Hand Staphis* TITLE: *Admin* (X6) DATE: *5/30/12*

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 1 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345090	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 0303 - REPLACEMENT BL B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2012
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	
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K 066	Continued From page 1 or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4	K 066		
K 076 SS=D	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 5/16/12 at approximately noon the following smoking regulations were observed as non-compliant: specific findings include; ashtrays of noncombustible material and safe design per paragraph 3 above were not provided. 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	K 076		

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NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	
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K 076	Continued From page 2 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 5/16/12 at approximately noon the oxygen storage was non-compliant, specific findings include; A. Full and empty oxygen cylinders were stored without signage in the first floor biohazard room. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. [NFPA 99 4-3.5.2.2b(2)] B. By observation, helium cylinders were not properly chained or supported in a proper cylinder stand or cart. [NFPA 99 4-3.5.2.1b(27)] This item was corrected on site.	K 076		
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and	K 143		

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K 143	Continued From page 3 (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 5/16/12 at approximately noon the following liquid oxygen regulations were observed as non-compliant: specific findings include; A. The room was not separated with 1-hour fire resistive construction. B. The room was not mechanically ventilated to the outside and the floor was not ceramic or concrete.	K 143		

2567 Life Safety

K 052: Fire Alarm and Batteries:

- Fire Company that tested the system on 05/14/2012 noted the sync nodule was in need of replacement. This replacement was approved by the Maintenance Director on 5/14/12. The part was then ordered by Madre Systems and the installation was completed on 5/21/12. The batteries were ordered on 5/8/12 and replaced on 5/31/12 by the same fire company.
- Weekly PM will be conducted to ensure that compliance is met and that fire alarm sync is functioning appropriately.
- Education with staff will be conducted by the Maintenance Director or designee
- Compliance will be discussed and monitored through the monthly QA for 3 months and quarterly thereafter.
- Compliance was met on 5/31/12

K 066: Improper ash tray was noted in smoking area.

- An ash tray of Non combustible material and of safe design was placed in the smoking area.
- Monitoring per shift to ensure that the ash tray is used appropriately and is in good repair
- Education with staff will be conducted by the Maintenance director or designee on condition and emptying of ash tray and to report to maintenance the need for replacement.
- Compliance will be discussed and monitored through the monthly QA for 3 months and quarterly thereafter.
- Compliance was met on 6/1/2012

K 076: Medical Gas

- Oxygen tanks are separated and stored in secured racks with proper labeling for full and empty.
- Monitoring of compliance for proper storage will be conducted daily by Maintenance Director or designee.
- Education to the staff will be completed to address proper storage of medical gas.
- Compliance will be discussed in monthly QA for 3 months and quarterly thereafter.
- Compliance was met on 6/1/2012

K 143: storage of liquid oxygen.

- The tile was removed (that exposes the concrete flooring) that will allow the liquid oxygen bases to rest on. A contractor has evaluated the project of venting the current oxygen room. This facility is waiting for that response as to the cost and will proceed when the cost has been determined.
- Maintenance director or designee will educate staff on the proper storage of liquid oxygen and maintaining surrounding area
- Monitoring will be conducted daily by maintenance director or designee to compliance of storage of liquid oxygen.
- Compliance will be discussed monthly in QA for 3 months and quarterly thereafter until compliance has been met.
- Compliance will be met 6/30/2012