

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

PRINTED: 11/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/14/2012
NAME OF PROVIDER OR SUPPLIER NORTHERN SURRY SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 830 ROCKFORD STREET MOUNT AIRY, NC 27030		
(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 164	Continued From page 2 An Interview with the DON on 11/14/12 at 5:10 PM stated it was her expectation that the MAR should be closed when it is not being used or when the nurse is in a room giving medications or caring for a resident.	F 164			

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NAME OF PROVIDER OR SUPPLIER NORTHERN SURRY SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 830 ROCKFORD STREET MOUNT AIRY, NC 27030	
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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type I fire resistant structure, three story, with a complete automatic sprinkler system.	K 000		
K 029 SS=D	The deficiencies determined during the survey are as follows: 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: Based on observation on Tuesday 12/4/12 at approximately 9:30 AM onward the following was noted: 1) The electrical room located near the elevators did not have sprinkler coverage or constructed to comply with to meet the one hour fire resistance construction requirements with a 45 minute self closing door.	K 029	Plan of Correction for K029 A 45 minute rated door will be installed to replace the 20 minute rated door located at the electrical room near the elevator. A door closer will be installed on the 45 minute rated door located at the electrical room near the elevators. All fire doors on electrical rooms were assessed by manager of maintenance for 45 minute rating or sprinkler coverage. All fire doors have been added to the preventative maintenance program list. All fire doors will be assessed annually by maintenance staff.	1/17/13 1/17/13 12/4/12 Ongoing Ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Director CFO* (X6) DATE: 12/19/2012

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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K 029	Continued From page 1	K 029		
K 038 SS=E	42 CFR 483.70(a) NFFA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation on Tuesday 12/4/12 at approximately 9:30 AM onward the following was noted: 1) The exit access were observed as noncompliant: specific findings include exit access was not a solid path (easily maintained in inclement weather) to a public way (exit from stairwell #5 exit stairs)	K 038	Plan of Correction for K038 Installation of concrete sidewalk and retaining wall leading from stairwell #5 exit stairs to the public parking area. All exit pathways monitored daily by security staff to assure means of egress.	1/17/13 Ongoing
K 067 SS=D	42 CFR 483.70(a) NFFA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9:2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9:2, NFFA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation on Tuesday 12/4/12 at approximately 9:30 AM onward the following was noted:	K 067	Plan of Correction for K067 Access door installed in room 352 to provide access to the smoke duct detector in the exhaust system. Access to all smoke detectors on and surrounding the unit has been assessed by the maintenance manager.	12/18/12 12/18/12

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K 067	Continued From page 2 1) An access door was not provided for the smoke duct detector located in the HVAC unit above the ceiling patient room 352 in order to allow for inspection and service.	K 067			
K 072 SS=E	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 Tuesday 12/4/12 at approximately 9:30 AM onward the following was noted: 1) The wall charting table located next to patient room 324 did not retract and when left down would block the corridor greater than 7.5 inches. 2) The janitor closet located on the corridor opened into the corridor less than 180 degrees as there were handrails installed. With this condition the doors must have a device installed to bring the door back to the closed and latched position after being opened. CFR#: 42 CFR 483.70 (a)	K 072	Plan of Correction for K072 Replaced the closer on the wall charting table located at room 324. Wall charting tables are included on a semi-annual preventative maintenance program. Nursing staff educated to inform maintenance of any delayed or faulty closers of wall charting tables. Installed door closer on janitor closet door located on the corridor. Maintenance manager assessed all unit doors for proper closure in means of egress hallways.	12/18/12 Ongoing Ongoing 12/18/12 12/18/12	