

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

PRINTED: 01/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345530	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/20/2012
NAME OF PROVIDER OR SUPPLIER PENN NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 618-A S MAIN STREET REIDSVILLE, NC 27320		
(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 The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).	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.

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K 000	INITIAL COMMENTS	K 000		
	This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the New Health Care section of the LSC and its referenced publications. This building is Type III construction, one story, with a complete automatic sprinkler system.			
K 076 SS=D	The deficiencies determined during the survey are as follows: 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, 18.3.2.4	K 076		
	This STANDARD is not met as evidenced by: CFR#: 42 CFR483.70 (a) By observation on 1/17/13 at approximately noon three out of nine oxygen cylinders were not properly chained or supported in a proper cylinder stand or cart. [NFPA 99 4-3.5.2.1b(27)] (south nurses station oxygen storage)	K 076	1) The 3 oxygen cylinders were immediately placed in the empty oxygen cart. 2) Both South and North units oxygen storage rooms will be checked every shift by the nurses and document findings. If there are oxygen cylinders unsupported or unchained, the	01/17/2013 02/01/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE <i>Annette McKeliff</i>	TITLE <i>Administrator</i>	(X6) DATE <i>2/1/13</i>
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K 076		K 076	Cont. the nurse will place the oxygen cylinders into the cart immediately. The supervisor will check the oxygen storage room daily to ensure compliance and proceed with appropriate corrective action. 3) System Changes: All nursing staff will be educated on the policy and procedure for storing oxygen cylinders in the storage room. 4) DON will randomly check the oxygen storage room and audit sheet twice a week to ensure compliance. Manager will report audit results quarterly in the QA meeting.	02/01/2013 02/03/2013 02/13/13 and ongoing
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