

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

PRINTED: 03/04/2013  
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 _____  B. WING _____	(X3) DATE SURVEY COMPLETED  12/13/2012
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NAME OF PROVIDER OR SUPPLIER  BIG ELM RETIREMENT AND NURSING CENTERS	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 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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F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR, part 483, Subpart B for Long Term Care Facilities. (General Health survey).</p>	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.

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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 _____ FEB 01 2013 04/15/2013	(X3) DATE SURVEY COMPLETED
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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K 000	INITIAL COMMENTS  This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type V construction utilizing North Carolina Special locking arrangements, and is equipped with an automatic sprinkler system.  CFR#: 42 CFR 483.70 (a)	K 000	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.	
K 076 SS=E	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, 19.3.2.4  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 1/21/2013 the following Life Safety item was observed as noncompliant, specific findings include: The oxygen storage location behind the nurses station in the medication room had a mixture of full and empty cylinders.  CFR#: 42 CFR 483.70 (a)	K 076	The facility ensures that medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  <b>Corrective Action</b> Maintenance Director removed the oxygen storage rack from the clean utility room inside the facility on 1-18-2013. A new oxygen storage shed was purchased and placed on the patio for storage of full oxygen tanks. There was already a separate storage unit for empty oxygen tanks in the same location.  The Director of Nursing verbally in-serviced nursing staff on 1-18-2013 regarding the change in procedure for oxygen storage. She re-in-serviced and documented the training with nursing staff on 1-30-2013.  <b>Identification for Others Potentially Affected</b> All residents in the facility have the potential to be affected by the alleged deficient practice.	3/1/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Ann C. Ennls* TITLE: *Administrator* (X6) DATE: *2/1/2013*

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NAME OF PROVIDER OR SUPPLIER  BIG ELM RETIREMENT AND NURSING CENTERS			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 WEST A STREET KANNAPOLIS, NC 28081		
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			<p><b>Systemic Changes</b> The facility has changed its procedure for storing oxygen E-cylinders. There will no longer be a storage location in the clean utility room inside the facility. All E-cylinders will be stored in 2 separate and designated (FULL) and (EMPTY) storage buildings located on the facility patio.</p> <p><b>Quality Assurance</b> The Maintenance Director/Designee will check the storage buildings daily Monday through Friday as part of his preventative maintenance routine and ensure that no empty and full oxygen cylinders are stored together. He will document his findings on a data collection form. Should he find any co-mingling of the oxygen cylinders, he will report immediately to the Director of Nursing/Designee who will inservice/counsel staff as required to ensure continued compliance. The Maintenance Director and Director of Nursing will report their results and actions monthly to the Quality Assurance committee for continued compliance and appropriate action.</p>		