

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

PRINTED: 03/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2013
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NAME OF PROVIDER OR SUPPLIER THE ROSEWOOD HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615
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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 Event ID STBY11.</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.

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

PRINTED: 04/08/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345546	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - THE CYPRESS OF RALEIGH B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2013
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NAME OF PROVIDER OR SUPPLIER THE ROSEWOOD HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615
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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 2000 New Health Care section of the LSC and its referenced publications. This building is Type II(111) construction, fire retardant treated wood trusses,two story, with a complete automatic sprinkler system.	K 000	K-047 New signage was installed on April 8, 2013 to clearly identify the exit area indentified during the Life Safety Code survey.	4/20/2013
K 047 SS=D	There were deficiencies noted during survey: NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system in accordance with section 7.10. 18.2.10.1.	K 047	Monthly maintenance will conduct documented life safety inspection rounds. Any non-compliant issues will be corrected immediately and reported to the Director of Facility Services or their designee. Monthly for 3 months, then semi-annually the Director of facility Services will audit the inspection binder and report any non complaint issues to the Administrator. Quarterly times two (2) the Administrator will review the audit findings with the QA/PI (Quality Assessment and Process Improvement committee).	
K 061 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 04/05/2013 the exit at the bottom of the stair well was not clearly identified 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: A. Based on observation on 04/05/2013 the valve controlling the pressure operated flow switch on the dry sprinkler system was not electrically supervised.	K 061	The facility attests that all corrective actions will be fully implemented by April 20, 2013. K061 Electronic monitoring device was installed and tested on April 9, 2013 to the existing control valve that isolates the pressure flow switch on the dry pipe sprinkler protection system located in the main riser room.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Associate Executive Director/Administrator (X6) DATE 4/18/13

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NAME OF PROVIDER OR SUPPLIER THE ROSEWOOD HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8710 CYPRESS CLUB DRIVE RALEIGH, NC 27615		
(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	
K 061	Continued From page 1 42 CFR 483.70 (a)	K 061	<p>All maintenance staff were in-serviced on the location and function of this monitoring device and how it notifies/alarms on the fire alarm panel when the valve is operated.</p> <p>Monthly maintenance will conduct documented life safety inspection rounds. Any non-compliant issues will be corrected immediately and reported to the Director of Facility Services or their designee.</p> <p>Annually the electronic monitoring/supervision switch will be tested for proper functioning.</p> <p>Monthly for three (3) months, then semi-annually the Director of facility services will audit the inspection binder and report any non complaint issues to the Administrator.</p> <p>Quarterly times two (2) the Administrator will review the audit findings with the QA/PI (Quality Assessment and Process Improvement Committee).</p> <p>The facility attests that all corrective actions will be fully implemented by April 20, 2013.</p>	4/20/2013	