

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

PRINTED: 04/29/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345531	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/21/2013
NAME OF PROVIDER OR SUPPLIER NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDNG #10, PO BOX 599 SALISBURY, NC 28145		
(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 survey of 3/21/13. Event ID# 9YH911.	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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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/03/2013
FORM APPROVED
OMB NO. 0939-0391
MAY 1 2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344631	(X2) MULTIPLE CONSTRUCTION A. BUILDING OR NORTH CAROLINA STATE VETERANS HSB A. WING	(X3) DATE SURVEY COMPLETED 04/10/2013
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NAME OF PROVIDER OR SUPPLIER NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDG #10, PO BOX 590 SALISBURY, NC, 28145
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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)	OSI CORRECTION DATE
K-000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per Title Code of Federal Register at 42 CFR 483.70(a), using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type II (222) construction, two stories, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K-000		
K-018 58-D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.0.6 are permitted. Roller latches are prohibited 18.3.6.3	K-018	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. North Carolina State Veterans Home of Salisbury will ensure that all doors close and latch properly. Upon discovery the two doors mentioned were immediately adjusted to close and latch properly by the maintenance department.	4/19/13
K-147 58-D	This STANDARD is not met as evidenced by: Based on observation, on April 10, 2013 at approximately 10:35am onward, doors in the following rooms are noncompliant due to the following: 1. resident room 2B-123 did not latch. 2. room 2B-105 drags on the floor 42 CFR 483.70 NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2	K-147	All the doors in the facility had been checked for proper latching on 4/22/13. All doors will be checked monthly indefinitely. A door checklist will be generated that lists all the doors in the facility, so it can be verified that every door has been checked. The Maintenance Director will be responsible to generate a door checklist and to maintain the documentation of the FM inspections.	4/22/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Admin. Director DATE: 5-13-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided 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 required to continue program participation.

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

PRINTED: 06/03/2013
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 348591	(C2) MULTIPLE CONSTRUCTION A. BUILDING () - NORTH CAROLINA STATE VETERANS NSG B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2013
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NAME OF PROVIDER OR SUPPLIER NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDG #10, PO BOX 599 SALISBURY, NC 27145
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OSI 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)	OSI COMPLETION DATE
K 147	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation on April 19, 2013 at approximately 10:35am onward, the emergency power system required greater than ten seconds to restore power to the Life Safety Branch transfer switch during loss of normal power. Approximately seventeen seconds expired prior to restoration of power. 42 CFR 483.70	K 147	North Carolina State Veterans Home of Salisbury will ensure that all emergency electrical power will be restored within 10 seconds upon loss of normal power. The facility has had the affected automatic transfer switch recalibrated to transfer to emergency generator power within 10 seconds of losing power. The Maintenance Director had the remaining 6 automatic transfer switches tested for transfer to emergency power within 10 seconds of losing normal power. The remaining ATS's had transferred power within 10 seconds or has been recalibrated to do so. During the facilities weekly testing of the generator there will now be a line item indicating which transfer switch is tested. This new line item will be added to the weekly generator test indefinitely. It will be the facilities policy to alternate transfer switches to be tested so that each transfer switch will be tested an equal amount for transfer power within 10 seconds. The Maintenance Director will be responsible to ensure that all transfer switches transfers to emergency generator power within 10 seconds and to have the new line item indicating which transfer switch is being tested each week added to the existing weekly emergency generator report.	4/22/13 4/22/13

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 348691	(X2) MULTIPLE CONSTRUCTION A. BUILDING #1 - NORTH CAROLINA STATE VETERANS HSG B. WING	(X3) DATE SURVEY COMPLETED 04/10/2013
NAME OF PROVIDER OR SUPPLIER NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDG #10, PO BOX 599 SALISBURY, NC 28145	
(04) 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)	(06) COMPLETION DATE
K 147	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation on April 19, 2013 at approximately 10:36am onward, the emergency power system required greater than ten seconds to restore power to the Fire Safety Branch transfer switch during loss of normal power. Approximately seven/ten seconds expired prior to restoration of power. 42 CFR 483.70	K 147	North Carolina State Veterans Home of Salisbury will ensure that all emergency electrical power will be restored within 10 seconds upon loss of normal power. The facility has had the affected automatic transfer switch recalibrated to transfer to emergency generator power within 10 seconds of losing power. The Maintenance Director had the remaining 6 automatic transfer switches tested for transfer to emergency power within 10 seconds of losing normal power. The remaining ATS's had transferred power within 10 seconds or has been recalibrated to do so. During the facilities weekly testing of the generator there will now be a line item indicating which transfer switch is tested. This new line item will be added to the weekly generator test indefinitely. It will be the facilities policy to alternate transfer switches to be tested so that each transfer switch will be tested an equal amount for transfer power within 10 seconds. The Maintenance Director will be responsible to ensure that all transfer switches transfers to emergency generator power within 10 seconds and to have the new line item indicating which transfer switch is being tested each week added to the existing weekly emergency generator report.	4/22/13