

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

PRINTED: 10/01/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345552</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/26/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE SHANNON GRAY REHABILITATION &amp; RECOVERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2005 SHANNON GRAY COURT JAMESTOWN, NC 27282</b>		
(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 recertification survey on 9/26/13. Event ID# HE8011.	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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  348552	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - THE SHANNON GRAY REHABILITATION & RECOVERY B. WING _____	(X3) DATE SURVEY COMPLETED  10/24/2013
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NAME OF PROVIDER OR SUPPLIER  THE SHANNON GRAY REHABILITATION & RECOVERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2005 SHANNON GRAY COURT JAMESTOWN, NC 27282
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K 000	INITIAL COMMENTS	K 000		
K 076 SS=D	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  This STANDARD is not met as evidenced by: Based on observation on 10/24/13 at approximately 8:00 AM onward the following deficiencies were noted: 1) In the oxygen storage room in (Heartland) wing full and empty oxygen cylinders were stored together. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. [NFPA 99 4-3.5.2.2b(2)]	K 076	A. Maintenance Director identified the problem being lack of storage for empty/used oxygen canisters and staff placing canisters in the wrong rack. We have two oxygen storage areas that have distinct storage for empty and full oxygen canisters. Adequate storage has been accomplished by purchasing two new storage racks which were delivered on 10/24/13. Signs have been laminated and posted on the storage racks specifying the empty and full canisters. In-servicing will be completed with nursing, maintenance, housekeeping and administrative staff regarding facility process for storage of oxygen tanks. In-servicing will be completed by Wednesday, November 13 and will be provided semi-annually as well.	11/21/13
K 144 SS=D	42 CFR 483.70 NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dawn B Coetz TITLE: Administrative (X6) DATE: 11-8-13

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NAME OF PROVIDER OR SUPPLIER  THE SHANNON GRAY REHABILITATION & RECOVERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2005 SHANNON GRAY COURT JAMESTOWN, NC 27282	
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K 144	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation on 10/24/13 at approximately 8:00 AM onward the following deficiencies were noted: 1) When testing the emergency generator the time to transfer from normal power to connected emergency power exceeded the 10 seconds. Time to transfer for normal to emergency connected load to greater than 11.5 seconds.  42 CFR 483.70	K 144	Maintenance Director or designee will monitor to ensure compliance by checking oxygen storage areas daily x 4 weeks, weekly x 3 months and then random quarterly audits by administrative or maintenance employees. Results will be reported to the quarterly QA committee by the Maintenance Director.  The maintenance director will utilize the "2013 Oxygen Storage QA Tool" that has been developed to log all findings and corrective actions if necessary.  B. To correct this problem, the "delay time" has been reduced to ensure time to transfer from normal power to connected emergency power is within ten seconds.	11/21/13

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