

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

PRINTED: 11/21/2013
FORM APPROVED
OMB NO. 0938-0391

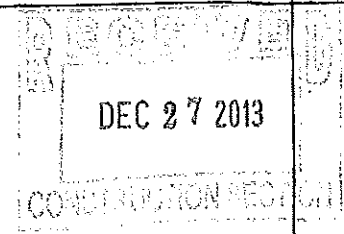
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2013
NAME OF PROVIDER OR SUPPLIER EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVE BURLINGTON, NC 27215		
(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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345091	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2013
NAME OF PROVIDER OR SUPPLIER EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVE BURLINGTON, NC 27215	
(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 000	INITIAL COMMENTS Surveyor: 26594 This Life safety Code(LSC) survey was conducted as per The Federal Register, using the Existing Health Care section of the LSC and its referenced publications. This building is type II (211) construction , two story with a complete automatic sprinkler system.	K 000	 No residents were affected by this finding. The med carts and food transport cart were removed immediately during the Life Safety Inspection. All nursing staff was reminded by the Director of Nursing to remove all med carts, food carts, and equipment from the hallways when not in use. Nursing staff signed that they received this reminder and were going to comply with this standard.	12/20
K 072 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Surveyor: 26594 Based on observation on 12/12/13 at approximately 9:00 AM onward the following deficiencies were noted. 1) On 2nd floor med carts and a food transport container were found stored on the corridor. On third floor med carts were found stored on the corridor and not in use.	K 072		
K 076 SS=D	42 CFR 482.41(a) 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	K 076		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature]

ADMINISTRATOR

12/26/13

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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NAME OF PROVIDER OR SUPPLIER EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVE BURLINGTON, NC 27215	
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K 076	Continued From page 1 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: Surveyor: 26594 Based on observation on 12/12/13 at approximately 9:00 AM onward the following deficiencies were noted. 1) The oxygen storage was non-compliant, specific findings include; 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)] (oxygen storage Azalea wing room 12007A)	K 076	No residents were affected by this finding. The empty storage containers were removed immediately and placed in the appropriate rack during the Life Safety Inspection. The Rehab Coordinator has been assigned to check Oxygen storage areas each morning. Security staff was educated on Oxygen storage and will be checking all storage areas during the evening and night shifts Monday through Friday. Security will check storage on the day, evening, and night shift on the weekends. Security will keep a log of all checks to monitor for compliance. Logs to be available for next inspection.	12/20
K 147 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Surveyor: 26594 Based on observation on 12/12/13 at approximately 9:00 AM onward the following	K 147	No residents were affected by this finding. During Life Safety Inspection, receptacle was found to be wired backwards and did not trip when tested. Maintenance replaced this GFCI receptacle on 12/18/13 and it now trips when tested.	12/13

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K 147	Continued From page 2 deficiencies were noted. 1) A GFCI receptical located located in room 13018B on third floor did not trip when tested. 42 CFR 482.41(a)	K 147		