

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

PRINTED: 05/23/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/24/2011
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NAME OF PROVIDER OR SUPPLIER  WESTCHESTER MANOR AT PROVIDENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262
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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
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		

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

RECEIVED  
DATE: 04/19/2011  
FORM APPROVED  
OMB NO. 0938-0391  
MAY 19 2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345090	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 0303 - REPLACEMENT BL B. WING _____	(X3) DATE SURVEY COMPLETED  MAY 19 2011
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NAME OF PROVIDER OR SUPPLIER  WESTCHESTER MANOR AT PROVIDENCE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27282
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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)	(X6) COMPLETION DATE
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: Surveyor: 10904 A. Based on observation on 04/12/2011 the staff interviewed did not know about the Master Switch to release the magnetic door locks. B. Based on observation on 04/12/2011 the release switch at the gate was six (6) feet above ground and the release switch at the doors were (5) five feet off the floor. Switches must be between 34 and 48 inches above finished floor. 42 CFR 483.70 (a)	K 038	1. All Staff will be in-serviced on the Master Lock switch to release the magnetic door locks.  2. The Maintenance Department (or designee) will audit monthly for 3 consecutive months, then quarterly by randomly selecting 10 employees (from different shifts and departments). These employees will properly demonstrate verbally and manually the correct procedure of releasing the magnetic door locks (using the Master Lock switch). The audit tool will be reviewed in QA meeting.  3. All newly hired staff will be trained (by the Maintenance Dept or designee) on the Master Lock Switch in new hire orientation.  The Maintenance Department (or designee) will in-service quarterly on the Master Lock Switch procedure (to release the magnetic door locks).	May 26, 2011
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4,	K 051	The Administrator will be responsible for compliance	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrator* (X6) DATE: *5/16/11*

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:  345090	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 0303 - REPLACEMENT BL B. WING _____		(X3) DATE SURVEY COMPLETED  04/12/2011
NAME OF PROVIDER OR SUPPLIER  WESTCHESTER MANOR AT PROVIDENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262		
(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 051 SS=F	42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4,	K 051	1. All magnetic release switches in the facility (including the gated fence on the perimeter of the 300 hall) will be lowered to 48 inches in height. 2. No further magnetic release switches will be mounted above 48 inches in height in the facility. The Maintenance Director and/or Administrator will oversee this process to ensure compliance. 3. No further magnetic release switches will be mounted above 48 inches in height in the facility. The Maintenance Director and/or Administrator will oversee this process to ensure compliance. 4. The Maintenance Director (or designee) will randomly measure the heights of the magnetic release switches throughout the facility to ensure that they are in compliance (48 inches in height) during monthly fire drills. The audit tool will be brought to monthly QA meeting for review.	May 26, 2011	

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NAME OF PROVIDER OR SUPPLIER  WESTCHESTER MANOR AT PROVIDENCE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	
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K 051	Continued 9.6  This STANDARD is not met as evidenced by: Surveyor: 10904 A. Based on observation on 04/12/2011 the fire alarm panel when tested could not restore AC Power nor could the battery nor the lost of communications be tested. 42 CFR 483.70 (a)	K 051	1.Modern Electric was called immediately upon discovery to review the system for malfunction. A loose connection to the AC component. Modern Electric serviced the system that day and brought back into compliance during the Life Safety review.  2.The maintenance department will test the fire alarm panel monthly (for 3 months) for any malfunction. The fire alarm company will also continue to perform their routine maintenance checks (quarterly) on the fire alarm panel. Fire Alarm Company will give written report on their findings, to include any corrections.  3. The maintenance department (or designee) will notify the fire alarm company immediately when the system is not properly functioning or is not in compliance. The fire alarm company will then come to facility to service alarm system, to bring it back to compliance. The fire alarm company will continue to perform their routine maintenance checks (quarterly) on the fire alarm system. Fire Alarm Company will give written report on their findings, to include any corrections.  4. The Maintenance Director (or designee) will test the fire alarm system monthly times 3 months, then quarterly (during the monthly fire drill) to assure that the system is properly functioning and is in compliance. The maintenance director (or designee) will place findings on audit tool and bring to monthly QA meeting for review.  The Administrator will be responsible for the compliance	May 26, 2011