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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345199	A. BUILDING ______ B. WING ______	09/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROL WOODS	750 WEAVER DAIRY RD CHAPEL HILL, NC 27514

(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.

OCT 14 2011

PRINTED: 09/30/2011
FORM APPROVED
OMB NO. 0938-0391

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	345199	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	09/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROL WOODS	750 WEAVER DAIRY RD CHAPEL HILL, NC 27514

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K 038 SS=D	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: Based on observation on September 30, 2011 between 9:45 AM and 1:30 PM the following was noted. 1) A staff member when questioned about how to release all the mag lock doors on third was not familiar with the master override switch at the nurse station. 42 CFR 483.70(a)	K 038	K038 1. Corrective action - All Health Center staff will be trained on the operation of the magnetic door locking system and the functionality of the master override control switches. 2. Identify other issues – A sample of Health Center staff will be questioned on the spot on a scheduled basis to determine their knowledge of emergency preparedness plans. 3. Systemic changes – New Employee Orientation and annual retraining of staff will be re-evaluated to insure that staff are receiving adequate training. 4. Ongoing monitoring – A sample of Health Center staff will be questioned on the spot on a scheduled basis to determine their knowledge of emergency preparedness plans.	11/14/11
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation on September 30, 2011 between 9:45 AM and 1:30 PM the following was noted. 1) Two staff when questioned were not familiar	K 050	K050 1. Corrective action - Staff will be trained on proper fire safety procedures including; RACE and how to properly respond to fire/smoke situations within the facility. 2. Identify other issues – A sampling of staff will be questioned on the spot on a scheduled basis to determine their knowledge of emergency preparedness plans. 3. Systemic changes – New Employee Orientation and annual retraining will be re-evaluated to insure that staff are receiving adequate training.	11/14/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	NHA	10-14-11

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K 050	Continued From page 1 with the steps (procedures) in the event they came upon a fire/smoke situation in the facility. 42 CFR 483.70(a)	K 050	4. Ongoing monitoring – A sampling of staff will be questioned on the spot on a scheduled basis to determine their knowledge of emergency preparedness plans.	
K 056 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation on September 30, 2011 between 9:45 AM and 1:30 PM the following was noted. 1) The sprinkler head in the following areas had paint on the glass bulbs and were not clean and maintained: - Lobby area by front door , (1st floor) - Resident room 4312 bathroom (3rd floor), Resident room 4322 bathroom (3rd floor) and other areas on third floor. 42 CFR 483.70(a)	K 056	K056 1. Corrective action - We are working with our sprinkler contractor to replace all identified painted sprinkler heads. 2. Identify other issues – We will complete a full inspection of the building identifying all other painted sprinkler heads and replace them. 3. Systemic changes – Procedures are now in place to insure inspection following painting operations to insure that sprinkler heads in the affected areas have not been painted. 4. Ongoing Monitoring – Annual system testing & inspections by our contractor will include a room by room review of all sprinkler heads. Also the Safety Committee will be trained to look for this issue during facility safety inspection. Also the renovation coordinator will be trained to look for this issue during post completion inspections. Also painting workers will be trained on how to protect sprinkler heads prior to painting operations.	11/14/11