

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

PRINTED: 06/15/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/07/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 1505 BRINGLE FERRY ROAD SALISBURY, NC 28146
--	---

(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 was found to be in compliance with the Medicare/Medicaid Long Term Care Regulations 42 CFR Part 483, Sub part B during a recertification and compaint investigation 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345269	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/06/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 1605 BRINGLE FERRY ROAD SALISBURY, NC 28146
--	---

(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 000	INITIAL COMMENTS  Surveyor: 02249 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type II(222) construction, one story, with a complete automatic sprinkler system for the existing main building; and Type III(211) construction, one story, with a complete automatic sprinkler system for the new addition.	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1  This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on July 6, 2012 at approximately 12:30pm onward, there is a hole in the rated roof/ceiling assembly in the front entrance vestibule.	K 012	K012 This hole at the sprinkler head was sealed with fire stop. All other sprinkler heads and smoke detectors were checked for permeations and there were none. Checking all sprinkler heads and smoke detectors to ensure they are tight against the ceiling will be added to the facility preventative maintenance program and checked monthly. Reports of inspections and monitoring will be reported to the Executive QA committee.	8/20/12
K 018 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/4 inch solid-bonded core	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 7/12/12

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.

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

PRINTED: 07/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345269	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/06/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 1505 BRINGLE FERRY ROAD SALISBURY, NC 28146
--	---

(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 018	<p>Continued From page 1</p> <p>wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on July 6, 2012 at approximately 12:30pm onward, the positive latching hardware is covered with duct tape and will not function properly - the door is located between the laundry room hallway and the main corridor.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 018	<p>K 018</p> <p>A new replacement door between the laundry room hallway and the main corridor on 400 hall has been ordered. New latching hardware will be used for its operation. All doors in the facility have been inspected to insure that they have the appropriate latching hardware and latch properly. Checking all doors so that they latch securely is part of the facility PM program and are checked at least monthly. Reports of inspections and monitoring will be reported to the Executive QA Committee.</p> <p>K 038</p> <p>The latching hardware located at the top of the right exit access door (as leaving the kitchen) will be removed. In its place will be installed new latching hardware that meets code.</p> <p>K 038</p> <p>All other exit door latching hardware have been inspected and are working correctly and meet code. Any latching hardware needing replacement in the future will be installed and will meet appropriate building codes. Maintenance staff will insure proper latching hardware is functional and report any issues to the QA Committee for proper monitoring and direction.</p>	8/20/12
-------	---	-------	--	---------

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

PRINTED: 07/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345269	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  07/06/2012
NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 1605 BRINGLE FERRY ROAD SALISBURY, NC 28146		
(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	Continued From page 2  This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on July 6, 2012 at approximately 12:30pm onward, the latching hardware for the exit access door from the kitchen is located greater than forty-eight inches above the finished floor - the door is located between the kitchen and dining room.  42 CFR 483.70(a)	K 038			
K 051 SS=D	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, 9.6	K 051	K 051  The main fire alarm control panel has been serviced and repaired. The trouble signal now alarms audibly after pressing the reset switch when the loss of secondary phone line connection and disconnection of utility power occurs. Maintenance staff will conduct this procedure when testing the fire alarm system on a weekly basis for four weeks then once per month for three months. Reports of inspections and monitoring will be reported to the Executive QA Committee.	8/20/12	

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

PRINTED: 07/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345269	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  07/06/2012
NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 1505 BRINGLE FERRY ROAD SALISBURY, NC 28146		
(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 051	Continued From page 3  This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on July 6, 2012 at approximately 12:30pm onward, after acknowledging and silencing the audible trouble signal for loss of secondary phone line connection and disconnection of utility power, pressing the reset switch for the main fire alarm control panel would not restore the audible trouble signal for the referenced disconnected components with the devices remaining disconnected from the system.	K 051			
K 061 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1  This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on July 6, 2012 at approximately 12:30pm onward, there is no audible alarm with closing of the main sprinkler valve - tamper switch audible signal can be permanently silenced with the sprinkler valve in the closed position.	K 061	K 061  The main fire alarm control panel has been serviced and repaired. The trouble signal now Alarms audibly after pressing the reset switch when the main sprinkler valve tamper switch is closed.  Maintenance staff will add this testing to the PM program and will test weekly for four weeks then monthly for three months to insure proper operation. Reports of inspections and monitoring will be reported to the Executive QA Committee.	8/20/12	
K 067	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD	K 067			

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

PRINTED: 07/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345269	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/06/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 1606 BRINGLE FERRY ROAD SALISBURY, NC 28146
--	---

(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 067 SS=D	<p>Continued From page 4</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on July 6, 2012 at approximately 12:30pm onward, there is no return air inlet in the doctor's office. The corridor is used as a return air plenum for the referenced space.</p>	K 067	<p>K 067</p> <p>A return air inlet will be installed in the doctor's office so that the corridor is not used for return air.</p> <p>Other offices have been checked and they all have return air inlets. Any future conversions of store rooms to offices will ensure the proper ventilation exists and this will be reported to and monitored by the Executive QA Committee.</p>	8/20/12
K 147 SS=D	<p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on July 6, 2012 at approximately 12:30pm onward, the facility is noncompliant with the National Electrical Code due to the following:</p> <ol style="list-style-type: none"> <li>1. visual indicator for normal power is not functioning on the automatic transfer switch of the essential electrical system.</li> <li>2. the emergency power system for system number two failed to restore power in not greater</li> </ol>	K 147		

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

PRINTED: 07/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345269	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/06/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF SALISBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 1605 BRINGLE FERRY ROAD SALISBURY, NC 28146
--	---

(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 147	<p>Continued From page 5</p> <p>than ten seconds during loss of normal power to automatic transfer switch number two - approximately thirteen seconds expired prior to restoration of power.</p> <p>3. the EPS supplying load indicator did not function during loss of normal power to both transfer switches in the new nursing home addition(system #1) - the visual indicator is located on the annunciator panel behind the nurse's station.</p> <p>4. the receptacle for emergency heat is not connected to a receptacle identified as connected to the emergency power system - the receptacle is located in the main sprinkler valve box at the front of facility.</p> <p>42 CFR 483.70(a)</p>	K 147	<p>K 147</p> <p>The visual indicator for normal power has been repaired and is now functioning on the automatic transfer switch.</p> <p>The generator for system two now comes to full power within ten seconds.</p> <p>The EPS visual indicator now illuminates showing that the generator is running under full load.</p> <p>The receptacle for emergency heat in the main sprinkler valve box at the front of the facility now has a red cover indicating it is powered by the emergency generator.</p> <p>Maintenance staff will add testing of the above areas to the PM logs and test weekly.</p> <p>Results of this testing will be reported to the Executive QA Committee.</p>	8/20/12
-------	--	-------	--	---------

JFA