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

PRINTED: 04/29/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		The commence of the control of the c		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345531	B. WING			C 03/21/2013		
NAME OF PROVIDER OR SUPPLIER NORTH CAROLINA STATE VETERANS NURSING HOME SALIS				STREET ADDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 000		TS ere cited as a result of the ation survey of 3/21/13. Event	F	000	DETIGLATION			
	·							
I ABORATOR)	V DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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.

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT DE DEFRIENCES XI) PROVIDER BUFFLIER CLA AND HEAN OF CORRECTION DEPATEIXATION NUMBERS 346531		MAY E SOMB NO. 0838-031 MAY E SOMB NO. 0838-0			
動性が発表	nowber or supplier Arolina State Veterans Nursing Home Balt	14.17-1-1	RETACRIES, CITY STATE ZIP CODS BOT BRIGHER AVE. BLONG MIG. PO BOX 500 BALLSBURY, NG. 28148		
OXALID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY ARIST BE PRECEDED BY FULL) REQULATORY OR LSC WENTIKYING INFORMATION)	ID PREFIX TAG	PHOVIDER'S PLAN OF CONTRECTION GACH CONTRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DESICE NOT	COMPLETION DATE	
K 000	INITIAL COMMENTS	K 000			
	This Life Safety Code(LSC) suryay was conducted as per The Code of Federal Ragister at 42 SFR 463 70(a), using the 2000 New Health				
	Caraisection of the LSG and its referenced publications (This building is Type II (222) construction (ive stories, with a complete; automatic appinition system.				
	The deficiencies determined during the survey large scribbys. NEPA 101 LIFE SAFETY CODE STANDARD	K 018	This Plan of Correction constitutes my written	1600 mm (1)	
\$ 3	Doors protecting conidor openings are constructed to resist the passage of smoke. Doors are provided with positive latching bernware. Datch doors meeting 18.3-6.0-6 are		allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.		
	permitted, Roller latches are profibited.		North Carolina State Veterms Home of Salisbury will ensure that all doors slose and latch properly. I Upon discovery the two doors mentioned were immediately adjusted to close and latch properly by the maintenance department.	;4/19/13 :	
	This STANDARD is not met as evidenced by Based on observation, on April 19, 2013 at application and application of the applications are noncompliant due to the following:		All the doors in the facility had been checked for proper latching on 4/32/13. All doors will be checked monthly indefinitely. A door checklist will be generated that lists all the doors in the facility, so it can be you'fled that every door has	4/22/13	
	1) resident room 28-123 tild not leich. 2. from 28-105 diegs on the floor		have checked. The Maintenance Director will be responsible to generate a door checklist and to mointain the documentation of the FM inspections.		

Any deficiency ataloment ending with an asteriak (1) denotes a deliciency when the anatotica may be excused from correcting providing in a determined the other attributes and the findings better above any disclosuble 30 days other anatorists provide sufficient provides attributed as a facety for twining homes, the findings grip plans of correction are disclosuble 14 following the date of survey whether of not a plan of correction is provided. For investing homes, the above triangle and plans of correction is requised to days following the date these decreases are made available to me facility. If telectributes are approved triangle correction is requised to program provide patterns.

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF BERKIENCIES AND PLAN OF SCHRECTION 348891		OX2) MULTIP ALPURIDING VETERANG B. WING	. U938-039 YE SURVEY WPLETED /19/2013	
7	noviden or aufithen. Carolina state veterans nursing home salv		reet augresk ditt state, 28 caus 1601 bernner ave, blidng \$15, bd box \$90 Salisbury, nc. 28145	
(K4) ID PREFIX TAG	SUMMARY STATEMENT OF DERICENCES (EACH DEFICIENCY MIST AFFRICEDED BY FILL (REGULATORY OF LSC IDENTIFYING INFORMATION)	PREEKX TAGS	PROVIDERS PLAN OF CORRECTION :	GOSPECTION COMPLETION
	Continued From page 1 This STANDARD is not met as evillenced by: Based on observation, on April 19, 2013 at approximately 10,35 am privary, the emotgency power system required greety: than ion seconds to restore power to the Line Safaty Branch transfer syntch during loss of normal power. Approximately seventeen seconds expired prior to restoration of power. 42 CFR 483.70	K 147	North Carolina State Veterans Home of Selisbury will ensure that all emergency electrical power will be rectored within 10 seconds upon last of normal power. The facility has had the effected automatic transfer switch reveilbrated to transfer to emergency generator power within 10 seconds of losing power. The Maintenance Director had the remaining 6 automatic transfer switches tested for transfer to emergency power within 10 seconds of losing normal power. The remaining ATS's had transferred power within 10 seconds of losing normal power. The remaining ATS's had transferred power within 10 seconds or has been recalibrated to do so. During the facilities weokly testing of the generator there will now be a line Item midicating which transfer switch is tested. This new tine Item will be added to the tested so that each transfer switch will be tasted an equal amount for transfer power within 10 seconds. The Maintenance Director will be responsible to ensure that all transfer switches transfers to energency generator power within 10 seconds and to have the new line item indicating which transfer switch is being tested each week added to the existing weekly smergency generator report.	4/22/13 4/22/13
	7(07-90) Products Version's Obsoleto Eyect (10.9VH922		By 123030488 If vortinuation elased	

	TOT DEFICIENCIES (XI) PROVIDER DUPPLES CLA OF SCARECTION (DENTIFICATION NUMBER) 345831 ROVIDER ON SUPPLIER	A GUSLDING VETERANS B WING	ot - North Carolina Byate B Heo D4	TE BURVE VPLETED (19/201
3.47000.45	Carolina Btate veterans nursing home sali		reet auriest duy state, 20 code 1601 Bronner ave, blong 410, po box 690 Balisbury, nc. 28145	
OSALID PREFIX TAG	SUMMARY BIATEMENT OF DEFICIENCES - TEACH DEFICIENCY MAISY HE RECEDED BY FULL REMULATORY OR LSC IOENTIFYING INPORMATION):	UNENX TAG	PROVIDERS PLAN OF CORRECTION CACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY	
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