

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345520	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2015
NAME OF PROVIDER OR SUPPLIER LIBERTYWOOD NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1028 BLAIR STREET THOMASVILLE, NC 27360	
(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 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 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, and utilizing North Carolina Speical Locking systems. At time of survey the: Total Certified Bed Count =120 Census =80 The deficiencies determined during the survey are as follows:	K 000		
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: 42 CFR 483.70 (a) Based on observations, on January 15, 2015 at approximately 9:30 AM onward, the following deficiencies were noted: The facility had a required exit door on the 100 wing near the therapy department that was dragging on the top of the frame.	K 038	Observations 42 CFR 483.70 (a) Based on observations, on January 15, 2015 at approximately 9:30 AM onward, the following deficiencies were noted: The facility had a required exit door on the 100 wing near the therapy department that was dragging on the top of the frame. 1) On January 21, 2015, the maintenance director adjusted the door's top hinges to	1/21/15

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

TITLE

(X6) DATE

Electronically Signed

01/29/2015

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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K 038	Continued From page 1	K 038	close and open smoothly. 2) This failure of the operation of the door to open/close smoothly could affect all residents. The maintenance director or the assistant maintenance director will audit all emergency exit doors for proper opening and closing in order to ensure smooth operation. 3) The maintenance director will bring any problems with door operation to the stand-up meeting (normally held on business days) to make other department heads and the administrator aware of any operational deficiencies. 4) The maintenance director will bring any situations that affect the systems that operate the doors to the administrator in the monthly Quality Assurance meeting to develop improved egress systems ongoing.		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on January 15, 2015 DATE at approximately 9:30 AM onward, the following deficiencies were noted: The facility had paint overspray on the heat sensitive element of the sprinkler head in the following locations:	K 062	deficiencies were noted: The facility had paint overspray on the heat sensitive element of the sprinkler head in the following locations: 1. Bio Hazard room on Wing "1" 1) On January 23, 2015, Sentry Fire	1/23/15	

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K 062	Continued From page 2 1. Bio Hazard room on Wing "1" 2. Soiled Utility room on Wing"1"	K 062	Protection audited and replaced all sprinkler heads that were affected by paint overspray. 2) This cited deficiency could have affected all residents. Sprinkler heads will be audited monthly by the maintenance department for any overspray of paint. 3) The maintenance director will bring any problems with sprinkler heads to the stand-up meeting (normally held on business days) to make other department heads and the administrator aware of any malfunctioning sprinkler heads. 4) The maintenance director will bring any situations that affect the operation systems of sprinkler heads to the administrator in the monthly Quality Assurance meeting ongoing. 2. Soiled Utility room on Wing"1" 1) On January 23, 2015, Sentry Fire Protection audited and replaced all sprinkler heads that were affected by paint overspray. 2) This cited deficiency could have affected all residents. Sprinkler heads will be audited monthly by the maintenance department for any overspray of paint. 3) The maintenance director will bring any problems with sprinkler heads to the stand-up meeting (normally held on business days) to make other department heads and the administrator aware of any malfunctioning sprinkler heads. 4) The maintenance director will bring any situations that affect the operation systems of sprinkler heads to the administrator in the monthly Quality Assurance meeting ongoing.		

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K 076 K 076 SS=D	Continued From page 3 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 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: 42 CFR 483.70 (a) Based on observations, on January 15, 2015 at approximately 9:30 AM onward, the following deficiencies were noted: The facility had a mixture of full and empty oxygen cylinders in the Wing "1" oxygen storage room on the empty side. A full hospice cylinder placed in the storage room was placed in the empty cylinder area.	K 076 K 076	Based on observations, on January 15, 2015 at approximately 9:30 AM onward, the following deficiencies were noted: The facility had a mixture of full and empty oxygen cylinders in the Wing "1" oxygen storage room on the empty side. A semi-full O2 cylinder that belonged to the Thomasville Dialysis Center had inadvertently been placed in the storage room on the empty cylinder side. 1) Following the Life Safety Code surveyor's visit, the misplaced O2 cylinder was returned to the Thomasville Dialysis Center's facility. 2) This cited deficiency could have affected all residents. The O2 cylinder closet is labeled so that the full O2 cylinders and the empty O2 cylinders will not be placed into the wrong holders. The new signage is on the outside of the door	1/29/15	

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

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K 076	Continued From page 4	K 076	and on there is also signage on the actual O2 cylinder racks inside the closet. 3) The director of nurses will bring any problems with O2 cylinder storage to the stand-up meeting (normally held on business days) to make other department heads and the administrator aware of any O2 cylinder storage problems. 4) The director of nursing will bring any situations that affect the operation system of the O2 cylinders storage to the administrator in the monthly Quality Assurance meeting ongoing.	