

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

PRINTED: 03/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/07/2015
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF GREENTREE RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 70 SWEETEN CREEK ROAD ASHEVILLE, NC 28803	
(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 III(211) construction, one story, with a complete automatic sprinkler system. At time of survey the: Total Certified Bed Count = 98 NF Census = 88 NF + 1 AC The deficiencies determined during the survey are as follows:	K 000		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on January 7, 2015 at approximately 9:00 AM onward, the following deficiencies were noted:	K 052	The Laurels of GreenTree Ridge wishes to have this submitted plan of correction stand as its allegation of compliance. Our date of alleged compliance is January 22, 2015.	1/22/15

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

TITLE

(X6) DATE

Electronically Signed

01/23/2015

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 052	Continued From page 1 There were no fire alarm system inspection documents available for review during the year of 2014 - system components were not inspected in accordance with NFPA 72 requirements. The last system inspection was documented on 7/23/2013.	K 052	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or execute solely because it is required by the provisions of Federal and State Law. K052 The facility's fire alarm system inspection was completed in accordance with NFPA 72 requirements on January 21, 2015. All devices were found to be operating normally. The fire alarm system components inspection will be inspected annually in accordance with NFPA 72 requirements. The Maintenance Director was in-serviced by the Administrator on the requirement of annual inspections of the fire alarm system components. Facility has implemented an inspection tracking log which will be audited quarterly. Continued compliance will be monitored through the facility's preventative maintenance and Quality Assurance program.		