

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

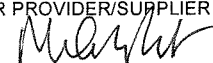
PRINTED: 02/05/2015  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345285</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>01/29/2015</b> |
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|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MOUNTAIN HOME HEALTH AND REHAB</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>200 HERITAGE DRIVE<br/>HENDERSONVILLE, NC 28739</b> |
|---|---|

| (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         | <p><b>INITIAL COMMENTS</b></p> <p>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. In the exit conference, all LSC deficiencies were discussed with facility administration.</p> <p>At time of survey the:<br/>Total Certified Bed Count = 134<br/>Census = 126</p> <p>The deficiencies determined during the survey are as follows:</p> | K 000 | <p style="text-align: center;">CONSTRUCTION SECTION<br/>FEB 25 2015<br/>RECEIVED</p> |  |
| K 012<br>SS=F | <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>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</p> <p>This STANDARD is not met as evidenced by:<br/>42 CFR 483.70 (a)</p> <p>Based on observations, on January 29, 2015 at approximately 10:00 AM onward, the following deficiencies were noted:</p> <p>1. Lack of a complete rated roof/ceiling assembly in the MDS office due to the absence of a ceiling fire damper in mechanical inlet for portable air conditioning unit - mechanical inlet is located in</p>           | K 012 | <p><i>See attached</i></p>   |  |

|  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br> | TITLE<br><br><i>Administrator</i> | (X6) DATE<br><br><i>2/13/15</i> |
|--|-----------------------------------|---------------------------------|

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 012   | Continued From page 1<br>the ceiling above the portable air conditioning unit.<br><br>Note: All mechanical penetrations of the roof/ceiling assembly shall be equipped with ceiling radiation dampers to maintain the protected roof/ceiling in accordance with approved plans and building construction permit at time of completion. Dampers are required to maintain construction type identified in K 000 Initial Comments.<br><br>2. Hole in rated roof/ceiling assembly beside ceiling sprinkler - located in closet of A-wing therapy office.<br><br>3. Damaged gypsumboard ceiling due to leaking domestic water pipe - ceiling membrane is wet and hanging at pipe penetration located in room adjacent to main electrical equipment room.<br><br>Deficient practice of the combined effects of items 1 - 3 above affects multiple smoke compartments in the facility with the potential for widespread smoke effects during fire exposure. The existing conditions, without smoke and fire, produces no actual harm to the health and safety of occupants. | K 012   | <i>see attached</i>   |                      |   |
| K 052<br>SS=F   | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>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  | K 052   | <i>see attached</i>   |                      |   |

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| K 052   | Continued From page 2   | K 052   | <i>see attached</i>   |   |
| K 062<br>SS=D   | <p>This STANDARD is not met as evidenced by:<br/>The fire alarm system zone cards are missing for zones 11 and 12 as documented in November 2014 fire alarm inspection report by Unifour Fire and Safety Company. Malfunctioning fire alarm system components can represent a widespread impact during implementation of fire safety protocol.</p> <p>The existing conditions, without smoke and fire, produces no actual harm to the health and safety of occupants.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>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</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observations, on January 29, 2015 at approximately 10:00 AM onward, the following deficiencies were noted:</p> <p>The solid upper band of privacy curtain obstructs the water flow of the pendant sprinkler in resident room 212.</p> | K 062   | <i>see attached</i>   |   |

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| K 062   | Continued From page 3   | K 062   | <i>see attached</i>   |   |
| K 076<br>SS=D   | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(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</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observations, on January 29, 2015 at approximately 10:00 AM onward, the following deficiencies were noted:</p> <p>Oxygen cylinders are stored within five feet of combustible storage items in the clean utility room - located on A-wing. Oxygen cylinders shall be stored in accordance with Chapter 4 of NFPA 99.</p> <p>The existing conditions, without smoke and fire, produces no actual harm to the health and safety of occupants.</p> | K 076   | <i>see attached</i>   |   |
| K 144   | NFPA 101 LIFE SAFETY CODE STANDARD  | K 144   | <i>see attached</i>   |   |

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| K 144<br>SS=D   | Continued From page 4<br><br>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, on January 29, 2015 at approximately 10:00 AM onward, the following deficiencies were noted:<br><br>There were no full load test of emergency generator documented for the months of August 2014, September 2014, and November 2014. Based on documentation by facility, the generator was exercised without load conditions during the referenced months. Failure of emergency power system could produce more than minimal harm during power outage.<br><br>The existing conditions, at time of survey, produces no actual harm to the health and safety of occupants. | K 144   | <i>see attached</i>   |   |
| K 147<br>SS=D   | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  | K 147   | <i>see attached</i>   |   |

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| K 147   | <p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observations, on January 29, 2015 at approximately 10:00 AM onward, the following deficiencies were noted:</p> <ol style="list-style-type: none"> <li>1. Lack of knockout covers for conduit holes in electrical switch - switch is located on the wall behind the kitchen range hood system.</li> <li>2. Lack of label on standard duplex receptacle located in dish wash area. Duplex receptacle is required to be ground fault interrupter protected due to proximity to water; and shall be labeled to indicate ground fault protection in accordance with the National Electrical Code.</li> </ol> <p>The existing conditions produces no actual harm with potential for more than minimal harm to the health and safety of occupants.</p> | K 147   | <i>see attached</i>   |                      |   |

*The submission of the Plan of Correction does not constitute agreement on the part of Mountain Home Health and Rehabilitation Center that the deficiencies cited with the report represent deficient practices on the part of Mountain Home Health and Rehabilitation Center. This plan represents our on-going pledge to provide quality care that is rendered in accordance with all regulatory requirements.*

CONSTRUCTION SECTION

FEB 13 2015

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**Tag: K012****Corrective action to correct the deficient**

The ceiling fire damper in the MDS office will be installed by March 15, 2015.

The hole in the roof/ceiling beside sprinkler in closet of therapy office was repaired on January 29, 2015.

The hole in the ceiling board located in the room adjacent to main electrical equipment room was repaired on January 29, 2015.

**How we will identify other life safety issues having the potential to affect residents by the same deficient practice and that it does not recur:**

The Maintenance Director or Designee will audit the facility for penetrations of roof/ceiling by February 10, 2015.

The Maintenance Director or Designee will audit the facility monthly for 3 months and then quarterly to insure continued compliance.

**What measure will be put into place or what systematic changes we will make to insure that the deficient practice does not recur:**

The Maintenance Director or Designee will verify fire dampers are installed with repairs or installations as required to maintain construction type.

The Maintenance Director or Designee will audit the facility monthly for 3 months and then quarterly to insure continued compliance.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur:**

The Maintenance Director or Designee will audit the facility monthly for 3 months and then quarterly to insure continued compliance. The Maintenance Director will monitor and report monthly to the Quality Assurance Committee.

**Tag: K052**

**Corrective action to correct the deficient practice:**

The zone cards will be in place by March 15, 2015.

**How we will identify other life safety issues having the potential to affect residents by the same deficient practice and that it does not recur:**

Maintenance Director will review all previous fire system tests to insure all components are present and functioning correctly by March 15, 2015.

**What measure will be put into place or what systematic changes we will make to insure that the deficient practice does not recur:**

Maintenance Director will review fire system tests to insure all components are present and functioning correctly at time of testing.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur:**

The Maintenance Director or Designee will review fire system maintenance log and completed fire system testing as present monthly and insure required testing is completed. This review will occur monthly for 3 months and then quarterly to insure continued compliance. The Maintenance Director will monitor and report monthly to the Quality Assurance Committee.



**Tag: K062**

**Corrective action to correct the deficient practice:**

The privacy curtain in room 212 was lowered with hook extensions on February 12, 2015.

**How we will identify other life safety issues having the potential to affect residents by the same deficient practice and that it does not recur:**

All resident rooms will be audited for privacy curtains potential for obstructing water flow of pendant sprinklers by February 15, 2015. All curtains that have potential for obstructing water flow will be lowered to prevent curtain band from obstructing water flow by March, 15, 2015.

**What measure will be put into place or what systematic changes we will make to insure that the deficient practice does not recur:**

All resident room sprinklers will be audited monthly for 3 months and then quarterly for continued compliance by the Maintenance Director or Designee.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur:**

Audits of facility receptacles will be completed monthly for 3 months and then quarterly after to insure continued compliance and reported to the Quality Assurance Committee monthly.

**Tag: K076**

**Corrective action to correct deficient practice:**

Oxygen tank was removed from clean utility room on January 29, 2015.

**How we will identify other life safety issues having the potential to affect residents by the same deficient practice and that it does not recur:**

All resident rooms and storage areas were inspected for oxygen tank storage on January 29, 2015.

**What measure will be put into place or what systematic changes we will make to insure that the deficient practice does not recur:**

All employees will be in-serviced regarding proper storage of oxygen cylinders in the facility by March 15, 2015.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur:**

The Maintenance Director or Designee will audit the facility for improper oxygen tank storage weekly for one month and then monthly for three months to insure continued compliance. The Maintenance Director will monitor and report monthly to the Quality Assurance Committee.

**Tag: K144****Corrective action to correct deficient practice:**

A generator load test was completed on February 13, 2015.

**How we will identify other life safety issues having the potential to affect residents by the same deficient practice and that it does not recur:**

Generator load tests will be reviewed for compliance with time length and load conditions.

**What measure will be put into place or what systematic changes we will make to insure that the deficient practice does not recur:**

Generator load test will be completed at least monthly by Maintenance Director or Designee. Length of load test and conditions during the test will be documented.

**What measure will be put into place or what systematic changes we will make to insure that the deficient practice does not recur:**

Maintenance Director or Designee will audit log book for length of load test and conditions during load test for compliance.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur:**

The Maintenance Director or Designee will audit the log book monthly to insure continued compliance. The Maintenance Director will monitor and report monthly to the Quality Assurance Committee.

**Tag: K147**

**Corrective action to correct deficient practice:**

Knockout covers for conduit holes in the electrical switch located on the wall behind the kitchen range hood system were repaired on February 4, 2015.

Duplex receptacle in dish wash area was replaced with a GFCI on February 5, 2015.

**How we will identify other life safety issues having the potential to affect residents by the same deficient practice and that it does not recur:**

Maintenance Director or Designee will audit all electrical boxes for knockouts missing and repair by March 15, 2015.

Maintenance Director or Designee will audit all duplex receptacles located near water sources for appropriate GFCI ratings.

**What measure will be put into place or what systematic changes we will make to insure that the deficient practice does not recur:**

Maintenance Director or Designee will audit electrical boxes for compliance for knockouts monthly and following any electrical repairs or upgrades.

Maintenance Director or Designee will review any duplex receptacle in proximity of a water source for GFCI following any repair or replacement to the receptacle.

**How the corrective action(s) will be monitored to ensure the deficient practice will not recur:**

Maintenance Director will audit monthly and report to Quality Assurance Committee monthly.