

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

PRINTED: 04/24/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345367	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2015
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 40 FALCON, NC 28342	
(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 A 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. In the exit conference all deficiencies noted were discussed with administration. Stories: one Construction Type III Constructed: 1964 Fully Sprinkled - Yes Certified Beds: Medicare/Medicaid - 58 Census -51	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 02/26/2015 at approximately 8:30 AM onward, the following deficiencies were noted: 1. resident bathroom doors 2 and 5, have barrel bolt latches on door. If latch is not released resident/or person could not get out of bathroom if an emergency was in other resident bedroom.	K 038	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility <input type="checkbox"/> s	3/6/15

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

TITLE

(X6) DATE

Electronically Signed

03/06/2015

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 2. a chain lock on door leading out of kitchen to the outside requires two motion of hand to open door. NFPA 101, 19.2.1 Section 7.1, 7.2.1.5.4, 10.1 This deficiency affected two of two Resident bathrooms and two of three doors in kitchen. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. K038 Corrective action will be taken by the facility to correct the alleged deficient practice by: 1. The barrel bolt locks on the bathroom doors of resident rooms 2 and 5 were removed on February 27, 2015. 2. The chain lock on the door leading out of the kitchen was removed on February 27, 2015. Other Life Safety issues having the potential to affect residents by the same alleged deficient practice will be corrected by: The Environmental Service Director examined the facility for further issues to determine compliance with NFPA 101 Life Safety Code Standard K038 Safe Exit Access on March 2, 2015. Any areas of concern were addressed at that time (Exhibit One). Measures put into place or systemic changes made to ensure that the alleged deficient practice does not incur: The Environmental Service Department will no longer use barrel or chocks with in		

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K 038	Continued From page 2	K 038	<p>the facility or anywhere on the premises. In addition, a monthly check to ensure that there are no barrel or chain locks will be completed monthly through the TELS safety program (Exhibit Two).</p> <p>The facility has implemented a quality assurance monitor:</p> <p>The Environmental Service Director will complete the 2015 Life Safety Quality Assurance Monitor (Exhibit Three) monthly for three months and report to the Quality of Life Team at the Monthly Quality of Life Meeting. Corrective action will be taken by the Environmental Service Director upon discovery. For any month with less than 100% compliance, the Quality of Life Team will assess the systemic problem and address it as indicated and the 2015 Life Safety Quality Assurance Monitor will be extended for an additional month.</p>		
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</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: 42 CFR 483.70 (a)</p> <p>Based on observations, on 02/26/2015 at approximately 8:30 AM onward, the following</p>	K 062	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged</p>	3/6/15	

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K 062	Continued From page 3 deficiencies were noted: all sprinkler heads in kitchen are not maintained in good condition(grease and excess lent on head). NFPA 101, 19.7.6, 4.6.12 NFPA 13 NFPA 25, 9.7.5 This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	deficiencies. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. K038 Corrective action will be taken by the facility to correct the alleged deficient practice by: 1. The barrel bolt locks on the bathroom doors of resident rooms 2 and 5 were removed on February 27, 2015. 2. The chain lock on the door leading out of the kitchen was removed on February 27, 2015. Other Life Safety issues having the potential to affect residents by the same alleged deficient practice will be corrected by: The Environmental Service Director examined the facility for further issues to determine compliance with NFPA 101 Life Safety Code Standard K038 Safe Exit Access on March 2, 2015. Any areas of concern were addressed at that time (Exhibit One). Measures put into place or systemic changes made to ensure that the alleged deficient practice does not incur: The Environmental Service Department		

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K 062	Continued From page 4	K 062	<p>will no longer use barrel or chocks with in the facility or anywhere on the premises. In addition, a monthly check to ensure that there are no barrel or chain locks will be completed monthly through the TELS safety program (Exhibit Two).</p> <p>The facility has implemented a quality assurance monitor:</p> <p>The Environmental Service Director will complete the 2015 Life Safety Quality Assurance Monitor (Exhibit Three) monthly for three months and report to the Quality of Life Team at the Monthly Quality of Life Meeting. Corrective action will be taken by the Environmental Service Director upon discovery. For any month with less than 100% compliance, the Quality of Life Team will assess the systemic problem and address it as indicated and the 2015 Life Safety Quality Assurance Monitor will be extended for an additional month.</p>		