

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

PRINTED: 04/27/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345464</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/12/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAK GROVE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>518 OLD US HIGHWAY 221 RUTHERFORDTON, NC 28139</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	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. In the exit conference all deficiencies noted were discussed with administration.  At time of survey the: Total Certified Bed Count = 60 NF Census = 60 NF  The deficiencies determined during the survey are as follows:	K 000			
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		3/20/15	

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

TITLE

(X6) DATE

Electronically Signed

02/28/2015

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 018	Continued From page 1  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 02/12/2015 at approximately 9:00 am onward, the following deficiency is noted:  There is a gap between the door and doorstep to resident room 205 with the door in the closed position.  This deficiency affected one of one smoke compartment.  Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 018	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.  K018 1. The resident in Room 205 was not injured related to this citation. By 03/06/15, the Maintenance Director will install fire safe weather stripping to remove gap between Room 205's door and the doorstep.  2. All residents have the potential to be affected by this citation. On 02/20/15 through 02/27/15, the Maintenance Director audited all fire doors for gaps between door and doorstops. Issues identified will be repaired/corrected by 03/06/15 by the Maintenance Director.  3. On 02/27/15, the Maintenance Director was in-serviced by the Administrator regarding the importance of identifying, maintaining, and repairing the fire doors and any gaps that might develop.  Quality Improvement monitoring of 10 fire doors for gaps between the door and doorstep will be conducted 5 times a week for 1 month, 3 times a week for 2		

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K 018	Continued From page 2	K 018	months, 2 times a week for 2 months and then 1 time a week for 1 month and/or until substantial compliance is obtained.	
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 02/12/2015 at</p>	K 029	<p>4. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for 6 months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Nursing, Medical Director, Social Services, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.</p> <p>K029 1. No residents were affected by this citation.</p>	3/20/15

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K 029	<p>Continued From page 3</p> <p>approximately 9:00 am onward, the following deficiency is noted:</p> <p>The inactive fire door leaf is not self-latching in accordance with NFPA 80. Door is located in fire door opening to housekeeping /laundry supply room located off service corridor.</p> <p>This deficiency affected one of one smoke compartment.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 029	<p>The Maintenance Director will install automatic door lock for the Housekeeping/Laundry supervisor office by 03/06/15.</p> <p>2. All residents have the potential to be affected by this citation. On 02/20/15 through 02/27/15, the Maintenance Director audited all of the door closing mechanisms for storage rooms and offices with storage. Issues identified by the Maintenance Director will be corrected/fixed by the Maintenance Director by 03/09/15.</p> <p>3. On 02/27/15, the Maintenance Director was in-serviced by the Administrator regarding the importance of identifying, maintaining, and repairing proper door closures.</p> <p>Quality Improvement monitoring of the office and storage doors for self latching door closures will be conducted 3 times a week for 2 months, 2 times a week for 2 months and then 1 time a week for 2 month and/or until substantial compliance is obtained.</p> <p>4. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for 6 months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Nursing,</p>		

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K 029	Continued From page 4	K 029	Medical Director, Social Services, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.		
K 062 SS=E	<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 02/12/2015 at approximately 9:00 am onward, the following deficiencies were noted:</p> <p>The presence of rust throughout sprinkler mains and cross mains based on sprinkler inspection report dated 1/28/2015 by sprinkler contractor. The drainage and correction of system is scheduled to be completed during nonfreezing conditions. The system is operable based on sprinkler inspection report.</p> <p>This deficiency potentially affects all smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 062	<p>K062</p> <p>1. No residents were affected by this citation.</p> <p>The maintenance director has scheduled K &amp; S Sprinkler Co to complete a sprinkler system flush by 03/20/15.</p> <p>2. All residents have the potential to be affected by this citation.</p> <p>3. On 02/27/15, the Maintenance Director was in-serviced by the Administrator regarding the importance of monitoring the sprinkler system pipes for safety and compliance.</p> <p>Quality Improvement monitoring of the sprinkler system pipes for safety and compliance will be conducted 5 times a week for 1 month, 3 times a week for 2 months, 2 times a week for 2 months and then 1 time a week for 1 month and/or</p>	3/20/15	

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K 062	Continued From page 5	K 062	until substantial compliance is obtained.		
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 02/12/2015 at approximately 9:00 am onward, the following deficiency is noted:</p> <p>The ceiling fire damper fails to close completely with fusible linkage missing - damper located in mechanical outlet in D.O.N's office.</p> <p>This deficiency affected one smoke</p>	K 067	<p>4. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee for 6 months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Nursing, Medical Director, Social Services, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.</p> <p>K067</p> <p>1. No residents were affected by this citation. On 02/23/15, the Maintenance Director repaired the fusible link for the ceiling fire damper in the DON's office.</p> <p>2. All residents have the potential to be affected by this citation. On 02/20/15 through 02/27/15, the Maintenance</p>	3/20/15	

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K 067	Continued From page 6 compartment.  Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 067	Director audited rooms with ceiling fire dampers for missing fusible links in the fire dampers. On 02/13/15, the Maintenance Director replaced/repaired missing fire damper fusible links.  3. On 02/27/15, the Maintenance Director was in-serviced by the Administrator regarding the importance of identifying, maintaining, and repairing fire dampers.  Quality Improvement monitoring of 10 fire dampers for closing properly will be conducted 5 times a week for 1 month, 3 times a week for 2 months, 2 times a week for 2 months and then 1 time a week for 1 month and/or until substantial compliance is obtained.  4. The results of these audits will be reported to the Quality Assurance Performance Improvement Committee by the Maintenance Director for 6 months and/or until substantial compliance is obtained. The Quality Assurance Performance Improvement Committee members consist of but not limited to the Executive Director, Director of Clinical Services, Assistant Director of Nursing, Medical Director, Social Services, Activities Director, Maintenance Director, and Minimum Data Assessment Nurse.		