

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

PRINTED: 06/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345186	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
NAME OF PROVIDER OR SUPPLIER FIVE OAKS MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027	
(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. Facility is using special locking. Stories: one Construction Type III Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 184 Census - 160	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 029	1. Corrective action accomplished to correct the deficient practice.	5/15/15

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

TITLE

(X6) DATE

Electronically Signed

04/15/2015

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 029	Continued From page 1 Based on observations, on 04/01/2015 at approximately 8:30 AM onward, the following deficiencies were noted: door to supply room in Dining room is not self closing. NFPA 101, 19.3.5.4, 8.4.1 This deficiency affected one of five doors in dining room. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	A. Door to supply room in dining room had self closure installed by facility maintenance director on 4-2-15. 2. Identify other life safety issues having the potential to affect residents by the same deficient practice; A. Maintenance director and/ or Administrator will inspect all doors weekly times four weeks then monthly times three months to assure doors close properly according to Life Safety Code Standards. Inspection will be documented on Door Inspection Audit tool. 3. Measures will be put into place or what systematic change facility will make to ensure that the deficient practice does not recur. A. Maintenance director and/ or Administrator will inspect all doors weekly times four weeks then monthly times three months to assure doors close properly according to Life Safety Code Standards. B. Any identified non-compliance concerns will be reported to Administrator. Concerns will be corrected in a timely manner. 4. Corrective action will be monitored at our monthly Quality Assurance Meeting. Report of findings will be reported to our QA committee monthly times three months to review for continued intervention or amendment of plan.		
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 052		5/15/15	

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K 052	<p>Continued From page 2</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 04/01/2015 at approximately 8:30 AM onward, the following deficiencies were noted: duct detector located at 400 hall nursing station did not activate fire alarm system when tested.</p> <p>NFPA 101, 9.6.1.4 NFPA 70 NFPA 72</p> <p>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.</p>	K 052	<p>1. Corrective action accomplished to correct the deficient practice; A. Duct detector located at 400 hall nursing will have repairs completed on or before May 16, 2015 to assure fire alarm system is activated when tested to assure compliance with Life Safety Code Standard. Repairs will be completed by qualified company (Simplex Grinnall) to assure fire alarm system is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72.</p> <p>2. Identify other life safety issues having the potential to affect residents by the same deficient practice; A. Facility will inspect smoke duct detector located at 400 hall nursing station weekly times four weeks then monthly to assure smoke duct detector is maintained in accordance with life safety code standard. Inspections will be completed by</p>		

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K 052	Continued From page 3	K 052	<p>maintenance director. Out come of inspections will be documented on smoke duct detector (400 hall nursing station) audit tool.</p> <p>3. Measures put into place or what systematic changes facility will make to ensure that the deficient practice does not recur: A. Facility will inspect smoke duct detector located at 400 hall nursing station weekly times four weeks then monthly to assure smoke duct detector is maintained in accordance with life safety code standard. Inspections will be completed by maintenance director. Out come of inspections will be documented on smoke duct detector (400 hall nursing station) audit tool. B. Facility will have fire alarm system inspected by qualified company (Simplex Grinnel) upon completion of repairs to assure fire alarm system is installed, tested, and maintained in accordance with NFPA 70 national electrical code and NFPA 72. C. Any identified non-compliance concerns will be reported to Administrator. Concerns will be corrected in a timely manner.</p> <p>4. Corrective action will be monitored at our monthly Quality Assurance and Safety meetings. Report of findings will be reported to our Quality Assurance committee to review for continued intervention or amendment of plan.</p>		
K 076	NFPA 101 LIFE SAFETY CODE STANDARD	K 076		5/15/15	

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K 076 SS=D	<p>Continued From page 4</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: 42 CFR 483.70 (a)</p> <p>Based on observations, on 04/01/2015 at approximately 8:30 AM onward, the following deficiencies were noted: oxygen cylinder tank was not properly secured in room 412.</p> <p>NFPA 99</p> <p>This deficiency affected one of eleven smoke compartments.. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 076	<p>1. Corrective action accomplished to correct the deficient practice; A. Oxygen cylinder tank in room 412 was immediately removed to medical gas storage area and properly secured on April 1, 2015.</p> <p>2. Identify other life safety issues having the potential to affect residents by the same deficient practice; A. Safety Rounds will be completed daily times 60 days then weekly times four weeks then monthly to assure all oxygen cylinder tanks are properly secured and maintained according to Life Safety Code Standards. Safety rounds will include all resident rooms and areas where oxygen cylinder tanks are stored. Safety rounds will be completed utilizing the following associates; Maintenance Director, Administrator, Manager on Duty and</p>		

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K 076	Continued From page 5	K 076	<p>Safety Committee members. Inspections will be documented on Safety Rounds Quality Assurance Audit Tool.</p> <p>3. Measures will be put into place or what systematic changes facility will make to ensure that the deficient practice does not recur.</p> <p>A. Safety Rounds will be completed daily times 60 days then weekly times four weeks then monthly to assure all oxygen cylinder tanks are properly secured and maintained according to Life Safety Code Standards. Safety rounds will include all resident rooms and areas where oxygen cylinder tanks are stored. Safety rounds will be completed utilizing the following associates; Maintenance Director, Administrator, Manager on Duty and Safety Committee members. Inspections will be documented on Safety Rounds Quality Assurance Audit Tool.</p> <p>B. All facility staff will be provided training on Life Safety Code Standard <input type="checkbox"/> Medical gas storage and administration areas are protected in accordance with NFPA 99, standards for Healthcare facilities. Training will be completed on or before May 16, 2015 by Staff Development Coordinator (SDC).</p> <p>C. Any identified non-compliance concerns will be reported to Administrator. Concerns will be corrected in a timely manner.</p> <p>4. Corrective action will be monitored at our monthly Quality Assurance and Safety meetings. Report of findings will be reported to our Quality Assurance</p>		

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