

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

PRINTED: 11/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345010	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - ASHEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BEAVERDAM ROAD ASHEVILLE, NC 28804	
(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 II(222) construction, one story, with a complete automatic sprinkler system and using special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the licensed bed capacity = 77 Total Certified Bed Count 77 NF Census 63 The deficiencies determined during the survey are as follows:	K 000		
K 032 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Not less than one exit from each floor or fire section shall be a door leading outside, stair, smoke-proof enclosure, ramp, or exit passageway. Only one of these two exits may be a horizontal exit. Egress shall not return through the zone of fire origin. 18.2.4.1, 18.2.4.2, 19.2.4.1, 19.2.4.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on June 14, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: The delayed egress feature did not function for	K 032	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and	7/24/16

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

TITLE

(X6) DATE

Electronically Signed

07/01/2016

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 032	<p>Continued From page 1</p> <p>special locking arrangement at exit door near room 216. The special locking arrangement did not respond to application of pressure to the door release device - door release sequence did not function. The electromagnetic lock did release with activation of fire alarm system and loss of power to locking system.</p> <p>NFPA 101, 19.2.4.1, 19.2.4.2, 7.2.1.6.1(c)</p> <p>This deficiency affected one of two 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 032	<p>state law.</p> <p>K 032 NFPA 101 LIFE SAFETY CODE STANDARD EXIT DOORS</p> <p>Golden Living Center - Asheville (GLC-Asheville) ensures delayed egress feature for special locking arrangement at exit doors functions correctly and release with activation of the fire alarm system and loss of power to locking system.</p> <p>1. The corrective action accomplished Maintenance Director called Senior Technology, technical department about the egress of the door located near Room #216. By doing some find tuning the door was working as designed. This was completed on June 16, 2016.</p> <p>2. Life safety concerns having the potential to affect residents have been identified by: Exit doors were checked to ensure special Locking arrangement functions correctly and release with activation of the fire alarm system and loss of power to locking system. This was completed on June 14, 2016</p> <p>3. The measures put in place or systemic changes made are: Staff and Leadership Team (comprised of Department Heads and their assistants, and Unit Manager/Coordinator) have been re-inserviced on July 5, 2016 and new employees will be educated on the importance of ensuring exit doors are checked and operate correctly. Leadership Team during Room Rounds</p>		

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K 032	Continued From page 2	K 032	will be checking the exit doors. This monitoring will be completed five days a week for four weeks, three times a week the following four weeks and then one time a week for four weeks. 4. GLC-Asheville will monitor the corrective plan to ensure the practice was corrected and will not reoccur is the monitoring tool will be presented to the Executive Director (ED) and/or Director Nursing Services (DNS) at Morning/Stand-Down Meetings. The ED will report the findings of the reviews to Quality Assurance Performance Improvement Committee (QAPIC). The QAPIC will review and analyze for patterns and trends. The QAPIC will evaluate the results and implement additional interventions as needed to ensure continued compliance. 5. The correction date for substantial compliance is July 24, 2016.		
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 076	K 076 NFPA 101 LIFE SAFETY CODE STANDARD	7/24/16	

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K 076	<p>Continued From page 3</p> <p>Based on observations, on June 14, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>There is an unsupported oxygen cylinder on floor of utility room - located beside room 220. Cylinders shall be supported by carts, bases, or secured in accordance with NFPA 99.</p> <p>NFPA 101, 19.3.2.4, NFPA 99, 8-3.1.11.1, 4-3.1.1.2</p> <p>This deficiency affected one of two 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 076	<p>MEDICAL GAS STORAGE</p> <p>Golden Living Center - Asheville (GLC-Asheville) ensures medical gas storage and administration are protected in accordance with NFPA9, Standard for Health Care Facilities.</p> <p>1. The corrective action accomplished Maintenance Director secured the oxygen cylinder on the floor of utility room – located beside Room #220. Immediate Re-inservice to all Nursing Staff was completed by the Director of Nursing Services (DNS). This was completed on June 14, 2016 before the Life Safety Surveyor left the facility.</p> <p>2. Life safety concerns having the potential to affect residents have been identified by: the facility was checked to ensure oxygen cylinders are supported by carts, bases, or secured in accordance with NFPA 99. This was completed on June 14, 2016</p> <p>3. The measures put in place or systemic changes made are: Nursing Staff and Leadership Team (comprised of Department Heads and their assistants, and Unit Manager/Coordinator) have been re-inserviced on June 16, 2016 and new employees will be educated on the importance of ensuring oxygen cylinders are supported by carts, bases, or secured in accordance with NFPA 99. Leadership Team during Room Rounds will be checking the facility to ensure oxygen cylinders are secure. This monitoring will be completed five days a week for four weeks, three times a week the following four weeks and then one time a week for</p>		

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K 076	Continued From page 4	K 076	four weeks. 4. GLC-Asheville will monitor the corrective plan to ensure the practice was corrected and will not reoccur is the monitoring tool will be presented to the Executive Director (ED) and/or Director Nursing Services (DNS) at Morning/Stand-Down Meetings. The ED will report the findings of the reviews to Quality Assurance Performance Improvement Committee (QAPIC). The QAPIC will review and analyze for patterns and trends. The QAPIC will evaluate the results and implement additional interventions as needed to ensure continued compliance. The correction date for substantial compliance is July 24, 2016.		
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on June 14, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>There are segments of extension cords used to wire power operated door mechanism - located on doors between interior corridor and courtyards located on east and west wings. Motors shall be wired with materials listed for the equipment assembly.</p>	K 147	<p>K 147 NFPA 101 LIFE SAFETY CODE STANDARD Electrical Wiring</p> <p>Golden Living Center - Asheville (GLC-Asheville) ensures electrical wiring and equipment is in accordance with National Electrical Code.</p> <p>1. The corrective action accomplished Maintenance Director had a licensed electric company come in and hard door mechanism between interior corridor and courtyards located on wire both East and West wings. This was completed on June</p>	7/24/16	

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K 147	Continued From page 5 NFPA 101, 19.9.1, 9.1.2(NFPA 70) This deficiency affected two of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	15, 2016. 2. Life safety concerns having the potential to affect residents have been identified by: Exit doors were checked to ensure special Locking arrangement functions correctly and wired in accordance with National Electrical Code. This was completed on June 15, 2016. 3. The measures put in place or systemic changes made are: future wiring projects the Maintenance Director will ensure equipment is wired according with National Electrical Code. 4. GLC-Asheville will monitor the corrective plan to ensure the practice was corrected and will not reoccur is when equipment is wired, the Maintenance Director will be presented to the Executive Director (ED) and/or Director Nursing Services (DNS) at Morning/Stand-Down Meetings any changes and how they meet the National Electrical Code. The ED will report the findings of the reviews to Quality Assurance Performance Improvement Committee (QAPIC). The QAPIC will review and analyze for patterns and trends. The QAPIC will evaluate the results and implement additional interventions as needed to ensure continued compliance. 5. The correction date for substantial compliance is July 24, 2016.	