

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345281	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2016
NAME OF PROVIDER OR SUPPLIER STANLY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 625 BETHANY CHURCH ROAD BOX 38 ALBEMARLE, NC 28001	
(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 construction, two story, with a complete automatic sprinkler system and using special delayed egress system. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count 90 Census 84 The deficiencies determined during the survey are as follows:	K 000		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 0 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) Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: doors two storage rooms on basement floor by laundry	K 029	The two storage rooms' in basement had closures installed on August 9, 2016. All storage room doors were inspected for proper closure. Preventive maintenance procedures will	9/11/16

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

TITLE

(X6) DATE

Electronically Signed

08/17/2016

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 029	Continued From page 1 room that open to corridor are not self closing(large amounts of paper products and cardboard are stored in rooms). 2000 NFPA 101, 19.3.5.4/8.4.1 This deficiency affected basement area only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	be implemented in our automated work order system to include monthly checks of all rated doors for proper operation. Reports generated from the automated work order system will be reviewed quarterly in the Safety Committee meetings until full compliance is sustained consecutively for three months.	
K 038 SS=E	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 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: 1. doors with delayed egress system on them would re-engage/lock back when fire alarm system was silenced. 2. The delayed egress locking system on all the exit door's did not operate properly. The door's would relock with use of keypad after the irreversible process of delayed egress locking system had initiated. 2000 NFPA 101, 19.2.1/7.2.1.6.1 2000 NFPA 101: 7.2.1.6.1 (C) "An irreversible process shall release the lock within 15 seconds upon application of a force to the release device	K 038	7/28/2016 all magnetic locks were disengaged on delayed egress doors. The Delayed Egress feature for all doors was reconfigured to remain unlocked until it is reset using a manual process. This was completed on 8/2/2016. Mechanical System Services, outside vendor completed reconfiguration of system. Preventive maintenance procedures will be in the automated system to include monthly checks of all delayed egress doors for proper operation. Preventive maintenance procedure reports will be reviewed quarterly at the Safety Committee Meeting until full compliance is sustained for three months.	9/11/16

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K 038	Continued From page 2 required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only."	K 038			
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1, 19.2.10.1 (Indicate N/A in one story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: 1. when coming out of stairwell from 1st floor to basement, you can only see one directional sign to one exit discharge. 2. standing in corridor by kitchen area , you can only see one directional sign to exit discharge. Must be able to see two directional signs to exit	K 047	The Plant Operation Maintenance will install the additional exit signs visible to the two means of exit discharge on August 18, 2016. All exit signs were inspected to ensure proper functioning on August 18,2016 Monthly inspections and testing will be performed by Plant Operation Maintenance staff to ensure all exit signs are operational and visible via the automated work order system.	9/11/16	

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K 047	Continued From page 3 egress from a corridor. 2000 NFPA 101, 19.2.10.1 This deficiency affected basement area only . Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 047	Monthly testing and inspection reports will be reviewed quarterly at the Safety Committee Meeting until full compliance is sustained for three months.		
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: facility could not provide proper documentation that a 2-smoke detector sensitivity test has been performed in last 2 years. NFPA 70 and 72. 9.6.1.4 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 052	MSS (Mechanical Systems Services) will provide a current sensitivity report for all smoke detectors with any deficiencies noted and corrected. However, since this is a self-diagnostic system, MSS will be contracted to provide a printed sensitivity report the first two years and every 5 years. This system is configured with self-monitoring smoke detectors. As a result, the system continuously performs self-diagnostics and sensitivity tests for each smoke detector. The most recent report of diagnostic monitoring has been printed and will be made available for review.	9/11/16	

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K 052	Continued From page 4	K 052	Sensitivity reports will be reviewed annually for the first two years at the Safety Committee Meeting until full compliance is sustained.		
K 061 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include:42 CFR 483.70 (a)</p> <p>Based on observations, on 3/31/16 at approximately 12 PM onward, the following deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings include:</p> <p>1. The sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve.</p> <p>Reference NFPA 101, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 NFPA 13 ...distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler</p>	K 061	<p>The fire alarm panel will be re-configured for a continuous supervisory signal when fire sprinkler control valve tamper switches are activated.</p> <p>MSS (Mechanical Systems Services) corrected the supervisory signal activation sequencing and verified compliance. In addition, maintenance staff in conjunction with Absolute Sprinkler company will verify proper operation of the supervisory sequence of system and document accordingly during the quarterly inspections. The supervisory alarm can be monitored in two locations that are monitored twenty-four hours a day. One of the locations is in the main lobby and the other is on the 200 hall.</p> <p>Reports will be reviewed quarterly in the Safety Committee meetings until full compliance is sustained consecutively.</p>	9/11/16	

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K 061	Continued From page 5 system." NFPA 9.7.2.1 ...supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system...Supervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. 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 061			
K 064 SS=E	This deficiency affected *** of *** smoke compartments *** of Resident rooms*** Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke. NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10.	K 064		9/11/16	

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

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K 064	<p>Continued From page 6 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: the K type fire extinguisher in the Kitchen did not have the required placard/signage indicating the use order of the Ansul hood extinguishing system and K type fire extinguisher installed near it.</p> <p>Reference: 2000 NFPA 101 19.3.5.6, 9.7.4.1, 1998 NFPA 10 2-3.2.1, 1998 NFPA 96 7-2.1.1 A placard identifying the use of the extinguisher as a secondary backup means to the automatic fire suppression system shall be conspicuously placed near each portable fire extinguisher in the cooking area.</p> <p>This deficiency affected kitchen area only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke</p> <p>This deficiency affected *** of *** smoke compartments *** of Resident rooms*** Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 064	<p>Plant Operation maintenance staff will be installing the proper placard on August 17, 2016.</p> <p>Monthly inspections will be performed to ensure signage is visible and in place .</p> <p>Inspection will be reviewed quarterly in the Safety Committee meetings until full compliance is sustained consecutively for three months.</p>		

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K 067 K 067 SS=E	Continued From page 7 NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: The facility could not provide documentation that the radiation dampers were checked within the past four years. Ref: 2000 NFPA 101, 19.5.2.1, 9.2, NFPA 90A 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.	K 067 K 067	MSS (Mechanical Systems Services) has been scheduled to inspect the fire damper assemblies on August 29,2016. A preventive maintenance will be scheduled in the automated work order system to remind the POM staff to have the dampers inspected every four years. Will review inspection report at the Safety Committee meeting the inspection will be kept in the Life Safety book.	9/11/16	
K 072 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from,	K 072		9/11/16	

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K 072	Continued From page 8 or visibility thereof shall be in accordance with 7.1.10. 18.2.1, 19.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: the drop down key board for computer system on 300 hallway, did not retract back when pull down. 2000 NFPA 101,19.2.1 This deficiency affected four of seven smoke compartments . Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 072	An initial work order has been placed with the Information Services department to correct the issue. All kiosk will be tested to ensure retractable keyboard is functioning properly A preventive maintenance will be established in the automated work order system to inspect the computer stations monthly to verify proper keyboard tray operation. The inspection will be reviewed quarterly in the Safety Committee Meeting until three month of compliance is sustained.	
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) Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following	K 076	All oxygen was removed from storage area in basement. The oxygen storage was moved to a	9/11/16

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K 076	Continued From page 9 deficiencies were noted: The standard was non-compliant, specific findings include: 1. door to oxygen storage room in basement is not self closing. 2. room has no signage that oxygen is being stored in room. 2000 NFPA 101, 19.3.2.4 NFPA 99 This deficiency affected one 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 076	compliant location outside of the building and signage was installed. Quality Rounds will continue to survey the facility on a monthly bases regarding oxygen storage. Reports from quality rounds will be reviewed quarterly at the Safety Committee meeting until three months of compliance is sustained.		
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: 1. generator did not crank and transfer within 10 seconds when tested(transfer in 12 seconds). 2. The emergency generator located on the exterior of the building has no remote manual stop switch located outside the generator set location. NFPA 110, 3-4.1	K 144	1.The generator did not crank and transfer within 10 seconds when tested (transfer time was 12 seconds). 2. The emergency generator located on the exterior of the building has no remote manual stop switch located outside the generator set location. Procedure for corrective plan:1) The battery was replaced by the Preventive Operation Maintenance staff on August 4, 2016 and the start and transfer time was re-tested. The generator started and transferred power in 9 seconds. Kraft has been contacted and will install	9/11/16	

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K 144	Continued From page 10 NFPA 110, 3-5.5.6 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 144	the manual stop switch in the required location. The Preventive Maintenance staff will verify and document the start and transfer time during their monthly generator inspections. They will also verify that the manual stop switch is in place and functioning correctly. The reports will be reviewed quarterly in the Safety Committee meeting until three months of compliance is sustained.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: exhaust for residents bedrooms 200 and 202 was not working at time of survey. 2000 NFPA 101, 19.9.1 NFPA 99 This deficiency affected basement area only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	The exhaust fan that serves resident rooms 200 and 202 will be repaired by Preventive Operation Maintenance staff on August 17, 2016 All other exhaust fans will be surveyed for normal operation. Preventive maintenance procedures will be implemented in our automated work order system to include monthly checks of exhaust fans for proper operation. The monthly check reports will be reviewed quarterly in the Safety Committee meeting until three months of compliance is sustained.	9/11/16	