

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

PRINTED: 04/21/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345172	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
NAME OF PROVIDER OR SUPPLIER MERIDIAN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 707 NORTH ELM STREET HIGH POINT, NC 27262	
(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. The facility is utilizing speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: Two Construction Type: II (22) Constructed: 1976 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 199 Census =154	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and documentation review on 8/25/2016, at approximately 9:15 AM onward, the following deficiencies were noted: The facility maintenance and inspection of rated ceilings was non-compliant, specific findings include: The facility has unsealed penetrations in the rated ceiling in the 1 South nourishment room. The ceiling has water damage and is not currently well	K 012	1. The ceiling the the 1 South nourishment room will be replaced in accordance with regulations by 9/23-16. 2. The Property Manager or Maintenance Designee will complete an audit on all of the other ceilings in the facility needing further repair on 9/15/16. 3. These audits will be added to the Preventative Maintenance Schedule and will be completed monthly. The Property Manager or Maintenance Designee will be responsible for the completion of the	9/23/16

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

TITLE

(X6) DATE

Electronically Signed

09/14/2016

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 012	Continued From page 1 maintained. The rated ceiling at that location shall be constructed to provide at least a one hour fire resistance rating and constructed in accordance with regulations. Ref: 2000 NFPA 101 Section 19.1.6.2; 8.2.3.2.4.2* This deficiency affected one smoke of approximately eight smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 012	audits. 4. The Property Manager or Maintenance Designee will submit a report of any findings to the Process Improvement Committee monthly for three months and quarterly time two. The Administrator is responsible for the overall compliance.		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and documentation review on 8/25/2016, at approximately 9:15 AM onward, the following deficiencies were noted: The facility maintenance and inspection of smoke / fire barriers was non-compliant, specific findings include: The facility has unsealed penetrations in the rated smoke wall above the cross corridor smoke doors at the following locations: 1. Near room 216	K 025	1.The smoke walls located near room 216 and near the medical records office have been repaired to code. This was completed by the Maintenance Designee on 9/14/16. 2. The Property Manager or Maintenance Designee will complete an audit on all the smoke barrier walls for further penetration on 9/15/16. 3. The audits will be added to the Preventative Maintenance Schedule and will be completed monthly. The Property Manager will be responsible for completing the audits.	9/15/16	

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K 025	Continued From page 2 2. Near the medical records office The smoke barrier at these locations shall be constructed to provide at least a one half hours fire resistance rating and constructed in accordance with regulations. Ref: 2000 NFPA 101 Section 19.3.7.3; 8.3.2 This deficiency affected two smoke of approximately eight smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 025	4. The Property Manager or Maintenance Designee will submit a report of any findings to the Process Improvement Committee monthly for three months and quarterly times two. The Administrator is responsible for the overall Compliance.	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and staff interviews on 8/25/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility inspection of the sprinkler system was non-compliant the specific items include: The sprinkler heads in the staff development area have debris on the heat sensitive element of the sprinkler heads at two locations. Ref: 2000 NFPA 101 Section 19.7.6; NFPA 25, Section 9.7.5 This deficiency affected one of approximately eight smoke zones in the facility. Failure to comply with minimum standards as	K 062	1. Sunland Fire Protection was scheduled to replace the sprinkler heads in the staff development area that had debris on them on 9/13/16. The work was completed and the and the sprinkler heads were replaced on 9/14/16. 2. The Property Manager or Maintenance Designee will complete an audit on all sprinklers Heads on 9/15/16. 3. These audits will be added to the preventative Maintenance Scheduled and will be completed Monthly. 4. The Property Manager or Maintenance Designee will submit a report of any findings to the Process Improvement Committee monthly for three months and	9/14/16

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K 062	Continued From page 3	K 062	quarterly times two. The Administrator is responsible for the overall Compliance.	9/15/16
K 076 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard 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. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: 42 CFR 482.41(a)</p> <p>Based on the observations, and staff interviews on 8/25/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility inspection of the storage of oxygen cylinders was non-compliant the specific items include: The E type oxygen cylinders in the oxygen storage room were not properly secured. The full cylinders had two different type of racks to secure the cylinders, the smaller rack was not designed to hold E size cylinders securely. Ref: 2000 NFPA 101 Section 19.3.2.4; NFPA 99 Section 4-3.5.2.1b (27);</p> <p>This deficiency affected one smoke of approximately 8 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		