

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345155	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 02/28/2017
NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203		
(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 utilizing the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC) and its referenced publications. The facility plan/construction approval occurred prior to July 5, 2016. The facility is utilizing special locking systems. In the exit conference all LSC deficiencies noted were discussed and acknowledged with Administration. Stories: 1 Construction Type: II (222) Constructed: 1999 Fully Sprinkled - Yes	K 000			
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the	K 324		4/14/17	

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

TITLE

(X6) DATE

Electronically Signed

03/17/2017

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 324	Continued From page 1 corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is not met as evidenced by: Based on observations, on Tuesday 2/28/2017 at approximately 8:30AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. The kitchen hood was modified with make-up air cut into the side of the hood. The installation of the make-air system was not in compliance with NFPA 96: 5.1 "Construction" The make-up was not properly sized and installed resulting in high negative pressure environment in the kitchen that would prevent the corridors from closing. Where the make-up air enter at the side of the hood resulted in sharp edges and gaps in the hood and makeup air duct. 2. Staff when question were not familiar on how to activate the manual pull for the kitchen ansul system. 2012 NFPA 101: 19.3.2.5; NFPA 96: 10.5.7 , NFPA 96: 5.1 This deficiency affected 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 324	K324 Correction for the noted deficiencies: 1) Was to make necessary repairs to correct any improper modifications made to hood to supply make up air. The hood will be provided with the proper amount of forced make up air to equalize and eliminate the noted negative pressure environment. Testing will be done when installation of equipment is complete, and then Maintenance Director will continue with weekly "paper draft" testing at corridor doors for the next eight weeks. 2) Kitchen staff will be in-serviced on proper activation and use of the hood Ansul system. The Maintenance Director will do weekly spot checks and staff training for the next eight weeks, two of which will include weekend staff. A summary of all findings and results related to both items 1) and 2), will be presented to and discussed during the facility monthly Safety Committee (QAPI) meetings for the next three months, with continued reviews quarterly thereafter until next annual survey.		
K 521 SS=F	NFPA 101 HVAC	K 521		3/7/17	

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K 521	<p>Continued From page 2</p> <p>HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Tuesday 2/28/2017 at approximately 8:30AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <ol style="list-style-type: none"> 1. The smoke duct detector inspected on 600 Hall was not maintained free of dist and debris and maintained in good condition. 2012 NFPA 90A: 6.4.4 2. Emergency stop switch or switches were not provided for the HVAC units on 600 and 700 hall that would allow for the shutdown of the HVAC units down in case of and emergency 2012 NFPA 90A: 6.2 2012 NFPA 101 19.5.2.1.; 9.2, NFPA 90A, <p>This deficiency affected two 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 521	<p>K521 Correction for the deficiencies was to: 1) Duct detector on 600 hall was immediately cleaned 3/1/17. The Maintenance Director will survey the remainder of the facility to determine number and location of other duct detectors to clean and inspect as needed. The Maintenance Director will verify maintenance and testing of devices performed during annual fire panel certification and their results. Weekly random checks of duct detectors will be performed by Maintenance director to determine problem areas needing more frequent attention. 2) Emergency stop switches were installed above existing thermostats on 600 and 700 halls to allow for shutdown in case of emergency. The Maintenance Director surveyed the remainder of the facility to determine that emergency stop switches were provided at all locations and had any additional switches installed as needed. The Maintenance Director will conduct tests of emergency stop switches weekly for the next eight weeks to include also include verification of shut down with</p>		

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

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K 521	Continued From page 3	K 521	general alarm during monthly fire drills. A summary of all findings and results for items 1) and 2) will be presented to and discussed during the facility monthly Safety Committee (QAPI) meetings for the next three months, with continued reviews quarterly thereafter until next annual survey.		