

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

PRINTED: 01/31/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345494	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/05/2018
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - GASTONIA			STREET ADDRESS, CITY, STATE, ZIP CODE 2780 X-RAY DRIVE GASTONIA, NC 28054		
(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 not utilizing special locking systems. In the exit conference all LSC deficiencies noted were discussed and acknowledged with Administration. Stories: One Construction Type: II (211) Constructed: 1999 Fully Sprinkled At time of survey the Licensed bed capacity =120 Total Certified Bed Count = 120 Census = 106	K 000			
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: 42 CFR 482.41(a) Based on observations, staff interview and/or documentation review on 1/5/2018, at	K 345	Filing the plan of correction does not constitute admission that the deficiencies alleged did in fact exist. The plan of correction is filed as evidence of the	1/5/18	

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

TITLE

(X6) DATE

Electronically Signed

01/10/2018

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 345	<p>Continued From page 1</p> <p>approximately 9:00 AM to 1:00 PM, the following deficiencies were noted:</p> <p>The facility inspection of components of the Fire Alarm Control Panel (FACP) was non-compliant the specific items include:</p> <p>During the inspection and testing of the facility FACP that consisted of multiple components, the loss of normal alternating current power component was tested. During this test the FACP was disconnected from the normal power. The FACP did not transfer to backup battery power when normal power was removed from the fire alarm system.</p> <p>Ref: 2012 NFPA 101 Sections 19.3.4; 9.6.1.3 NFPA 72</p> <p>This deficiency affected the entire facility.</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 345	<p>facility's desire to comply with the requirements and to continue to provide high quality of care.</p> <p>K345</p> <p>The battery, which allows FACP transfer to backup battery power when normal power is removed from the fire alarm system was replaced and the transfer of power was operating normally before the end of the Life Safety Survey. No adverse outcomes related to the back-up power failure. This was completed on 1/5/2018 before the end of the Life Safety Survey.</p> <p>All other systems with backup battery power, were inspected and found to be functioning normally with transfer from normal power to backup battery power. This was completed on 1/5/2018 by our Maintenance Director.</p> <p>For the systemic change, Maintenance department was educated by the Administrator concerning testing and maintenance of fire alarm system, this was completed on 1/5/2018. This education consisted of but not limited to the following: routine testing of normal power to backup battery power.</p> <p>An action plan has been implemented to include the following: all systems with backup battery power will be inspected/tested monthly to ensure they are functioning normally. This testing is in addition to the routine testing/monitoring completed by the Fire Alarm System</p>		

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K 345	Continued From page 2	K 345	<p>Monitoring Company and other Monitoring Companies.</p> <p>An audit tool was developed which includes monitoring to make sure testing is performed on a monthly basis. The Maintenance Director/designee will audit monthly for 8 months. Audits will determine the need for more frequent monitoring. All audits will be reported to the Administrator/designee.</p> <p>All audit information will be analyzed and reviewed by the Safety Committee and QAPI Committee for a minimum of 4 months.</p>		