

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

PRINTED: 12/14/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345089	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2017
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NAME OF PROVIDER OR SUPPLIER WALNUT COVE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 511 WINDMILL STREET WALNUT COVE, NC 27052
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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: one Construction Type: V(III) Fully Sprinkled :yes Total Certified Bed Count = 90 Census = 75	K 000	K211 . The beds stored on the 100 Hallway blocking exits accesses and handrails were removed . An audit was conducted of all hallways in the building on 11/29/17 to ensure that no other areas where handrails exist were affected by the Executive Director. . Measures put into place included the following: *The Administrator, and or designee, has educated the maintenance staff on the importance of NFPA 101 Means of Egress- General pertaining to blocked exit accesses and handrails. Maintenance staff will continue to monitor hallways 5 times a week for 2 weeks, then 2 times a week for two weeks, then once a week for 2 months. . Compliance will be sustained by the Maintenance Director compiling the results of the quality assurance monitoring tool and presenting them to the Quality Assurance Performance Improvement Committee monthly for 3 months.	
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/29/2017 at 9:00 AM the, following deficiencies were noted: The standard is non-compliant, specific findings include: 1. two residents beds are stored on 100 hallway blocking path to exit accesses and blocking	K 211		1/12/18

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

TITLE

(X8) DATE

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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NAME OF PROVIDER OR SUPPLIER WALNUT COVE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 511 WINDMILL STREET WALNUT COVE, NC 27052		
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K 321	Continued From page 2 f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/29/2017 at 9:00 AM the, following deficiencies were noted: The standard is non-compliant, specific findings include: 1. resident room #147 is being used as storage room. Door is not self closing.(room is over 50 sq. ft.). 2. oxygen storage room is being held open and missing latching hardware. 3. area behind dryers have excess lent on walls and equipment. NFPA 101, 19.3.2.1 This deficiency affected 3 of 8 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 321	Compliance will be sustained by the Maintenance Director compiling the results of the quality assurance monitoring tool and presenting them to the Quality Assurance Performance Improvement Committee monthly for 3 months. . K521 . Compliance was achieved as both HVAC dampers were repaired. . There are no other mechanical HVAC dampers in the building to review. . Measures put into place included the following: *Education was provided to maintenance staff by the Executive Director as to the importance of checking the function of the mechanical dampers at each fire drill conducted. . Any findings will be reported to the monthly Quality Assurance Performance Improvement (QAPI) Committee for further review.	1/12/18	
K 521 SS=F	HVAC CFR(s): NFPA 101 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	K 521		1/12/18	

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K 521	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/29/2017 at 9:00 AM the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. both motorized dampers in HVAC units in maintenance room back of building did not close on activation of fire alarm test. NFPA 101, 19.5.2.1/9.2	K 521	K521 · Compliance was achieved by the external placement of a manual shutdown switch for the emergency generator by an electrical vendor. · There are no other emergency generators for the building. · Measures put into place included the following: *The Administrator has educated the maintenance staff on the importance of NFPA 101 Electrical Systems- Emergency Electrical Systems pertaining to remote emergency stop buttons for emergency generators, and will continue to monitor in accordance with NFPA standards. · Any findings will be reported to the monthly Quality Assurance Performance Improvement (QAPI) Committee for further review.	
K 918 SS=F	This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire. Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual	K 918		1/12/18

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K 918	<p>Continued From page 4</p> <p>transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interview, and/or documentation on 11/29/2017 at 9:00 AM the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>1. There was not an emergency generator stop button located outside the generator enclosure. The facility had an emergency generator to supply alternate power to the facility in the event of a power loss. The emergency generator was not equipped with a remote manual stop station to prevent inadvertent or unintentional operation of the generator. The manual shutdown switch should be located external to the waterproof enclosure of the generator and should be appropriately identified.(per staff generator was install last year).</p> <p>NFPA 101, 19.2.9.1/7.9.2.4</p> <p>This deficiency affected entire facility.</p>	K 918		
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K 918 K 923 SS=E	<p>Continued From page 5</p> <p>Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.</p> <p>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>>300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure</p>	K 918 K 923	<p>K923</p> <p>The oxygen being stored within 5 feet of combustible material in the Central Supply room by Room 142 was removed.</p> <p>Additional supply rooms were reviewed looking for oxygen storage within 5 feet of combustible materials.</p> <p>The Administrator has educated the maintenance staff on the importance of NFPA 101 Gas Equipment- Cylinder and Container Storage pertaining to oxygen being stored within 5 feet of combustible materials, and will continue to monitor in accordance with NFPA standards.</p> <p>Any findings will be reported to the monthly Quality Assurance Performance Improvement (QAPI) Committee for further review.</p>	1/12/18

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K 923	<p>Continued From page 6</p> <p>considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/29/2017 at 9:00 AM the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>1. Oxygen stored in Central supply room by room 142 was within 5 ft of combustible material(paper,boxes).Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13.3 Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour.</p> <p>NFPA 101, 19.3.2.4 NFPA 99</p> <p>This deficiency affected one smoke compartment facility. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.</p>	K 923		
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