JUN 7 7 8013

PRINTED: 06/03/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG		SURVEY PLETED
		345528	B. WING		05	/30/2013
	ROVIDER OR SUPPLIER  NDING AT SANDY RIDGE	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP COE 1575 JOHN KNOX DRIVE COLFAX, NC 27235	IE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HEAPPROPRIATE	(X5) COMPLETION DATE
F 371 SS=F	authorities; and	SOURCES ANITARY  sources approved or ry by Federal, State or local stribute and serve food	F	Corrective action has been according to have been a deficient practices by the follows:  The Dining Director, Executive Coordinators and Homemakers discarded those food items that stored, covered and labeled after the surveyor. Staff reheated the to have unacceptable temperate extra temperature spot checks shot box was not functioning. Fo before sending to Household killout of service until repairs were	offected by the wing:  Chef, Household covered, labeled or twere not properly er being notified by a food that was found ures. After doing staff realized that the od was reheated tchens. Hot box taken	
	by: Based on observation facility record review to date food items in the cooler, dessert refrige warming box, walk-in kitchen area. The facil date food, in the "Pel Pebble Beach 2" kitchen evident in the "Wing Findings include:  On 5/28/13 at 11:30 at observations of the material following:  In the Main Kitchen the were open with no lab spice was opened. The containers were cover and 1 metal container.	ity also failed to label and oble Beach 1 " and " hens. This was also Foot " kitchen.  In through 12:45 pm ain kitchen revealed the lere were 60 spices which el that indicated when the el outer covering of the ed with a sticky substance with small holes on the top ardened substance on the		Corrective action will be accomposite to the potential of the potential of the potential of the practice by the follow. The Dining Director and Executive ducational meeting on 05/29/2 the main kitchen who were responded by the main kitchen who were responded by the main procedure for handling and the proper procedure for handling and thems.  The Nutrition Mentor, Lead Hom Coordinators and Homemakers regarding new policies and procedures "A".	to be affected by the ling:  ve Chef had an 13 with the staff in consible for the ating of food. The hef readdressed the and storing of food memakers, Household will have an inservice	
ABORATORY	DIRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATUR	Œ	A. TITLE	. /	(X6) 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.

If continuation sheet Page 1 of 9

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	1''	SURVEY PLETED
		345528	B. WING_			05/	/30/2013
	ROVIDER OR SUPPLIER	}E	•	1	REET ADDRESS, CITY, STATE, ZIP CODE 1675 JOHN KNOX DRIVE COLFAX, NC 27235	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 371	when they were oper container had a great. There were 3 "full size seafood breader, brecontainer with a brown of identify.  Observation of the "/a large pan of carrots of pineapple and one coconut, (the Dietary parmesan cheese) a vinaigrette, all of white dated. The cooler all crushed garlic, 1 burnsprigs, loose parsley crushed avocado, 1 popened container of of 2 -3 pound of slice container which was container of vendors (per the DM) assorte were not labeled/date.  Observations of assorting the walk-in refriger dated as follows: 1 gallon of orange juit gallon opened of lem capers opened with ropened mustard, 1 or cranberry juice and 1 sour sauce.  An observation of the "cookie box" (large to	spices which did not indicate ned and the outside of the asy substance covering them. ze" pans (4 inch) with ead crumbs, and another wn food which the staff could  A La Carte" cooler contained as covering opened, container e container of shredded y Manager (DM) stated it was and 1 container with ich were not labeled/ and or iso contained 1 container of inch of Kale, several rosemary of flakes in a container, package of spinach wraps, 1 cut up potatoes, 1 container ed yellow cheese, and a unidentifiable and a samples of gluten free foods and vegetables, all of which	F3		Measures and Systematic changes that will into place to prevent the deficient practice following:  The Executive Chef will ensure that all of the that is responsible for storing, labeling and dood is in-serviced on the proper techniques food handling and storage. In addition the Director has placed signs on all walk-ins that items must be covered, labeled and dated. Thomemakers have been instructed to refuse from the main kitchen if not labeled approprime Executive Chef, Nutrition Mentor and Le Homemakers have developed a Supervisor's Checklist for the main kitchen (see attached "B") that includes verification that food item properly covered, labeled and dated. Also dewas a Kitchen/Food Service Audit (see attached and a Competency Checklist for homemaker attached "D").  Facility will monitor performance by the fol The Executive Chef, Nutrition Mentor and Le Homemakers will conduct daily audits (see a "E") of all kitchens and report findings to the Registered Dietitian for consideration and the Committee for the next calendar year. After month, audits will be done weekly at random Findings will be reported monthly to the OAA Committee for monitoring and action.	e staff dating of for safe Dining food The titems riately. ead s Closing item as are eveloped ched "C") rs (see	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILD		(X3) DATE SURVEY COMPLETED					
		345528	B. WING			0.5	5/30/2013		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1576 JOHN KNOX DRIVE COLFAX, NC 27235					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE		
F 371	the bottom of the "box shoved to the back of radio. An interview w not know why these if DM also stated when being not covered he the container," indicat have no coverings on observation of a conta opened with no date, flour, pastry flour and counter the following labels/dates and oper 1 Large bag of pecanchips, 1 large bag of cof crushed walnuts, 1 crumbs, 1 large bag of cof crushed walnuts, 1 crumbs, 1 large bag of 1/2 dozen sugar free coating (1/2 full) with Under a counter was apricot glaze dated 1/2 and no date when ope container had crusted Observation of the dethe following with no luncovered:  1 large yellow frosted covering/date/label, 1 tray of éclairs, 1 large tray of roasted nut bair Observation of the shounter top revealed server and the shounter top revealed serve	es, labels or dates. Near there was blue linen a tray and a personnel ith the DM revealed he did ems were in the box. The asked about the cookies stated, "There is a door on ing that it was acceptable to the sheets of cookies. An ainer of chocolate curls, large bin of flour, baking rice all with no date. On the items were found to have no ned:  s,1 bag white chocolate innamon chips, 1 large bag large bag of Oreo cookie f shredded coconut, 2 and tart shells, 1 can of pan no cover and no date. 1 large 1/2 full bucket of 5/11 with no use by date ened, and the top of the 1, brown matter on the lid.  ssert refrigerator revealed abels/dates and or cake with no tray of apple fritters, 1 large yellow/white cake, and 1 rs.  elf above the baking area several bottles of food a sticky substance covering	F	371					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		NSTRUCTION		E SURVEY MPLETED
		345528	B. WING			01	5/30/2013
	ROVIDER OR SUPPLIER  NDING AT SANDY RIDO	BE.		1575	TADDRESS, CITY, STATE, ZIP CODE JOHN KNOX DRIVE FAX, NC 27235		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 371	opened and no date and butter, with no do the and butter, with no do cart with a large tray uncovered with no do uncooked eggs, 1 papered sausage, 4 to containers of baked dates.  Observation of a wall with 12 large trays of no label and no date.  Observation of the "pound bag of brioche and 1 large bag of brioche and date. He find the kitchen were reand dating. On 5/28, with the cooks # 1 arresponsibility was to the food in the kitche condiments, and botto be dated and labe asked about referring Operating Manual) his SOM was and stated recommendations ".	1 container of brown sugar ate/label.  k-in refrigerator revealed a of uncooked biscuits, ate, 1 container of butter and an of sausage links and rays of diced potatoes, and 2 sliced apples, all with no k in freezer contained a cart if frozen breads, uncovered, s.  prep cooler" revealed 1 4-5 with no label and no date, oken hamburger buns with the cooks exponsible for the labeling (13 at 12:30 pm an interview at #2, stated their ensure labeling and dating in including spices and other ides. An interview with the 0 pm stated it was his fucts/food in the kitchen need led. When the DM was it to the SOM (State et was unaware of what the	F	371			

	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION		TE SURVEY MPLETED
		345528	B. WING			,	05/30/2013
	ROVIDER OR SUPPLIER  NDING AT SANDY RIDG	E		1578	TADDRESS, CITY, STATE, ZIP CODE 5 JOHN KNOX DRIVE LFAX, NC 27235	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE.	(X5) COMPLETION DATE
F 371	the Main Kitchen were On 5/29/13 at 10:45a temperatures of food to be served for lunch temperatures taken with farenheit:  Fish - 166 degrees fa Beans - 161, Fried R 158, chicken gravy 16 baked chicken 130, at Edward medley (vegstir-fry and baked chithe appropriate temporal A second observation kitchen on 5/29/13 at following:  Walk in Freezer conta a cart revealed they was label and date, 1 Larg sugar and rice was sithat "he had not got Temperatures taken a service revealed:  asparagus soup 194 stuffed peppers 154 macaroni and cheese Steamed asparagus Mashed potatoes 150 baked fish 147 degree Barbecue chicken this	all food/bottles/containers in re to be labeled and dated.  In through 11:30 am  In the Main Kitchen that was a revealed the following: (all were measured in degrees  In the Main Kitchen that was a revealed the following: (all were measured in degrees  In the Main Kitchen that was a revealed the following: (all were measured in degrees  In the Main Kitchen that was a revealed to each to be reheated to degree the following of the main following th	F	371			

	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(		SURVEY PLETED
: 		345528	B. WING				05	/30/2013
	ROVIDER OR SUPPLIER  NDING AT SANDY RID	GE		157	ET ADDRESS, CITY, STATE, ZIP CODE 75 JOHN KNOX DRIVE DLFAX, NC 27235			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	Ξ	(X5) COMPLETION DATE
F 371	salted brussel sprou Fahrenheit pureed asparagus - ground chicken- 153 pureed chicken- 154 brown gravy157deg cream of asparagus Fahrenheit  On 5/29/13 at 5:45 ptemperatures reveal temperatures were at Tilapia 180.3 Baked Sweet Potato Asparagus soup 128 thermometer 170.6 Brussel sprouts 184 Baked chicken 169.8 Baked Macaroni 192 Asparagus 200.8 Gravy 180.4 Mashed Potatoes 15 Stuffed Peppers 166 Observation of a res temperature, who co was taken and the te acceptable to the res reheated in the micro was rechecked. The	ats with garlic 158 degrees  152 degrees Fahrenheit 3 degrees Fahrenheit 4 degrees Fahrenheit 5 soup 161 degrees  om observation of Wing Foot 10 degrees Fahrenheit 10 as follows:  10 as 180.4 10 as	F	371				

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION		re survey MPLETED
		345528	B. WING			0	5/30/2013
	ROVIDER OR SUPPLIER  NDING AT SANDY RIDGE			1575	FADDRESS, CITY, STATE, ZIP CODE JOHN KNOX DRIVE FAX, NC 27235		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	Κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 371	quart sugar container containers of decorati temperature, had an eno label/date and all ruloaves of bread on the with no label/date.  Observation in the reficontained the followin label/date:  1 pan of egg salad 1 pan of tuna fish salad 1 pan of shredded card 1 pan of shredded card 1 pan of sliced pickles 1 package of sliced tunof the wrapping) 1 package of sliced had On 5/29/13 at 6:00 pmmentor #1of Wing Food discarding the above it was that all opened food dated. The Administrational agreed with the Number 1 with the Number 1 with the Number 1 with the label contained 20	entainers with no dates, 1, 4, no label/ date, 3 opened ng sauce on the shelf, room expiration date of 2012, with equired refrigeration, 3 e counter top were opened rigerator on Wing Foot g containers with no d rots idea of the counter top were alling out an interview with the nurse of the counter top were and his expectation of must be labeled and attor was present at the time turse Mentor #1.  3 at 6:30 pm with Home ecorating sauces were am contained according to grams, 18grams and/ or stated he was told when accility that the toppings aputs the sauce on ice	F	371			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		345528	B. WING		1	05/30/2013
	ROVIDER OR SUPPLIER  NDING AT SANDY RIDGE		,	REET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HEAPPROPRIAT	
F 371	pm revealed he would above and stated the refrigerated as well. He the above needed to be One 3 quart container use by 5/29/13 " was Executive Chef.  An observation of 3 locounter was opened very counter was opened very counter was opened very contained of the Pekitchens on 5/29/13 at cream freezer contain cream resembling free flavors included strawly chocolate, and french The freezer had a built with icecicles on the toof the reach in refriger mushy, black strawber container of unlabeled carrots, cucumbers, to dressing, sweet pickle and shredded cheese cinnamon 3 oz. unlabe spice no date, and 1 p with no label/date was with the nutrition ment expectation that all focand food on the shelve dated if opened. She maker in charge #4, withis area and he was mof the investigation. At Home Maker #4 in charge maker in charge #4 in charge maker in charge maker #4 in charge maker #4 in charge maker in charge #4 in charge maker in charge #4 in charge maker #4 in charge maker in charge #4 in charge maker in charge #4 in charge maker in charge #4 in charge maker #4 in charge maker in charge #4 in charge maker #4 in charge maker in charge #4 in charge maker #4 in charge maker in charge #4 in charge maker in charge #4 in charge maker #4 in charge maker #4 in charge maker #4 in charge maker in charge maker #4 in charge maker #4 in charge maker maker #4 in charge maker make	ve Chef on 5/29/13 at 6:45 I be discarding all of the toppings should have been le further stated that all of be labeled correctly as well. of dry pancake mix dated " also discarded by the  aves of bread on the with no label/date.  bble Beach 1 and 2 6:48 PM revealed the ice led crystallization of ice led crystallization of ice lever burn. Ice cream berry, butter pecan, vanilla in 3 gal containers. dup of frost 1/4 inch thick lop inside door. Observation later had a package of ries, a mushy cucumber, coleslaw, speared pickles, matoes, blue cheese s slices, dill pickle slices, A-1 sauce date of 2/01, led and no date, Mexican lece of tomatoe wrapped discarded, An Interview or stated it was her leds are labeled and dated less should be labeled and continued that the Home last the person in charge of lot in the facility at the time	F 371			

STATEMENT OF AND PLAN OF	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı		DNSTRUCTION	(X3) DATI COM	E SURVEY PLETED
		345528	B. WING			05	3/30/2013
	ROVIDER OR SUPPLIER  NDING AT SANDY RIDGI			STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	≡ TE	(X5) COMPLETION DATE
F 371		nat all foods be labeled and	F	371			

PRINTED: 07/01/2013 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			F SURVEY WILD
		345528	B. WING_	JUL 1 6 2008	/27/2013
RIVER L	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE  1575 JOHN KNOX DRIVE  COLFAX, NC 27235  CONSTRUCTION SEC	<del></del>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETIO DATE
K 000	INITIAL COMMEN	វទ	K 00	Corrective action has been accomplished	Completic Date
	conducted as per T at 42 CFR 483.70(a	ode (LSC) survey was he Code of Federal Register a); using the 2000 Existing		for those residents found to have been affected by the deficient practices by the following:	6/28/13
	publications. This for protected construct	n of the LSC and its referenced acility is Type II (222) ion utilizing North Carolina		The attached picture shows the penetration has been fire stopped.	
K 025	with a complete aut CFR#: 42 CFR 483	angements, and is equipped omatic sprinkler system.  3.70 (a) FETY CODE STANDARD	K 02	Corrective action will be accomplished for those residents having the potential to be affected by the deficient practice by the following:	7/5/13
SS=D	Smoke barriers are least a one half hou accordance with 8.3	constructed to provide at ir fire resistance rating in 3. Smoke barriers may	1,02	The Director of Maintenance has reviewed all walls and ceilings to make sure all penetrations are fire stopped.	- Andrews - Andr
	protected by fire-rat	um wall. Windows are ed glazing or by wired glass umes. A minimum of two		Measures will be put into place to prevent the deficient practice by the following:	7/5/13
	floor. Dampers are penetrations of smo	ents are provided on each not required in duct oke barriers in fully ducted and air conditioning systems.		The Maintenance Department and Vendors will be educated on fire stopping.	7/5/13
	19.3.7.3, 19.3.7.5, 1			Facility will monitor performance by the following:	//5/13
	Based on the obse on 6/27/2013 the fo observed as noncor include: There were	s not met as evidenced by: rvations and staff interviews llowing Life Safety item was mpliant, specific findings e unsealed penetrations in the e the cross corridor doors		The Director of Maintenance will conduct quarterly inspections to make sure all penetrations are fire stopped. He will submit results to the River Landing Quality Assurance Committee for review and consideration.	•
	CFR#: 42 CFR 483 NFPA 101 LIFE SA	.70 (a) FETY CODE STANDARD	K 05	2	

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.

If continuation sheet Page 1 of 2

	& MEDICAID SERVICES				<u>. 0938-039</u>	
T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DA	(X3) DATE SURVEY COMPLETED **	
345528 B. Wil		B. WING		06	/27/2013	
PROVIDER OR SUPPLIER  ANDING AT SANDY F	RIDGE		STREET ADDRESS, CITY, STATE, ZIP ( 1575 JOHN KNOX DRIVE COLFAX, NC 27235	CODE		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTIVE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
Continued From page 1  E A fire plarm system required for life safety is		Ko	52 K052		Completion Date	
installed, tested, an with NFPA 70 Natio 72. The system has and testing program	d maintained in accordance nal Electrical Code and NFPA an approved maintenance n complying with applicable	And the second s	for those residents found to affected by the deficient pro- following:	have been actices by the	6/27/13	
·		And the state of t	those residents having the paffected by the deficient profollowing:	ootential to be actice by the	6/28/13	
This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 6/27/2013 the following Life Safety item was observed as noncompliant, specific findings include: The Fire Alarm Control Panel (FACP) which consist of several components, the loss of normal power component was tested and the back up batteries failed to supply power to the FACP.  CFR#: 42 CFR 483.70 (a)		was supplied as appropriate.  Measures will be put into pleasures the deficient practice by the	lace to prevent following:	7/5/13		
		who service the FACP will be the necessity battery backup properties importance of regular testing works appropriately.  Facility will monitor perform	e educated on power and the to verify system	7/5/13		
			The Director of Maintenance quarterly inspections to make backup power supply is functionally submit results to the River La	sure the FACP loning. He will nding Quality		
	PROVIDER OR SUPPLIER  ANDING AT SANDY F  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From pa  A fire alarm system installed, tested, an with NFPA 70 Natio 72. The system has and testing program requirements of NF  This STANDARD is Based on the obser on 6/27/2013 the fol observed as noncor include: The Fire Al which consist of sev normal power comp back up batteries fail FACP.	ANDING AT SANDY RIDGE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9,6.1.4  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 6/27/2013 the following Life Safety item was observed as noncompliant, specific findings include: The Fire Alarm Control Panel (FACP) which consist of several components, the loss of normal power component was tested and the back up batteries failed to supply power to the FACP.	A BUILD  345528  B. WING  ROVIDER OR SUPPLIER  ANDING AT SANDY RIDGE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72.  9.6.1.4  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 6/27/2013 the following Life Safety item was observed as noncompliant, specific findings include: The Fire Alarm Control Panel (FACP) which consist of several components, the loss of normal power component was tested and the back up batteries failed to supply power to the FACP.	A BUILDING 01 - MAIN BUILDING  345528  ROVIDER OR SUPPLIER  ANDING AT SANDY RIDGE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 6/27/2013 the following Life Safety item was observed as noncompliant, specific findings include: The Fire Alarm Control Panel (FACP) which consist of several components, the loss of normal power component was tested and the back up batteries failed to supply power to the FACP.  CFR#: 42 CFR 483.70 (a)  ID PROVIDER'S LAN OF (CALPA, NC 27235  FROVIDER'S LAN OF (CALPA, NC 27	A BUILDING 01 - MAIN BUILDING  345528  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE  COLFAX, NC 27235  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION)  Continued From page 1  A fire alarm system required for life safety is installed, tested, and maintained in accordance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  The batteries that failed have been replaced.  Corrective action will be accomplished for those residents having the potential to be affected by the deficient practice by the following:  The batteries that failed have been replaced.  Corrective action will be accomplished for those residents having the potential to be affected by the deficient practice by the following:  The system was retested after batteries were replaced and during testing backup power was supplied as appropriate.  Measures will be put into place to prevent the deficient practice by the following:  The Maintenance Department and Vendors who service the FACP will be diacated on the necessity battery backup power and the importance of regular testing to verify system works appropriately.  Facility will monitor performance by the following:  The Director of Maintenance will conduct quarterly inspections to make sure the FACP backup power supply is functioning. He will submit results to the River Landing Quality Assurance Committee for review and	

