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

PRINTED: 10/01/2013 FORM APPROVED OMB NO. 0938-0391

| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | CONSTRUCTION | (X3) DAT COM | E SURVEY IPLETED |
|--------------------------|-----------------------------------|--|--------------------|-----|---|-----------------|----------------------------|
| | | 345552 | B. WING | | | 09/ | 26/2013 |
| | PROVIDER OR SUPPLIER | BILITATION & RECOVERY CEN | ITER | 200 | EET ADDRESS, CITY, STATE, ZIP CODE 5 SHANNON GRAY COURT MESTOWN, NC 27282 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETION DATE |
| F 000 | No deficiencies we | ere cited as a result of the ey on 9/26/13. Event ID# | F | 000 | | | |
| LABORATORY | DIRECTOR'S OR PROVID | DER/SUPPLIER REPRESENTATIVE'S SI | GNATURE | | 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.

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

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X2) MULTIPLE CONSTRUCTION A BUILDING O1 - THE SHANNON GRAY REHABILITATION & RECOVERY

(X3) DATE SURVEY COMPLETED

345552

10/24/2013

NAME OF PROVIDER OR SUPPLIER

THE SHANNON GRAY REHABILITATION & RECOVERY CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 2005 SHANNON GRAY COURT JAMESTOWN, NC 27282

| R COO INITIAL COMMENTS K OOO INITIAL COMMENTS INITIAL COMMENTS K OOO INITIAL COMMENTS K OOO INITIAL COMMENTS INITIAL COMMENTS I INITIAL COMMENTS I INITIAL COMMENTS INITIAL COMMENTS I INITIAL COMMEN | •••• | | | Auto o o o o o o o o o o o o o o o o o o | |
|--|--------------------------|---|---------------------|--|----------------------------|
| the problem being lack of storage for empty/used oxygen canisters and staff placing canisters in the wrong rack. We have two oxygen storage areas that have distinct storage for empty and full oxygen canisters. Adequate storage for empty and full oxygen canisters. Adequate storage has been accomplished by purchasing two new storage racks which were delivered on 10/24/13. This STANDARD is not met as evidenced by: Based on observation on 10/24/13 at approximately 8:00 AM onward the following deficiencies were noted: 1) In the oxygen storage room in (Heartland) wing full and ampty oxygen cylinders were stored together. If stored within the same enclosure, empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurliedly, (NFPA 99 4-3.5.2.2b(2)] 42 ČFR 483.70 K 144 K 144 NFPA 101 LIFE SAFETY CODE STANDARD K 144 Wednesday, November 13 and will be provided semi-annually | (X4) ID PREFIX TAG | IRACH DEFICIENCY MUST BE PRECEDED BY FULL | ID PREFIX TAG | CROSS-REFERENCED TO THE APPROPRIATE | (X8) COMPLETION DATE |
| canisters and staff placing medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2. 18.3.2.4 This STANDARD is not met as evidenced by: Based on observation on 10/24/13 at approximately 8:00 AM onward the following deficiencies were noted: 1) In the oxygen storage room in (Heartland) wing full and empty oxygen cylinders were stored together. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed huritedly. (NFPA 99 4-3.5.2.2b(2)) K 144 K 144 K 144 K 144 NFPA 101 LIFE SAFETY CODE STANDARD K 144 Canisters and staff placing canisters in the wrong rack. We have two oxygen storage areas that have distinct storage for empty and full oxygen canisters. Adequate storage has been accomplished by purchasing two new storage racks which were delivered on 10/24/13. Signs have been laminated and posted on the storage racks specifying the empty and full canisters. In-servicing will be completed with nursing, maintenance, housekeeping and administrative staff regarding facility process for storage of oxygen tanks. Inservicing will be completed by Wednesday, November 13 and will be provided semi-annually | K 000 | INITIAL COMMENTS | K 000 | M. Indiliterrating parallel incident | 11/21/13 |
| Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. | SS=D | Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4 This STANDARD is not met as evidenced by: Based on observation on 10/24/13 at approximately 8:00 AM onward the following deficiencies were noted: 1) In the oxygen storage room in (Heartland) wing full and empty oxygen cylinders were stored together. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurifiedly. [NFPA 99 4-3.5.2.2b(2)] 42 CFR 483.70 NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in | | storage for empty/used oxygen canisters and staff placing canisters in the wrong rack. We have two oxygen storage areas that have distinct storage for empty and full oxygen canisters. Adequate storage has been accomplished by purchasing two new storage racks which were delivered on 10/24/13. Signs have been laminated and posted on the storage racks specifying the empty and full canisters. In-servicing will be completed with nursing, maintenance, housekeeping and administrative staff regarding facility process for storage of oxygen tanks. Inservicing will be completed by Wednesday, November 13 and | 11/21/13 |

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

TITLE

(X6) DATE

administration

11-8-13

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 disclosuble 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 locality. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

If continuation sheet Page 1 of 2

04:43:37 p.m.

| TEMENT | S FOR MEDICARE & MEDICAID SERVICES OF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | TIPLE CO | trattratum t | DATE SURVEY COMPLETED |
|--|--|---|--------------------------------|------------------|--|--------------------------|
| ND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A BUILDING 01 - THE SHANNON GRAY REHABILITATION & RECOVERY | | 4 & RECOVERY | 10/24/2013 | |
| | | 345552 | B. WING | | T ADDRESS, CITY, STATE, ZIP CODE | 10/24/2013 |
| | ROVIDER OR SUPPLIER NNON GRAY HEHAI | BILITATION & RECOVERY CENT | ER | 2005 5 | SHANNON GRAY COURT STOWN, NC 27282 | - · · · · · |
| (X4) ID PREFIX TAG | ICAGU SCRICICACI | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | EOMBT HON |
| K 144 | Conlinued From p | age 1 | K | 144 | Maintenance Director or designee will monitor to | : |
| | This STANDARD is not met as evidenced by: Based on observation on 10/24/13 at approximately 8:00 AM onward the following deliciencies were noted: 1) When testing the emergency generator the time to transfer form normal power to connected emergency power exceeded the 10 seconds. Time to transfer for normal to emergency connected load to greater than 11.5 seconds. | | | : | ensure compliance by checking oxygen storage areas daily x 4 weeks, weekly x 3 months and | |
| | | | • | 1 | then random quarterly audits by administrative or | |
| | | | | } | maintenance employees. | |
| | | | ; t | : | Results will be reported to the quarterly QA committee by the Maintenance Director. | |
| | | | | 1 | The maintenance director will | |
| | 42 CFR 483.70 | | 1 | | utilize the "2013 Oxygen Storage QA Tool" that has been | |
| | | | * | | developed to log all findings and corrective actions if | |
| | | | | - - - - | necessary. | |
| | · | | | | | |
| | : . • | | | 1 | | |
| | | |), go, applicabilities. Extend | | B. To correct this problem, the "delay time" has been reduced to ensure time to transfer from | 11/21/1 |
| | ! | | | # A | normal power to connected emergency power is within ten | |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION COMPLETED A BUILDING 01 - THE SHANNON GRAY REHABILITATION & RECOVERY B. WING 10/24/2013 345552 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2005 SHANNON GRAY COURT THE SHANNON GRAY REHABILITATION & RECOVERY CENTER JAMESTOWN, NC 27282 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (55) (100 - 1000) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 144 K 144 . Continued From page 1 Maintenance Director will test the generator weekly x 4 and monthly thereafter, recording amount of time to transfer from normal power to connected This STANDARD is not met as evidenced by: emergency power. Based on observation on 10/24/13 at approximately 8:00 AM onward the following The maintenance director will deliclencies were noted: 1) When testing the emergency generator the utilize the "2013 Generator QA time to transfer form normal power to connected Tool" that has been developed emergency power exceeded the 10 seconds. Time to transfer for normal to emergency to log all findings and corrective connected load to greater than 11.5 seconds. actions if necessary. 42 CFR 483.70 This report will be reviewed in the quarterly QA meeting