

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

PRINTED: 12/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345545	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2013
NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WADE COBLE DRIVE BURLINGTON, NC 27215		
(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	
F 000	INITIAL COMMENTS This facility is in compliance with the requirements of 42 CFR Part 483, SubpartB for Long Term Care Facilities (General Health Survey) Event ID # LN4211.	F 000			

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

TITLE

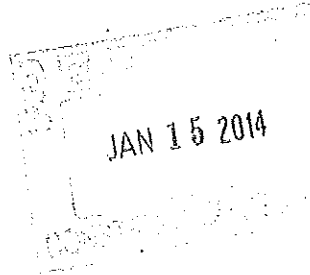
(X6) DATE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345545	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - TWIN LAKES MEMORY CARE B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2014
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NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WADE COBLE DRIVE BURLINGTON, NC 27215
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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type V(111) construction one story, with a complete automatic sprinkler system.	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3 This STANDARD is not met as evidenced by: Based on observation on Friday 1/3/14 at approximately 8:30 AM onward the following deficiencies were noted: 1) Resident room # 210 corridor door did not have positive latching.	K 018	 <u>Corrective action:</u> The corridor door of resident room #210 has been provided with new positive latching hardware. <u>Other potential life safety issues:</u> All resident room corridor doors have been checked to ensure that positive latching hardware is in good repair. <u>Systemic changes:</u> Maintenance has added this item to their regular preventative maintenance schedule. The hardware on all doors protecting corridor openings will be checked on a quarterly basis. <u>Monitoring:</u> A report of all preventive maintenance tasks is reviewed by the department head of maintenance; this item will be added to the report to ensure it is done as scheduled on a quarterly basis.	1/14/2014
K 050 SS=F	42 CFR 483.70 NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded	K 050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345545	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - TWIN LAKES MEMORY CARE B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2014
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K 050	Continued From page 1 announcement may be used instead of audible alarms. 18.7.1.2 This STANDARD is not met as evidenced by: Based on observation on Friday 1/3/14 at approximately 8:30 AM onward the following deficiencies were noted: 1) Fire Drills on all shifts were conducted at approximately the same time and not at unexpected times under varying conditions.	K 050	<u>Corrective action:</u> In-services are being held for the security staff and maintenance staff that are responsible for conducting unannounced fire drills in order to educate them on this standard. From this point, fire drills will be held at unexpected and varying times on each shift. Staff will experience drills at changing times during an eight hour shift in order to practice emergency response procedures under multiple conditions. <u>Other potential life safety issues:</u> No other issues noted at this time. <u>Systemic changes:</u> This will be tracked through the QA process and reported at each QA meeting for the next twelve months. <u>Monitoring:</u> the administrator will monitor fire drill logs to confirm that fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.	2/1/2014
K 056 SS=F	42 CFR 483.70 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by: Based on observation on Friday 1/3/14 at approximately 8:30 AM onward the following deficiencies were noted:	K 056	<u>Corrective action:</u> The sprinkler heads in the Laundry Room and behind the dryer have been cleaned and are in good condition. <u>Other potential life safety issues:</u> Sprinkler heads throughout the building were cleaned. No other issues were detected at this time. <u>Systemic changes:</u> Maintenance has added this item to their regular preventative maintenance schedule. All sprinkler heads and behind the dryer will be cleaned quarterly. <u>Monitoring:</u> A report of all preventive maintenance tasks is reviewed by the department head of maintenance; this item will be added to the report to ensure it is done as scheduled on a quarterly basis.	1/09/2014

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K 056	Continued From page 2 1) Sprinkler head in the Laundry Room and behind the dryer were not clean and maintained in good condition.	K 056		
K 062 SS=F	42 CFR 483.70 NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation on Friday 1/3/14 at approximately 8:30 AM onward the following deficiencies were noted: 1) Facility could not provide documentation on the three year sprinkler inspection report with the full flow time at the inspector test port.	K 062	<u>Corrective action:</u> During last annual sprinkler inspection (12-31-2012), the inspector notes that a full test was not completed due to cold temperatures. A full sprinkler test, that will include full flow time at the Inspector test port, is scheduled for January 20, 2014. <u>Other potential life safety issues:</u> Sprinkler heads throughout the building have been cleaned. No other issues were detected at this time. <u>Systemic changes:</u> Automatic Sprinkler System will be tested on an annual basis. <u>Monitoring:</u> The department head of maintenance will be responsible for monitoring and scheduling sprinkler system inspections in a timely manner.	1/21/2014
K 076 SS=F	42 CFR 483.70 NFPA 101 LIFE SAFETY CODE STANDARD 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	K 076		

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K 076	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observation on Friday 1/3/14 at approximately 8:30 AM onward the following deficiencies were noted:</p> <ol style="list-style-type: none"> 1) Oxygen cylinders were stored in unapproved 2 liter soda crates. (Location Ward Landing oxygen storage room) 2) 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 hurriedly. [NFPA 99 4-3.5.2.2b(2)] (oxygen storage room in Sand Piper Cove) <p>42 CFR 483.70</p>	K 076	<p><u>Corrective action:</u> Full and empty oxygen cylinders have been separated and appropriately designated (with signage) in the Oxygen Storage Room. An additional approved rack was supplied by our oxygen provider to ensure adequate storage, and the unapproved storage crates have been discarded. Appropriate staff will be In-serviced on the importance of keeping full and empty oxygen tanks segregated.</p> <p><u>Other potential life safety issues:</u> The Oxygen Storage Room has been reviewed and we have clearly segregated our full and empty oxygen tanks to help avoid confusion and delay if a cylinder is needed. No other issues were detected at this time.</p> <p><u>Systemic changes:</u> This will be tracked through the QA process and reported at each QA meeting for the next twelve months.</p> <p><u>Monitoring:</u> The administrator and the Director of Nursing will monitor to ensure that the cylinders are stored appropriately in the future.</p>	2/1/2014