

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

PRINTED: 01/13/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/10/2014
NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 323 BALDWIN ROAD PO BOX 3427 BURLINGTON, NC 27217		
(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 No deficiencies were cited as a result of the recertification survey dated 01/10/14. Event ID# W6D311.	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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345301	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2014
NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 323 BALDWIN ROAD PO BOX 3427 BURLINGTON, NC 27217	
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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 Existing Health Care section of the LSC and its referenced publications. Building 0102 and 0202 are Type V construction, one story, with a complete automatic sprinkler system.	K 000	FEB 19 2014	
K 062 SS=D	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	K062: United Sprinkler Co., Inc., who is responsible for providing the quarterly inspection and test of the facility automatic sprinkler system, was notified that the facility sprinkler system had not been tested in accordance with NFPA 25- Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems (1999 Edition), as evidenced by non-completion of the quarterly testing in October 2013. The LNHA will round with the Director of Maintenance monthly to inspect all life safety requirements to ensure ongoing compliance, including compliance with NFPA-25. Inclusion of life safety compliance, including automatic sprinkler system compliance with NFPA-25, will be part of the facility monthly QI Committee, beginning 2/25/14. The LNHA will monitor to assure compliance.	2/25/14
K 069 SS=D	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) Based on record review and staff interview, the facility sprinkler system was not being tested in accordance with NFPA 25 - Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems (1999 edition), specific findings include; documentation indicated failure to demonstrate inspection, testing and maintenance in accordance with NFPA 25 1-4.2. Quarterly testing was not conducted between 7/15/13 and 1/3/14. NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96	K 069		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Nathan Bernick, WHH* TITLE: *Administrator* (X6) DATE: *2/14/14*

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DRW

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NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 323 BALDWIN ROAD PO BOX 3427 BURLINGTON, NC 27217		
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K 069	Continued From page 1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 1/31/14 at approximately noon the facility's cooking system was not protected in accordance with NFPA 96 - Ventilation Control and Fire Protection of Commercial Cooking Operations. Inspections must be held every six months. Specific findings include the date of the most recent system was held in June 2013.	K 069	K069: Toma Fire Protection Equipment, Inc., who provides the semi-annual inspections of the facility's cooking system, was notified that the December 2013 required semi-annual inspection had not been completed. Toma completed the delinquent December 2013 inspection on February 6, 2014. The LNHA will round with the Director of Maintenance monthly to inspect all life safety requirements, to ensure ongoing compliance, including compliance with NFPA-96-ventilation Control and Fire Protection of Commercial Cooking Operations. Inclusion of life safety compliance, including semi-annual inspections of the facility's cooking system, will be part of the facility's monthly QI Committee, beginning 2/25/14. The LNHA will monitor to assure compliance.	2/25/14	

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NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - BURLINGTON			STREET ADDRESS, CITY, STATE, ZIP CODE 323 BALDWIN ROAD PO BOX 3427 BURLINGTON, NC 27217	
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K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 1/31/14 at approximately noon the following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant, specific findings include the smoke damper at the smoke wall near nurses station C did not close with fire alarm activation.	K 067	<u>K067:</u> Toma Fire Protection Equipment, Inc., repaired the malfunctioning smoke damper at the smoke wall near nurses station C on 2/6/14. Additionally, Toma completed an inspection of all facility smoke dampers to ensure proper functioning with fire alarm activation. The LNHA will round with the Director of Maintenance monthly to inspect all life safety requirements to assure ongoing compliance, including HVAC compliance and, specifically, proper functioning of all smoke dampers with fire alarm activation. Inclusion of life safety compliance will be part of the facility's monthly QI Committee beginning 2/25/14. The LNHA will monitor to ensure compliance.	2/25/14
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 1/31/14 at approximately noon the following emergency generators were non-compliant, specific findings include two out of three generators did not function properly. A. The outside generator near the laundry took	K 144		

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

TITLE

(X6) DATE

Walter K. Smith, CLIA

Administrator

2/14/14

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K 144	Continued From page 1 22 seconds to crank the first time. The second time the generator cranked within the required 10 seconds. B. Generator for the C wing was not functioning properly. There was a work order for parts.	K 144	K144: On 2/4/14, Gregory Poole Power Systems replaced parts on the C-Wing generator, performed preventative maintenance, and checked the operation of generator. The generator started timely and functioned in compliance with NFPA-99. The Maintenance Director has performed weekly checks of the outside generator near laundry since 1/31/14, and each time the generator has started within the required 10 seconds. The Maintenance Director will continue to perform the weekly checks on all three facility generators to assure continued compliance with NFPA-99. The LNHA will round with the Director of Maintenance monthly to inspect all life safety requirements to ensure ongoing compliance, including compliance with NFPA-99. Inclusion of life safety compliance will be part of the facility's monthly QI Committee, beginning 2/25/14. The LNHA will monitor to assure compliance.	2/25/14	