

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

JUN 17 2013

PRINTED: 05/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/23/2013
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NAME OF PROVIDER OR SUPPLIER SOUTH VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2221 W RALEIGH BLVD ROCKY MOUNT, NC 27803
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(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
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F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation. Event ID #5KB811.	F 000	Submission of this response to the Statement of Deficiency by the undersigned does not constitute an admission that the deficiency existed and/or were correctly cited and/or require correction.	
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to sanitize the kitchenware being run through the dish machine due to tubing difficulty which prevented the proper dispensing of the sanitizing solution. Findings included: At 9:20 AM on 05/22/13 review of the facility's dish machine log revealed it was already documented a strip used to check the strength of the sanitizing solution released into the dish machine registered 100 parts per million hypochlorite as breakfast dishes were run through the dish machine system. At 9:28 AM on 05/22/13 the dish machine began operation. At 9:32 AM on 05/22/13 the surveyor requested that a strip be used to check the strength of the	F 371	No specific resident was identified in this citation. All residents have the potential to be affected by this citation. The dish machine service representative replaced the tubes to ensure the chemicals were released at the appropriate strength on 05/22/13. Kitchenware will be sanitized with the proper strength sanitizing solution. An in-service on the facility policy for ware washing to include checking and recording sanitizing solution strength prior to each washing was completed by the Food Service Director on 06/02/13.	6/14/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 6/5/13
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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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F 371	<p>Continued From page 1</p> <p>sanitizing solution being released into the dish machine. The strip did not register the presence of any sanitizer (the white strip failed to turn any shade of blue/purple).</p> <p>From 9:33 AM until 9:40 AM on 05/22/13 more racks of kitchenware were run through the dish machine, but the strips continued to register the lack of a sanitizer. At this time the dietary manager (DM) stated at around 7:00 AM on 05/22/13 a dietary aide informed her that the drying agent was not feeding into the dish machine during the rinse cycle. The DM reported she was able to prime the tubing enough to get the drying agent into the dish machine again, but still called the dish machine service representative about the problem. At that time the DM stated the detergent and the sanitizing agent were feeding into the dish machine without difficulty. She commented the dish machine must have been working okay earlier the same morning at 6:00 AM because the dietary aide logged in that a strip measured 100 PPM hypochlorite.</p> <p>At 10:25 AM on 05/22/13 the dish machine service representative stated the sanitizing solution was not making its way far enough up the tubing to enter the dish machine. She explained she was going to replace the squeeze tubes and lines that fed the sanitizing agent, detergent, and drying agent into the dish machine.</p> <p>At 11:12 AM on 05/23/13 the DM stated the dietary staff always logged the "breakfast" strip in at 6:00 AM when they arrived, and ran kitchenware left over from supper the night before</p>	F 371	<p>The dietary aide will record Sanitizer strength prior to each operation of the dishwasher utilizing the Dishwashing Temperature/Sanitizer Record 3 times/day. Compliance will be monitored by completion of a second Dishwashing Temperature/Sanitizer Record completed by the Food Service Director or Cook 3 times/day. Any issues identified will be corrected by the Food Service Director or outside representative.</p> <p>Results will be forwarded to the QA Committee for review and recommendations monthly X 3 months.</p>	
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F 371	<p>Continued From page 2</p> <p>through the dish machine. She reported as far as she knew the staff did not utilize another strip as breakfast dishes were washed/sanitized. The DM commented three strips were used each day; one at 6:00 AM each morning, another as the lunch kitchenware was loaded into the dish machine, and another as the supper kitchenware was loaded into the machine. According to the DM, it was the responsibility of the dietary aides operating the dish machine to make sure the solutions were feeding into the machine appropriately. She stated the dish machine was serviced routinely each month, but she was not aware of any tubing problems prior to 05/22/13.</p> <p>At 11:17 AM on 05/23/13 the dietary aide stated she used a strip to check the dish machine sanitizer each morning at 6:00 AM. She stated on 05/22/13 at 6:00 AM the strip measured 100 PPM hypochlorite. However, she reported at 6:30 AM on 05/22/13 she noticed she had to prime the tubing in order to get the drying agent to enter the rinse cycle. She stated she was still having problems at 7:00 AM on 05/22/13 so she notified the DM. According to the dietary aide, she used three strips during her shift to check the sanitizer feeding into the dish machine. She commented she used strips at 6:00 AM, 7:00 AM, and 1:30 PM. The aide reported it was important the sanitizing solution fed into the dish machine correctly because the sanitizer killed all the germs and bacteria on the kitchenware.</p>	F 371		

South Village
2221 W. Raleigh Blvd.
Rocky Mount, NC 27803

July 15, 2013

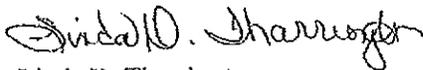
Mr. Gordon Washburn
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Construction Section
2705 Mail Service Center
Raleigh, North Carolina 27699-2705

Mr. Washburn:

As per our recent phone conversation, we are experiencing a hardship in that the city cannot ensure our generator will crank and turn in the required ten (10) seconds. We are in the process of purchasing and installing a new generator and thus are requesting a six month temporary waiver for Tag K144. We anticipate a completion date of February 2, 2014.

Should you have question, please do not hesitate to call me at 252-442-4156.

Sincerely,



Linda D. Tharrington
Administrator

FACILITY REQUEST FOR WAIVER OR VARIANCE

TO BE COMPLETED BY STATE AGENCY

<input checked="" type="checkbox"/> Life Safety Code (405.1134a) <input type="checkbox"/> 7-Day R.N. Requirement <input type="checkbox"/> Medical Director (405.1911b)	<input type="checkbox"/> Physical Environment <input type="checkbox"/> Patient Room Size (405.1134c) <input type="checkbox"/> Beds Per Room (405.1134e)
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1. Name of Facility South Village
 Address 2221 W. Raleigh Blvd, Rock Mount, NC 27803

2. Type Facility: NH 3. Vendor No. _____
 Program: XVIII/XIX XIX Provider No. 345137

4. Date of Survey: Life Safety Code 06/19/2013 5. Expiration Date of Current Agreement: _____
 General GW

6. State Agency recommendation: Approved Waiver/Variance Previously Approved
 Not Approved

7. Reason for Recommendation: purchasing & installing new generation (K-144)
(1 gen #1 failed to crank and transfer in 10.5 sec / crank in 15.5 sec)
(2 gen #2 failed to crank and transfer in 10.5 sec / crank in 18.5 sec)

8. Period for which Waiver/Variance is Recommended: Feb 2, 2014

9. 07/22/2013 Date

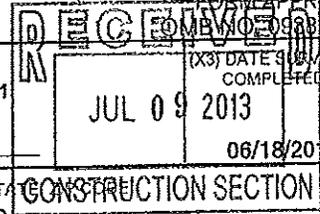
10.  Authorizing Signature of State Agency

TO BE COMPLETED BY REGIONAL OFFICE

<p>1. Waivers/Variance Approved</p> <p>(a) _____ (b) _____ (c) _____ (d) _____</p> <p>3. _____ Program Reviewer Signature</p> <p>4. _____ Discipline Reviewer Signature</p> <p>5. _____ Authorizing Signature Acting Director, Survey & Certification</p>	<p>12. Waivers/Variance Not Approved</p> <p>(a) _____ (b) _____ (c) _____ (d) _____</p> <p>_____ Date</p> <p>_____ Date</p> <p>_____ Date</p>
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NAME OF PROVIDER OR SUPPLIER SOUTH VILLAGE			STREET ADDRESS, CITY, STATE 2221 W RALEIGH BLVD ROCKY MOUNT, NC 27803	
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K 000	INITIAL COMMENTS Surveyor: 27871 This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story. Main building does not have a complete automatic sprinkler system.	K 000	Submission of this response to the Statement of Deficiency by the undersigned does not constitute an admission that the deficiency existed and/or were correctly cited and/or require correction.	8/2/13
K 012 SS=E	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: openings in fire rated wall at West 1 must be sealed up to maintain the construction rating of the building.	K 012	<u>K012</u> Openings in the fire rated wall at West 1 were sealed with fire rated foam by the Plant Operation Manager. The Plant Operation Manager will monitor for holes during weekly rounds for 3 months. Any holes identified to require repair will be done at that time by the Plant Operation Manager. This weekly report will be brought to the monthly QA meeting for 3 months by the Plant Operation Manager.	8/2/13
K 029 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system	K 029		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Quida Sharrington* TITLE: *Administrator* (X6) DATE: *7/2/13*

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 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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K 056	Continued From page 2	K 056	<u>K056</u> The outside contractor contacted to repair the tamper switch to the sprinkler system.	8/2/13	
K 062 SS=E	42 CFR 483.70(a) 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 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: tamper switch was not connected to fire alarm system at time of survey (riser room on outside of building).	K 062	Any area identified to require repair will be done at that time by the outside contractor. This weekly report will be brought to the monthly QA meeting for 3 months by the Plant Operation Manager. <u>K062</u>	8/2/13	
K 144	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: 1. facility could not provide proper documentation that a 3 year full flow test had been performed. 2. also no documentation that a 5 year obstruction investigation has been performed on sprinkler system.	K 144	The outside contractor has been contacted to perform a 3 year full flow test and a 5 year obstruction investigation on the sprinkler system. This completed inspection reports will be brought to the QA meeting by the Plant Operation Manager.		

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K 045	Continued From page 2 in darkness.	K 045	<u>K045</u>	08/2/13
K 144 SS=F	42 CFR 483.70(a) 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.	K 144	The Plant Operation Manager installed a ceiling light in the day room across from the lobby so that failure of any single lighting fixture will not leave the area in darkness. The Plant Operation Manager will monitor lighting to prevent leaving an area in darkness during weekly rounds for 3 months. Any lighting identified to require repair will be done at that time by the Plant Operation Manager . This weekly report will be brought to the monthly QA meeting for 3 months by the Plant Operation Manager.	
K 147 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: generator #1 for main building did not crank and transfer within 10 seconds when tested.	K 147	<u>K144</u> Waiver requested.	2/2/14

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K 147	Continued From page 3 Items were noncompliant, specific findings include: rooms 50 and 51 are using multi plug outlet for permitted power source for TV's(multi plug power taps being used through facility). 42 CFR 483.70(a)	K 147	<u>K147</u> The Plant Operations Manager removed the multi-plug outlets from Rooms 50 & 51. The Plant Operation Manager will monitor for Multi-plug outlets during weekly safety rounds and if found will remove immediately. This weekly report will be brought to the monthly QA meeting for 3 months by the Plant Operation Manager.	8/2/13	

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K 018 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: fire rate door(left leaf going into new section) is missing all hardware(door will not latch).	K 018	<u>K018</u> New hardware for the fire rated door at the Annex Wing was installed by the Plant Operation Manager. The Plant Operation Manager will monitor for functional hardware/ latching on fire rated doors and during weekly safety rounds Any doors/hardware identified to require repair will be done at that time by the Plant Operation Manager . This weekly report will be brought to the monthly QA meeting for 3 months by the Plant Operation Manager.	8/2/13	
K 052 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance	K 052			

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

TITLE

(X6) DATE

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K 052	Continued From page 1 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	K 052	<u>K052</u> The outside contractor replaced the strobe at Room 71 with a horn/strobe. The Plant Operation Manager will monitor for Strobes/horns during monthly fire drills. Any strobes/horns identified to require repair will be done at that time by the Plant Operation Manager . This monthly report will be brought to the monthly QA meeting for 3 months by the Plant Operation Manager.	8/2/13	
K 056 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056			

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K 056	Continued From page 2	K 056	<u>K056</u>	8/2/13	
K 062 SS=E	<p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: tamper switch was not connected to fire alarm system at time of survey(riser room on outside of building).</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>	K 062	<p>The outside contractor contacted to repair the tamper switch to the sprinkler system.</p> <p>The Plant Operation Manager will observe to ensure tamper switch is connected properly during weekly safety rounds.</p> <p>Any area identified to require repair will be done at that time by the outside contractor.</p> <p>This weekly report will be brought to the monthly QA meeting for 3 months by the Plant Operation Manager.</p> <p><u>K062</u></p>	8/2/13	
K 144	<p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 10:30 am onward, the following items were noncompliant, specific findings include: 1. facility could not provide proper documentation that a 3 year full flow test had been performed. 2. also no documentation that a 5 year obstruction investigation has been performed on sprinkler system.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 144	<p>The outside contractor has been contacted to perform a 3 year full flow test and a 5 year obstruction investigation on the sprinkler system.</p> <p>This completed inspection reports will be brought to the QA meeting by the Plant Operation Manager.</p>		

