

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

PRINTED: 06/12/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - MAIN BUILDING 02</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/24/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARBORVIEW HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>812 SHEPARD STREET MOREHEAD CITY, NC 28557</b>	
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K 000	INITIAL COMMENTS  A 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. In the exit conference all deficiencies noted were discussed with administration.  Stories: 4 Construction Type III (211) Constructed: 12/11/1984 Fully Sprinkled - Yes	K 000		
K 029 SS=E	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 option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on Tuesday 3/24/2015 at approximately 10:00 AM onward, the following	K 029	1) The holes and/or penetrations in the elevator equipment room at the ceiling have been sealed with fire caulking.	4/3/15

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

TITLE

(X6) DATE

Electronically Signed

04/12/2015

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 029	Continued From page 1 deficiencies were noted: 1) There are holes and/or penetrations in the elevator equipment room at the ceiling that are not sealed in order to maintain the required fire resistance rating of the room. NFPA 101: 19.3.2.1 This deficiency affected one of six smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	2) Maintenance staff will inspect penetrations through firewalls and ceilings to ensure proper sealing. Any areas found with penetrations will be sealed with fire caulking.  3) On a quarterly basis, maintenance staff will inspect any firewall penetrations to ensure proper sealing.  4) Maintenance Director or designee will report findings of quarterly inspections and any corrective action taken to the QAPI Committee. The QAPI Committee will review and evaluate the effectiveness of the program and make any adjustments as needed. The Plan of Correction will be integrated into the Quality Assurance system of the facility as to ensure ongoing compliance.		
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  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:	K 052		5/8/15	

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K 052	Continued From page 2 42 CFR 483.70 (a)  Based on observations, on Tuesday 3/24/2015 at approximately 10:00 AM onward, the following deficiencies were noted: 1) There are two smoke duct detectors located on 4th floor in the corridor outside the maintenance office that did not provide an alarm when tested on battery backup power when testing the Fire Alarm Control Panel. 2) When testing the tamper alarm for the Post Indicator Valve (PIV) an audible fire trouble alarm was initiated in place of a supervisory signal at the Fire Alarm Control Panel, This deficiency affected the entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 052	1) Specialists inspected the two smoke detectors on the fourth floor outside the maintenance office and confirmed proper alarming at the Fire Alarm Control Panel. The specialist also reprogrammed the Fire Alarm Control Panel to indicate a supervisory signal instead of a fire trouble alarm for the PIV tamper alarm.  2) Smoke detectors were checked on annual inspection and will continue to be checked to ensure proper alarming on battery backup. Maintenance staff will also inspect smoke detectors to ensure proper alarming on battery backup. A specialist will test the reprogramming of the Fire Alarm Panel to ensure it is now indicating supervisory signal instead of fire trouble for the PIV tamper alarm.  3) Maintenance staff will test smoke detectors on battery backup quarterly to ensure proper alarming. Maintenance staff test PIV tamper alarm to ensure the Fire Alarm Control Panel is properly indicating a supervisory signal.  4) Maintenance Director or designee will report findings of quarterly inspections and any corrective action taken to the QAPI Committee. The QAPI Committee will review and evaluate the effectiveness of the inspections and make any adjustments as needed. The Plan of Correction will be integrated into the Quality Assurance system of the facility as to ensure ongoing compliance.	
K 056	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		5/8/15

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K 056 SS=E	<p>Continued From page 3</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on Tuesday 3/24/2015 at approximately 10:00 AM onward, the following deficiencies were noted:</p> <ol style="list-style-type: none"> <li>1) The elevator equipment room located on 4th floor is missing the sprinkler head in the room.</li> <li>2) The hydraulic elevator pit is not equipped with sprinkler protection.</li> </ol> <p>Ref: 2000 NFPA 101 Section 19.3.5 1999 NFPA 13 Section 5-13.8.1 CMS S&amp;C 13-55-LSC 42 CFR 483.70 (a)</p> <p>This deficiency affected one of two elevator shafts. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 056	<ol style="list-style-type: none"> <li>1) The facility will have the missing sprinkler head in the 4th floor elevator equipment room installed. The hydraulic elevator pit will be equipped with sprinkler protection.</li> <li>2) Maintenance staff will inspect facility to ensure sprinkler heads are installed. Any missing sprinkler heads will be installed. Hydraulic elevator pits will be inspected to ensure proper sprinkler protection. Any missing sprinkler protection will be installed.</li> <li>3) Maintenance staff will inspect facility quarterly to ensure all sprinkler heads are installed as required. Maintenance staff will direct vendor to include the newly installed sprinkler protection in hydraulic elevator pits in their quarterly inspections.</li> </ol>		

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K 056	Continued From page 4	K 056	4) Maintenance Director or designee will report findings of quarterly inspections and any corrective action taken to the QAPI Committee. The QAPI Committee will review and evaluate the effectiveness of the inspections and make any adjustments as needed. The Plan of Correction will be integrated into the Quality Assurance system of the facility as to ensure ongoing compliance.		
K 062 SS=F	<p>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> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on Tuesday 3/24/2015 at approximately 10:00 AM onward, the following deficiencies were noted:</p> <p>1) The sprinkler drain pipe located outside the sprinkler riser was broken at the wall and not maintained in good condition.</p> <p>2) Facility at the time of the survey could not provide documentaion that an internal inspection of the sprinkler system has been conducted in the last five years. System must be inspected internally every 5 years to verify that all components operate properly, move freely and are in good condition [see NFPA 25(98), Sec. 9-4.2.1 or NFPA 25(02), Sec. 12.4.2.1].</p>	K 062	<p>1) The sprinkler drain pipe located outside the sprinkler riser will be replaced. The facility 5 year internal inspection of the sprinkler system has been completed and all components were confirmed to operate properly, move freely, and are in good condition.</p> <p>2) Maintenance staff will inspect sprinkler drain pipes to ensure they are in good condition and replace any that are not. Maintenance Director or designee will review 5 year internal inspection and correct any issues that are identified.</p> <p>3) Maintenance staff will direct vendor to</p>	5/8/15	

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K 062	Continued From page 5  This deficiency affected the entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	inspect drain pipes quarterly to ensure they are in good condition. Maintenance Director or designee will add the 5 year internal inspection to the required inspections list and review quarterly to ensure compliance.  4) Maintenance Director or designee will report findings of quarterly inspections and reviews and any corrective action taken to the QAPI Committee. The QAPI Committee will review and evaluate the effectiveness of the program and make any adjustments as needed. The Plan of Correction will be integrated into the Quality Assurance system of the facility as to ensure ongoing compliance.	
K 067 SS=F	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)  Based on observations, on Tuesday 3/24/2015 at approximately 10:00 AM onward, the following deficiencies were noted: 1) The emergency HVAC shutdown switch located at the nurse station on second floor did not shut down the HVAC unit for second floor in the four story tower.	K 067	1) An outside specialist identified a bad transformer for the emergency HVAC shutdown switch. The transformer will be replaced.  2) Maintenance staff will inspect HVAC shutdown switches and refer any issues to vendor for immediate correction.	5/8/15

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K 067	Continued From page 6 NFPA 90 A This deficiency affected three of six smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 067	3) Maintenance Director or designee will test the emergency HVAC shutdown switch during monthly fire drills and include on fire drill report.  4) Maintenance Director or designee will report findings of quarterly inspections and reviews and any corrective action taken to the QAPI Committee. The QAPI Committee will review and evaluate the effectiveness of the program and make any adjustments as needed. The Plan of Correction will be integrated into the Quality Assurance system of the facility as to ensure ongoing compliance.		