

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345521</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/10/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SNUG HARBOR ON NELSON BAY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>272 HIGHWAY 70 SEALEVEL, NC 28577</b>	
(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
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. This building is Type III construction, one story, with a complete automatic sprinkler system. In the exit conference all deficiencies noted were discussed and acknowledged with administration.  At time of survey the: Total Certified Bed Count 42 Census 33  The deficiencies determined during the survey are as follows:	K 000		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 05/10/2016 at approximately 11:00 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: the smoke wall on 30 hall, (front and back smoke wall) have holes and /or penetrations that were not sealed in order to maintain the fire resistance rating of the wall.	K 025	*The Cable TV company installers did not seal the penetrations created during new wiring. *Engineering staff at Snug Harbor sealed the area. All similar areas have been checked for concerns. *All managers will receive a memo stating any work by outside contractors dealing with firewalls (i.e. cable, internet, etc.) must be reported to Engineering Director	5/31/16

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

TITLE

(X6) DATE

Electronically Signed

05/27/2016

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 025	Continued From page 1  2000 NFPA 101, 19.3.7.3  This deficiency affected one of three smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 025	for follow-up to work. *Engineering Department communicate to contractors to seal all areas and Engineering will inspect areas as well.	
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 05/10/2016 at approximately 11:00 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: 1. no audible/visual signal was at Fire Alarm Control Panel when phones were disconnected. 2. facility could not provide proper documentation that a 2 year sensitivity test had been performed on smoke detectors.  NFPA 70 NFPA 72  This deficiency affected entire facility. Failure to comply with minimum standards as	K 052	*Jack Morrow at Telecommunications is obtaining a tester for the current equipment. He will be contracted to conduct sensitivity test on smoke detectors beginning in June and repeating every 2 years. Mr. Morrow will correct the audible/visual signal issues on the Fire Alarm Control Panel. *The Director of Engineering will oversee this project. He will check the fire panel for audible and visual signal quarterly *Quarterly inspections will be part of report to QA reports in January, April, July and October.	6/17/16

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K 052	Continued From page 2 referenced increases the risk of death or injury due to fire and/or smoke.	K 052			
K 061 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 05/10/2016 at approximately 11:00 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: The sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve.</p> <p>Reference NFPA 101, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>NFPA 13 "...distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system."</p> <p>NFPA 9.7.2.1 "...supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system...Supervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved,</p>	K 061	<p>*Jack Morrow from Telecommunications has been contacted to assure a distinctive supervisory signal is provide to indicate a condition that would impair the satisfactory operation of the sprinkler system and to install and monitor supervisory attachments both for sound and display</p> <p>*The Director of Engineering will monitor for compliance</p> <p>*The Director of Engineering will report quarterly to QA on his monitoring of system.</p>	6/17/16	

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K 061	Continued From page 3 remotely located receiving facility.  This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 061			
K 062 SS=F	This deficiency affected *** of *** smoke compartments *** of Resident rooms*** Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.  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: 42 CFR 483.70 (a)  Based on observations, on 05/10/2016 at approximately 11:00 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: Facility could not provide documentation that the sprinkler system has been inspected since 12/2015. No quarterly inspections.  200 NFPA 101, 19.7.6	K 062	*Matt Joyner at Associated Fire Protection has been contacted to provide routine sprinkler system inspections and documentation. *The Director of Engineering will schedule and ensure the sprinkler is inspected on a quarterly basis. *The administrator will create a chart of all inspections of equipment required in building as a monitor tool. This will include equipment, contracted inspectors,	6/17/16	

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K 062	Continued From page 4 NFPA 25/13  This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	frequency of requirement and dates inspected. *The Director of Engineering will provide the administrator a copy of documentation for file.	
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard 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. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 05/10/2016 at approximately 11:00 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: the oxygen storage room at the main nurses station had combustibile items, plastics and supplies in cardboard boxes stored within 5'-0" of the E sized O2 tanks. Also tanks were on carpet.  Ref: 2000 NFPA 101 Section 18.3.2.4, 1999 NFPA 99 Section 8-3.1.11.2, CMS S&C 07-10 In storage locations protected by automatic sprinkler system where the volume of oxygen is less than 3000 cubic feet (approx. 120 E sized cylinders) oxidizing gases shall be separated	K 076	*An unused examination room in the Clinic now serves as storage for O2. The room is not carpeted and provides the appropriate space needed. Signs have been posted as well. *Nursing staff have been informed of new storage area and the requirement for such. *Upon admission nursing staff will explain to residents and families O2 storage regulations and this will be included in new employee orientation. *DON will have HCC checked quarterly and report to QA committee appropriate storage.	5/20/16

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K 076	Continued From page 5 from combustible materials by a minimum distance of 5'-0" or be enclosed with 1/2 hour fire resistant rated construction or in a flammable liquid storage cabinet. Volumes of oxygen less than 300 CF of O2 (approx. 12 E sized cylinders) may be kept in each smoke compartment at location open to the corridor.  This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 076		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 05/10/2016 at approximately 11:00 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: Items listed below are for the new generator for Nursing Home side / Life Safety Branch. A. The emergency generator located on the exterior of the building has no remote manual stop switch located outside and away from the generator set location to stop the generator in case of and emergency. B. Facility has no remote annunciator panel for new generator in facility.  Reference NFPA 101, 110, 3-5.5.6 All level 1 and	K 144	*R and T Marine (who leases the generator)has been contacted to install a remote manual stop switch located outside and away from the generator. a new remote annunciator panel for the new generator will be purchased and installed. *The Director of Engineering will work with R and T Marine concerning the routine maintenance and inspections of remote manual stop and the new annunciator panel.	6/17/16

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K 144	<p>Continued From page 6</p> <p>level 2 installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building.</p> <p>Reference 1999 NFPA 110 6-3.6 Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects.</p> <p>Reference 1999 NFPA 110 A-6-3.6, NFPA 70, National Electrical Code, Section 700-4(c) Maintenance of batteries should include checking and recording the value of the specific gravity.</p> <p>NFPA 99 3-4.4.2 Record keeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating</p> <p>(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPPS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50</p>	K 144			

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K 144	Continued From page 7 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. (load bank testing)  This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144		