

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

PRINTED: 02/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2014
NAME OF PROVIDER OR SUPPLIER SCHERVIER NURSING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2975 INDEPENDENCE AVE BRONX, NY 10463	
(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) COMPLETE DATE
K 000	INITIAL COMMENTS	K 000		
K 029 SS=D	<p>42 CFR 483.70(a): The facility must meet the applicable provisions of the 2000 Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on Observations and interview it was determined that the facility did not ensure that a 2 hour fire rated enclosure was maintained in the unsprinklered electrical power panel room located on the ground floor of the facility. Reference is made to the three separate penetrations observed in the ceiling of the room that measured approximately 2-3 inches in diameter each.</p> <p>This resulted in no actual harm with the potential for more than minimal harm that is not immediate jeopardy.</p> <p>The Finding is:</p>	K 029	<p>What corrective actions were accomplished for the area found to have been affected by the deficient practice?</p> <p>Conduit penetrations in the electrical power panel room ceiling have been sealed with 3M fire stop application by Facilities Management staff. Date: January 27, 2014.</p> <p>Are there other areas affected by the deficient practice?</p> <p>Inspections of all fire walls and electrical rooms were conducted by the Director of Facilities Management to ensure compliance. No additional concerns were identified. Date: February 13, 2014</p> <p>What measures are taken to ensure the deficient practice will not recur?</p> <p>(a) The Director of Facilities Management is arranging for Hilit Incorporated specialist to conduct an in-service of Facilities Management staff on the indentification of firewall penetrations and show proper fire stop sealing application. Date: February 27, 2014</p> <p>(b) The Director of Facilities Management</p>	02/28/2014

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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K 029	<p>Continued From page 1</p> <p>On 01/17/14 at approximately 11:10 am, it was observed that the electrical power panel room on the ground floor of the facility was not provided with sprinkler coverage and did not meet the requirements for the exception for the lack of sprinkler coverage in the room in accordance with NFPA 101 8.4.1. The concrete ceiling was observed with three penetrations that measured approximately 2-3 inches in diameter.</p> <p>In an interview with the Administrator at approximately 11:15 AM, on the same day he stated that all penetrations will be sealed. 711.2 (a)(1)</p>	K 029	<p>will implement a monthly firewall inspection schedule. Date: February 28, 2014.</p> <p>What are the monitoring activities to ensure that the deficiency will not recur?</p> <p>(a) The Director of Facilities Management will conduct environmental audits of fire walls in unsprinklered areas on a weekly basis to ensure compliance. Date: February 13, 2014 & Ongoing.</p> <p>(b) The Director of Facilities Management will submit monthly report and activities taken to the Administrator and the Performance Improvement Committee. Date: March 18, 2014 & Ongoing.</p> <p>(c) Audits will continue until the Performance Improvement Committee decides that satisfactory requirements have been acheived and the frequency of audits can be changed or discontinued. Date: March 18, 2014 & Ongoing.</p>	