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

PRINTED: 08/05/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	(X3) DATE SURVEY COMPLETED	
		345466	B. WIN	G	07/2	07/27/2011	
	PROVIDER OR SUPPLIER	ATION AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 333 EAST LEE STREET YADKINVILLE, NC 27055	CODE		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 000	requirements of 42	ompliance with the 2 CFR Part 483, Subpart B for facilities (General Health	FO	00			
Abortes		DER/SUPPLIER REPRESENTATIVE'S SIG		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.

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	orly on fixe alarm. (4 then monthly	8/1
Based on observation, on August 18, 2011 at approximately 2:00pm onward, the electromagnetic look did not release with autivation of smoke detector on 100 hall - exit door leading to Alzheimer unit courtyard.		
42 CFR 483,70(a) K 062 NFPA 101 LIFE SAFETY CODE STANDARD K 062		
RATORY DIRECTOR'S OR IN OVIDER/SUPPLIER REPRESENTATIVES SIGNATURE TI		
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PRINTED: 08/22/2011 FORM APPROVED OMB NO. 0936-0391

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU. A. BUILDI	TIPLE CONSTRUCTION NO 01 - MAIN BUILDING 01	(X3) OATE COMPL), 0938-0391 Survey .eted
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(X4) ID PREFIX TAG	(BACH DEFICIENCY	ntement of deficiencies Y Must be preceded by full SC identifying information)	id Prefix Tag	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION (ROSS-IRPERENCED TO THE OFFICIENCY)	J ないのい ひゅこ	OMPLETION PAILS
K 082	Required automatic continuously mainte condition and are in periodically. 19.7, 25, 917, 5 This STANDARD is Based on observet approximately 2:00; electrical supervision.	sprinkler systems are sined in reliable operating spected and tested .6, 4.6.12, NFPA 13, NFPA sinot met as evidenced by; ion, on August 18, 2011 at om onward, there is no no fithe sprinkler accelerator and in the sprinkler accelerator.			ator 11 ed panel or both kly X4	8/31/11
CM5-2567(0	2:80) Previous Vorsions Obs	Plots		7		·
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