

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

PRINTED: 05/01/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/02/2012
NAME OF PROVIDER OR SUPPLIER  SENIOR CITIZENS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2275 RUIN CREEK RD HENDERSON, NC 27536	
(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
F 000	INITIAL COMMENTS  No deficiency cited as a result of the recertification survey and complaint investigation on 3/2/12. Event ID# EHR11. The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).	F 000		

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 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345316	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	RECEIVED APR 10 2012 DATE SURVEY COMPLETED 03/27/2012
NAME OF PROVIDER OR SUPPLIER  SENIOR CITIZENS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2275 RUIN CREEK RD HENDERSON, NC 27536	
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K 000	INITIAL COMMENTS  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 -protected construction, one story, with a complete automatic sprinkler system in all spaces except the closets in the resident rooms and the resident closets. The facility is aware of the requirement for being fully sprinklered in 2013.	K 000	The closet door lock(RM 8) that was observed during the Life safety Code Survey has been fixed so that it opens with one motion. All of the closet doors were inspected by the Administrator and Maintenance on 4-6-12 and seven other closet doors could not be opened using one motion. All closet doors have been repaired and can be opened using motion. Once a month, for 90 days, closet doors will be inspected by Administrator to ensure they can be opened with one motion. Any negative findings from inspection will be sent to the next quarterly QA meeting.	4-10-12
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038		
K 051 SS=E	This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 3/27/2012 the following item was observed as noncompliant, specific findings include: The closets in the resident rooms have an active dead bolt installed this condition requires more than one motion of the hand to exit from those spaces.  CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by	K 051		

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

*Wood Davis*

TITLE

*Administrator*

(X6) DATE

4-17-12

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 051	Continued From page 1 manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6  This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 3/27/2012 the following item was observed as noncompliant, specific findings include: The Fire Alarm Control Panel (FACP) is not on a dedicated circuit. At the time of the survey the FACP was on a circuit that included the nurse call system. When tested with this particular circuit breaker was turned off the FACP went into a trouble condition and the nurse call system was turned off.  CFR#: 42 CFR 483.70 (a)	K 051	The fire alarm control panel has been placed on a dedicated circuit by an electrician. Once a month, for 90 days, the circuit breaker will be tested by the Administrator to ensure that the fire alarm and the nurse call system are on different breakers. Any negative findings will sent to the next quarterly QA meeting	5-2-12

*[Handwritten signature]*