STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345533	A. BUILDING _____ B. WING _____	12/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS OF CHAPEL HILL	101 GREEN CEDAR LANE CHAPEL HILL, NC 27517

(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 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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345533	A. BUILDING 01 - THE CEDARS OF CHAPEI B. WING _____ FEB 01 2013	01/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS OF CHAPEL HILL	101 GREEN CEDAR LANE CHAPEL HILL, NC 27517

(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 New Health Care section of the LSC and its referenced publications. This building is Type V(111) one story, with a complete automatic sprinkler system. There were no deficiencies noted during survey:	K 000	**K 029** The Cedars of Chapel Hill will ensure the services provided or arranged by the facility will meet professional standards of quality. **I. Corrective action will be accomplished by The Cedars of Chapel Hill to correct the deficient practice as follows:** 1. Corridor door to the clean utility room on North Wing was adjusted on 1/24/13 to ensure positive latching.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 This STANDARD is not met as evidenced by: Based on observation on Thursday 1/17/13 at approximately 2:30 PM onward the following was noted: 1) The corridor door to the clean utility room on North Wing did not have positive latching. 2) The wall in the sprinkler room above the fire alarm panel was opened and not repaired in order to maintain the required rating of the room. 42 CFR 483.70	K 029	2. The wall in the sprinkler room above the fire alarm panel was repaired on 1/24/13. **II. The Cedars of Chapel Hill will identify other life safety issues having the potential to affect residents by the same deficient practice and corrective action will be taken as follows:** 1. An audit on all facility doors will be completed by 2/8/13 to ensure positive latching. [redacted] 2. Maintenance staff will conduct a facility-wide inspection in order to maintain the required rating of rooms by 2/8/13. **III. The measures/systemic changes put into place so that deficient practices will not recur will be:**	
K 038 SS=D	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. 18.2.1	K 038	1. Inspections of all facility doors will continue to be part of the routine preventative maintenance checks which occur on a quarterly basis. [redacted]	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: W-S-R — TITLE: ADMINISTRATOR — (X6) DATE: 1/30/13

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345533	A. BUILDING 01 - THE CEDARS OF CHAPEI B. WING _____	01/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS OF CHAPEL HILL	101 GREEN CEDAR LANE CHAPEL HILL, NC 27517

(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 038	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation on Thursday 1/17/13 at approximately 2:30 PM onward the following was noted: 1) Staff at both nurse stations were not familiar with the procedures on how to unlock all magnetically locked exit doors in case of emergency. 42 CFR 483.70	K 038	2. Inspections all of hazardous areas will be completed using the "Hazardous Room Wall and Ceiling Inspection" form by Director of Facility Services or designee on a quarterly basis. EXHIBIT 2 **IV. Performance correcting these deficiencies will be monitored through the following methods:** 1. Inspections of all facility doors will be completed using the "Common Area Door Inspection" form by Director of Plant Services or designee as follows: the corridor door to the clean utility room on North Wing will be monitored weekly for 4 weeks. All doors will be monitored quarterly using the "Common Area Door Inspection" form. EXHIBIT 1 2. Inspections of all hazardous areas will be completed using the "Hazardous Room Wall and Ceiling Inspection" form by Director of Plant Services or designee by 2/8/13 and then quarterly thereafter. EXHIBIT 2 **V. February 8, 2013**	2/8/13
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This STANDARD is not met as evidenced by: Based on observation on Thursday 1/17/13 at approximately 2:30 PM onward the following was noted: 1) The sprinkler head located in resident room	K 056	**K 038** The Cedars of Chapel Hill will ensure the services provided or arranged by the facility will meet professional standards of quality. **I. Corrective action will be accomplished by The Cedars of Chapel Hill to correct the deficient practice as follows:** 1. All health center staff will be in-serviced with the procedures on how to unlock all	

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	345533	A. BUILDING 01 - THE CEDARS OF CHAPEI B. WING _____	01/17/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CEDARS OF CHAPEL HILL	101 GREEN CEDAR LANE CHAPEL HILL, NC 27517

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K 056	Continued From page 2 20 bathroom has paint on the heat sensitive element and not maintained in good condition. 42 CFR 483.70	K 056	magnetically locked exit doors in the case of emergency. [redacted] **II. The Cedars of Chapel Hill will identify other life safety issues having the potential to affect residents by the same deficient practice and corrective action will be taken as follows:**	
K 067 SS=D	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. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A This STANDARD is not met as evidenced by: Based on observation on Thursday 1/17/13 at approximately 2:30 PM onward the following was noted: 1) No access door was provided for in HVAC unit # 5.2 in order to inspect and service the smoke duct detector in the unit.	K 067	1. All health center staff will be in-serviced with the procedures on how to unlock all magnetically locked exit doors in the case of emergency. [redacted] **III. The measures/systemic changes put into place so that deficient practices will not recur will be:** 1. All health center staff will be in-serviced with the procedures on how to unlock all magnetically locked exit doors in the case of emergency. [redacted] Health center staff will continue to be in-serviced with the procedures on how to unlock all magnetically locked exit doors in the case of emergency during new hire orientation, annually and on an as needed basis. **IV. Performance correcting these deficiencies will be monitored through the following methods:** 1. Health center staff will continue to be in-serviced with the procedures on how to unlock all magnetically locked exit doors in the case of emergency during new hire orientation, annually and on an as needed basis.	
K 104 SS=D	42 CFR 483.70 NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6. This STANDARD is not met as evidenced by: Based on observation on Thursday 1/17/13 at approximately 2:30 PM onward the following was noted: 1) The smoke damper number 3 located in the smoke wall in the attic was not operational at the time of the survey.	K 104		

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K 104	Continued From page 3 42 CFR 483.70	K 104	V. **February 22, 2013**	2/22/13
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation on Thursday 1/17/13 at approximately 2:30 PM onward the following was noted: 1) The generator annunicator panel located at North Nurse station did not show generator supplying load when power was transferred for normal to emergency. 2) Facility documentation indicated that the generator was being tested under load for 30 minutes monthly. 3) The facility at the time of the survey did not have documentation that the generator was inspected weekly. 42 CFR 483.70	K 144	**K 056** The Cedars of Chapel Hill will ensure the services provided or arranged by the facility will meet professional standards of quality. **I. Corrective action will be accomplished by The Cedars of Chapel Hill to correct the deficient practice as follows:** 1. Sprinkler head and heat sensitive element located in the bathroom of Room 20 were cleaned on 1/23/13. Substance on the heat sensitive element was suspected to be drywall dust. Quarterly sprinkler inspection is scheduled for 1/31/13. All dirty sprinkler heads will be cleaned by facility's sprinkler company. **II. The Cedars of Chapel Hill will identify other life safety issues having the potential to affect residents by the same deficient practice and corrective action will be taken as follows:** 1. Quarterly sprinkler inspection is scheduled for 1/31/13. All dirty sprinkler heads will be cleaned by facility's sprinkler company. **III. The measures/systemic changes put into place so that deficient practices will not recur will be:** 1. Inspections of all facility sprinkler heads will be completed using the by the facility's sprinkler company on an annual basis.	

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			IV. Performance correcting these deficiencies will be monitored through the following methods: 1. Inspections of all facility sprinkler heads will be completed by the facility's sprinkler company on an annual basis. Director of Plant Services or designee will complete visual inspections of all facility sprinkler heads on an annual basis. This will occur approximately 6 months after the annual inspection performed by facility's sprinkler provider. This will allow for visual inspection of all facility sprinkler heads to occur at least twice a year. [redacted] **V. February 22, 2013** **K 067** The Cedars of Chapel Hill will ensure the services provided or arranged by the facility will meet professional standards of quality. **I. Corrective action will be accomplished by The Cedars of Chapel Hill to correct the deficient practice as follows:** 1. An access door will be installed in HVAC unit #5.2. **II. The Cedars of Chapel Hill will identify other life safety issues having the potential to affect residents by the same deficient practice and corrective action will be taken as follows:** 1. Inspections of all facility HVAC units will be completed by 2/8/13. Any findings of	2/22/13

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			non-existent access doors, etc. will be reported and repaired by facility's HVAC provider. [redacted] **III. The measures/systemic changes put into place so that deficient practices will not recur will be:** 1. Inspections of all facility HVAC units will be completed by 2/8/13. Any findings of non-existent access doors, etc. will be reported and repaired by facility's HVAC provider. [redacted] **IV. Performance correcting these deficiencies will be monitored through the following methods:** 1. Inspections of all facility HVAC units will be completed by 2/8/13. Any findings of non-existent access doors, etc. will be reported and repaired by facility's HVAC provider. [redacted] **V. February 22, 2013** **K 104** The Cedars of Chapel Hill will ensure the services provided or arranged by the facility will meet professional standards of quality. **I. Corrective action will be accomplished by The Cedars of Chapel Hill to correct the deficient practice as follows:** 1. Smoke damper number 3 located in the smoke wall in the attic will either be repaired or removed by 2/8/13.	2/22/13

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			II. The Cedars of Chapel Hill will identify other life safety issues having the potential to affect residents by the same deficient practice and corrective action will be taken as follows: 1. Inspections of all facility attic smoke dampers will be completed by 2/8/13. Any findings of nonoperational smoke dampers will be reported and repaired by facility's HVAC provider. EXHIBIT 6 **III. The measures/systemic changes put into place so that deficient practices will not recur will be:** 1. Inspections of all facility attic smoke dampers will be completed by Director of Plan Services or designee using the "Smoke Damper Accessibility Annual Inspection" form on an annual basis. **(EXHIBIT 6)** **IV. Performance correcting these deficiencies will be monitored through the following methods:** 1. Inspections of all facility attic smoke dampers will be completed by Director of Plan Services or designee using the "Smoke Damper Accessibility Annual Inspection" form on an annual basis. EXHIBIT 6 **V. February 22, 2013** **K 144** The Cedars of Chapel Hill will ensure the services provided or arranged by the facility will meet professional standards of quality.	2/22/13

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			I. Corrective action will be accomplished by The Cedars of Chapel Hill to correct the deficient practice as follows: 1. The generator annunciator panel located at North nurses station was repaired by facility's generator provider on 1/24/13 to show generator supplying load when power was transferred from normal to emergency. [redacted] 2. Facility will continue to document monthly that the generator is tested under load for 30 minutes. 3. Proper documentation will be completed on 1/24/13 showing that the generator is visually inspected weekly. [redacted] **II. The Cedars of Chapel Hill will identify other life safety issues having the potential to affect residents by the same deficient practice and corrective action will be taken as follows:** 1. The generator annunciator panel located at North nurses station was repaired by facility's generator provider on 1/24/13 to show generator supplying load when power was transferred from normal to emergency. [redacted] 2. Facility will continue to document monthly that the generator is tested under load for 30 minutes. 3. Proper documentation will be completed on 1/24/13 showing that the generator is visually inspected weekly. [redacted]	

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			III. The measures/systemic changes put into place so that deficient practices will not recur will be: 1. Inspections of facility generator annunciator panels will be completed by facility's generator provider to show generator supplying load when power is transferred from normal to emergency. This will occur on a monthly basis. 2. Facility will continue to document monthly that the generator is tested under load for 30 minutes. 3. Inspections of facility generator will be completed using the "Weekly Generator Visual Inspection" form by Director of Plant Services or designee on a weekly basis. [redacted] **IV. Performance correcting these deficiencies will be monitored through the following methods:** 1. Inspections of facility generator annunciator panels will be completed by facility's generator provider to show generator supplying load when power is transferred from normal to emergency. This will occur on a monthly basis. 2. Facility will continue to document monthly that the generator is tested under load for 30 minutes. 3. Inspections of facility generator will be completed using the "Weekly Generator Visual Inspection" form by Director of Plant Services or designee on a weekly basis. [redacted]	

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			V. February 22, 2013	2/22/13