PRINTED: 12/21/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IULTIPI	LE CONSTRUCTION	(X3) DATE S COMPLI	SURVEY LETED	
		345449	B. Wil	1G		12/2	0/2012	
1	PROVIDER OR SUPPLIER SAL HEALTH CARE/	KING		118	EET ADDRESS, CITY, STATE, ZIP CODE 5 WHITE ROAD NG, NC 27021	:		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 000	The facility is in co		F	000				
LABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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

PRINTED: 02/05/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	LE CONSTRUCTION	(X3) DATE SU COMPLE	RVEY
AND PLAN O	FORRECTION	IDENTIFICATION NUMBER:	A, BUILDING	3 01 - MAIN BUILDING 01	00 ==	
		345449			02/01	/2013
NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/KING		11	EET ADDRESS, CITY, STATE, ZIP CODE 15 WHITE ROAD ING, NC 27021			
(X4) ID PREFIX	JEACH DESIGNANC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO OROSS-REFERENCED TO THE APP	)ULD BE	(X5) COMPLETION DATE
K 000	INITIAL COMMEN  This Life Safety C conducted as per at 42 CFR 483.70 (Health Care section publications. This is construction, one sautomatic sprinkle.  The deficiencies dare as follows: NFPA 101 LIFE SABUILDINGS.  Building construct of the following. 1 19.3.5.1  This STANDARD Based on observapproximately 9:3 noted: 1) The stucco texpeeling off and noted: 2) The walls in the maintained in good and noted: 1) The stucco texpeeling off and noted:	ode(LSC) survey was The Code of Federal Register a); using the 2000 Existing in of the LSC and its referenced outling is Type III (211) story, with a complete r system.  etermined during the survey  AFETY CODE STANDARD  ion type and height meets one 9.1.6.2, 19.1.6.3, 19.1.6.4,  is not met as evidenced by: ation on Friday 2/1/13 at 0 AM onward the following was atture ceiling in the Day Room is at maintained in good condition. e kitchen HVAC room are not are did condition. There is mold ing and walls the HVAC room. In the ceiling at the did the UL rated fire collar for the cable penetrations was not the ceiling. In the ceiling and the C-Hall did not have a radiation at the ceiling.	K 000	N-12 1. 1) The Day Room celling we repaired as quickly as poss 2) The walls and celling in HVAC room were repaired 3, 4) The fire collar was reagainst the celling and two radiation dampers were in Hall electric room and C-H room).  S) All Resident bathroom reagainst were cleaned.  2. 1) All cellings have the pote effected. An audit was co 02/01/2013 to ensure that	ill be lible. the kitchen installed of celling stalled (E-all electric adiation ential to be inducted on tall cellings condition and e Celling / larm Audit mass have the An audit was to ensure italined in sults. Hallway dit form. In and celling otential to be erformed on it all celling ation units is installed on the Ceiling Alarm Audit mave the On is conducted in dampers e lint and the callation in the callation.	\$3\d8\ \rangle \text{2003}
		dampers located in the resident		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk of 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 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 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.

If continuation sheet Page

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTI	RUCTION MAIN BUILDING 01	(X3) DATE SU COMPLET	
		345449	8. WIN	IG			02/01	/2013
	ROVIDER OR SUPPLIER AL HEALTH CARE/K			110	6 WHITE I NG, NC		TION	(X5)
(X4) ID PREFIX TAG	JEACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		(FA	CH CORRECTIVE ACTION SHO SS-REFERENCED TO THE APPI DEFICIENCY)	OLD BE ROPRIATE	(X5) COMPLETION DATE
K 012	bathrooms were no good condition. Un lint on the units.	of maintained clean and in its had excessive amount of		012	К-12 3. Сфт	1-4)The Maintenance Direct audit the ceilings, hallway rooms, ceiling penetration ceiling registers weekly for weeks and then monthly formonths and record his obsthe Ceiling / Hallway HVAC Alarm Audit form.  5) The Housekeeping Direct audit all radiation dampers	HVAC areas and three or three ervations on Tamper	ð
\$S=D	Smoke barriers are least a one half ho accordance with 8, terminate at an atriprotected by fire-rapanels and steel free separate compartrifloor. Dampers are nenetrations of sm	e constructed to provide at ur fire resistance rating in 3. Smoke barriers may um wall. Windows are sted glazing or by wired glass ames. A minimum of two nents are provided on each not required in duct oke barriers in fully ducted and air conditioning systems.			4.	three weeks and then mor three months and record i on the Radiation Damper / Head Audit form.	nthly for his findings Sprinkler d in the Monthly honths to The onsible to	
	Based on observe approximately 9:36 noted:  1) The smoke was holes and/or	is not met as evidenced by: ation on Friday 2/1/13 at 3 AM onward the following was il located on F Hall in the attic penetration that were not maintain the required rating of	adorar remarka kalada kala					
K 029 SS=F	One hour fire rate	) AFETY CODE STANDARD d construction (with ¼ hour r an approved automatic fire em in accordance with 8.4.1	K	029	remer dividence de la constitución		•	

		& WEDIOAID OLIVIOLO	TOTAL MUSTINE	LE CONSTRUCTION	(X3) DATE SUP	IVEY
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLET	ED.
		345449	8. WING		02/01/	2013
	ROVIDER OR SUPPLIER	SNO	111	ET ADDRESS, CITY, STATE, ZIP CODE 5 WHITE ROAD		
UNIVERS	AL HEALTH CARE/	MING	KI	NG, NC 27021		
(X4) ID PREFIX TAG	(GACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 012	hathrooms were no	age 1 of maintained clean and in lits had excessive amount of	K 012		,	· ·
K 025 SS≃D	Smoke barriers are least a one half ho accordance with 8 terminate at an atr protected by fire-rapanels and steel fr separate comparts floor. Dampers are penetrations of smalling, ventilating	AFETY CODE STANDARD e constructed to provide at ur fire resistance rating in 3. Smoke barriers may ium wall. Windows are ated glazing or by wired glass rames. A minimum of two ments are provided on each a not required in duct noke barriers in fully ducted g, and air conditioning systems. 19.1.6.3, 19.1.6.4	K 025	1. The attic smoke wall on F assessed and all holes we 2. All attic smoke walls have to be effected. An audit of conducted on 02/12/2013 that all attic smoke walls to maintain the required results recorded on the A Wall / Exhaust Vent Audit 3. The Maintenance Director the attic smoke walls more three months and then quill assess the smoke wall outside vendor/contract in the attic; and record his observations on the Attic Exhaust Vent Audit form. 4. The audit will be reviewee	Hall was re sealed. I the potential was 3 to ensure were sealed rating and the ttic Smoke t form. If will audit inthly for uarterly, and ils if any or is allowed is Smoke Wall /	φ2 12 2¢13
K 029 SS=F	Based on observation approximately 9:3 noted:  1) The smoke was has holes and/or sealed in order to the walls.  42 CFR 483.70(a) NFPA 101 LIFE 9  One hour fire rate fire-rated doors of	is not met as evidenced by: ation on Friday 2/1/13 at 0 AM onward the following was ill located on F Hall in the attic penetration that were not maintain the required rating of AFETY CODE STANDARD of construction (with ¾ hour or an approved automatic fire term in accordance with 8.4.1	K 029	Monthly QA&A Meeting. Safety Meeting for three assure proper complianc Administrator will be res ensure compliance of all K-29  1. 1) The clean linen door st was immediately un-tape	/ Monthly months to e. The ponsible to audits.  riker plate d. door latch was r working	क्टी।ट्री टकाउ

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRU	ICTION	(X3) DATE SUF COMPLET	RVEY ED
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G 01 - M/	AIN BUILDING 01		
		345449	8. WING _			02/01	/2013
UNIVERS	ROVIDER OR SUPPLIER  AL HEALTH CARE/Y  SUMMARY STA	CING  ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL	1	ING, NC 2	7021 OVIDER'S PLAN OF CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
PREFIX TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS	REFERENCED TO THE APPR DEFICIENCY)	ROPRIATE	DATE
	the approved autor option is used, the other spaces by sindoors. Doors are stield-applied protect 48 Inches from the permitted. 19.3.3  This STANDARD Based on observed approximately 9:30 noted:  1) The clean liner the strike plate tap from latching.  2) The dry storage not close latch and 3) The door to the was not self closin ceiling w	tects hazardous areas. When matic fire extinguishing system areas are separated from noke resisting partitions and self-closing and non-rated or stive plates that do not exceed bottom of the door are 2.1  is not met as evidenced by: ation on Friday 2/1/13 at 0 AM onward the following was corridor door on E-Hall had ped over preventing the door eroom in the kitchen did not it seal. boller room for the kitchen g and the exhaust vent at the aled in order to maintain the he ceiling.	K 029	3.	1, 2) All door latch striker pself closing doors have the be effected. An audit was on 02/12/2013 to ensure the striker plates and self-closi were in proper working conthe results recorded on the / Closure Audit form. 2) All boiler room exhaust the potential to be effected was performed on 02/06/2 ensure all exhaust vents with maintained properly and trecorded on the Ceiling / HVAC / Exhaust Vent Audit The Maintenance Director 2) all door latch striker place closing door mechanisms weeks, monthly for three then quarterly and record observations on the Door Closure Audit form; 3) all exhaust vents weekly for smonthly for 3 months, and quarterly and record his on the Ceiling / Hallway Hexhaust Vent Audit form. The audit will be reviewed Monthly QA&A Meeting / Safety Meeting for three in assure proper compliance Administrator will be respensive compliance of all at the two identified sprinkly were cleaned to ensure pronctioning.	potential to conducted hat all door ing doors ndition and e Door Latch vents have d. An audit 2013 to ere he results fallway t form. will audit 1, tes and self-weekly for 3 months, and his Latch / boiller room 3 weeks, d then bservations VAC / d in the Monthly months to the transible to audits.	defectar
***************************************	Water-Based Fire supervised. Then	Protection Systems. It is fully a reliable, adequate water					

TATEMENT ND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) № A. BUI		PLÉ CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	
		345449	B. Wil	√G _		02/0	1/2013
	ROVIDER OR SUPPLIER BAL HEALTH CARE/	KING		1	REET ADDRESS, CITY, STATE, ZIP CO 15 WHITE ROAD (ING, NC 27021	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREP TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
K 056	systems are equipy switches, which are building fire alarms.  This STANDARD Based on observa approximately 9:30 noted:  1) The sprinkler he laundry room were good condition. The	em. Required sprinkler oed with water flow and tamper e electrically connected to the	K	056	K-56  2. All sprinkler heads ha to be affected. An au on 02/06/2013 and a were cleaned to ensuvorking condition an were recorded on the Damper / Sprinkler H  3. The Housekeeping Diall sprinkler heads we and then monthly an findings on the Radla Sprinkler Head Audit  4. The audits will be revithe Monthly QA&A Safety Meeting to ascompliance. The Adress on the Sprinkler Head audits.	dit was conducted il sprinkler heads ire proper d the findings e Radiation ead Audit form. rector will audit eekly for 3 weeks d record his tion Damper / form. Hewed monthly in Meeting / Monthly sure proper ministrator will be	
K 081 SS=D	Required automativalves supervised will sound when the 72, 9.7.2.1  This STANDARD Based on observe approximately 9:30 noted:  1) The tamper ala	c sprinkler systems have so that at least a local alarm e valves are closed. NFPA is not met as evidenced by: atlon on Friday 2/1/13 at 0 AM onward the following was rm in the pit on the backflow provide an alarm visual/audible	К	061	1. The identified tampe inspected and repairs proper functioning. 2. All tamper alarm unit potential to be affect conducted on 02/06/that all tamper alarm properly when activa findings were record Hallway HVAC / Tamform. 3. The Maintenance Distamper alarm units remonths and then quefire system is inspect findings on the Cellin / Tamper Alarm Aud	ed to ensure  is have the ied. An audit was /2013 to ensure i units worked ited and the ed on the Ceiling / per Alarm Audit rector will audit all nonthly for 3 arterly when the ied and record the ing / Hallway HVAC	prioriza

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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		345449	B. WIN				1/2013
,	ROVIDER OR SUPPLIER SAL HEALTH CAREIL	KING		11	EET ADDRESS, CITY, STATE, ZIP CODI 15 WHITE ROAD ING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K 061 K 062 SS=D	42 CFR 482.41(a) NFPA 101 LIFE SA Required automatic continuously maint	FETY CODE STANDARD c sprinkler systems are ained in reliable operating			Meeting to assure prop The Administrator will b to ensure compliance of K-62	eeting / Safety ir compliance. e responsible all audits.	\$3\\del2\$\$
	periodically. 19.7 9.7.5  This STANDARD Based on observa approximately 9:30 noted: 1) Upon review of facilities sprinkler s quarterly but semi- 2) Upon review of interview facility co	documentation and staff ould not provide documentation internal inspection of the			1. The identified 5-year int inspection was schedule and completed; the spri inspection schedule was Quarterly.  2. The entire sprinkler syst potential to be effected inspections were schedurecorded on the Sprinkle Inspection Audit form.  3. The Maintenance Direct all inspections are performed and record his the Sprinkler Inspection.  4. The audits will be review in the Monthly QA&A Meeting to assure proper The Administrator will be to ensure compliance of	d immediately akler system changed to em has the Future led and er System or will ensure emed as a findings on Audit form, red quarterly eating / Safety r compliance, e responsible	
K 067 SS=F	Heating, ventilating with the provisions in accordance with specifications. 1 19.5.2.2  This STANDARD Based on observe	AFETY CODE STANDARD  g, and air conditioning comply s of section 9.2 and are installed if the manufacturer's 19.5.2.1, 9.2, NFPA 90A,  is not met as evidenced by: ation on Friday 2/1/13 at 0 AM onward the following was			1. The identified hallway H were inspected and repaproper functioning. 2. All hallway HVAC Units h potential to be affected. conducted and repairs n 02/06/2013 to ensure the HVAC units shut down p the fire alarm system wand the findings were receiling / Hallway HVAC Audit form.	ired to ensure ave the An audit was lade on at all hallway roperly when s activated corded on the	करीयमेंटल

STATEMENT AND PLAN C	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BU	ILDIN	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SI COMPLE	TEO
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 16 WHITE ROAD XING, NC 27021	. 02/0	1/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULO BE	(X5) COMPLETION DATE
K 067		ge 5 on C and F Hall did not shut n of the fire alarm by smoke	К	067	K-67  The Maintenance Director we hallway HVAC units monthly regularly scheduled fire drill quarterly when the fire syste inspected and record his find the Ceiling / Hallway HVAC / Alarm Audit form.  The audits will be reviewed on the Monthly QA&A Meeting to assure proper conthe Administrator will be restored to ensure compliance of all a "Submission of this response the Statement of Deficiencies the undersigned does not constitute an admission that deficiencies existed and/or require correction".	during the and is in is lings on Tamper quarterly mplance ponsible addits.	