

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

PRINTED: 03/04/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  02/07/2013
NAME OF PROVIDER OR SUPPLIER  VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
(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  Ammended 02/22/13. The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). Event ID # CTG911	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:  345381	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/19/2013
NAME OF PROVIDER OR SUPPLIER  VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
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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 Existing Health Care section of the LSC and its referenced publications. This building is Type III (211) construction, one story, with a complete automatic sprinkler system.	K 000			
K 012 SS=F	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1  This STANDARD is not met as evidenced by: Based on observation on Tuesday 2/19/12 at approximately 10:00 AM onward the following was noted: 1) The sheetrock located in the attic at both nurse station have holes that were not sealed in order to maintain the required fire resistance rating of the exit corridors.	K 012	New sheetrock will be placed and sealed in the attic at both nurses stations and in other areas over our corridors. This will be inspected monthly for 6 months and then quarterly for a year to insure compliance by our Environmental services director.	4/5/2013	
K 029 SS=D	42 CFR 482.41(a) NFPA 101 LIFE SAFETY CODE STANDARD  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	K 029	The corridor doors from both storage rooms have been equiped with self closing devices. The bulding will be inspected by our Environmental services director as to any other doors that require closing devices. Closures will be monitored on a quarterly basis for one year.	2/21/2012	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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NAME OF PROVIDER OR SUPPLIER  VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1750 KING, NC 27021		
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K 029	Continued From page 1 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  This STANDARD is not met as evidenced by: Based on observation on Tuesday 2/19/12 at approximately 10:00 AM onward the following was noted: 1) The corridor doors to the two storage rooms located on the front hall are not equipped with self closing devices.	K 029			
K 052 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  This STANDARD is not met as evidenced by: Based on observation on Tuesday 2/19/12 at approximately 10:00 AM onward the following	K 052	Village Care of King has received and signed a quotation from Simplex-Grinnell to install new audible alarms throughout the building. A new annunciator will also be installed and wired from the mechanical room to an inside location at the north nurses station Alarms will be monitored by our Environmental services director on a monthly basis per NFPA regulations.	4/5/2013	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345981	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/19/2013
NAME OF PROVIDER OR SUPPLIER  VILLAGE CARE OF KING			STREET ADDRESS, CITY, STATE, ZIP CODE 440 INGRAM ROAD EXT BOX 1760 KING, NC 27021		
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K 052	Continued From page 2 was noted: 1) Throughout the facility the audible alarms for the fire alarm system when tested did not sound or were muffled when tested:  42 CFR 482.41(a)	K 052			

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