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

PRINTED: 09/13/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345167	B. WING	·		09/	12/2013	
	PROVIDER OR SUPPLIER	ITER		90:	REET ADDRESS, CITY, STATE, ZIP CODE 3 W MAIN ST BOX 879 ADKINVILLE, NC 27055			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	LD BE COMPLÉTION		
F 000	INITIAL COMMEN	TS	F	000			!	
The same of the sa	The facility is in co requirements of 42 Long Term Care Fa Survey).	mpliance with the CFR Part 483, Subpart B for acilities (General Health						
			: 					
Andrew Andrews (Andrews Andrews Andrew								
				4				
LARORATOR)	OIRECTOR'S OR PROVIE	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.

,	- OF USALTH	AND HUMAN SERVICES			OMB NO. ((x3) DATE	PPROVEO 0938-0391.
PARTN	VENT OF HEALT	& MEDICAID SERVICES	I saili Tio	P CC	INSTRUCTION COMP	LETED ;
NTERS	FOR MICUION	(X1) PROVIDER/SUPPLIER/CLIA	A BUILDING	01 -	MAIN BUILDING 01	-
EMENT C	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A dolar		10/2	4/2013
, 0 ,	•	i i i i i i i i i i i i i i i i i i i	B. WING		· · · · · · ·	
		345167		STRE	ET ADDRESS, CITY, STATE ZIP CODE	
AF OF PR	ROVIDER OR SUPPLIER			903 Y	W MAIN ST BOX 879	
	TOUC CARE CE	NTER		YAD	KINVILLE, NC 27055' PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION SHOULD BE	(XS)
ADKIN N	IURSING CARE CE		10		PROVIDER'S PLAN OF CURRENT BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE	DATE
X4) ID	SUMMARY ST	ATEMENT OF OFFICIENCIES ATEMENT OF OFFICIENCIES ATEMENT OF OFFICIENCIES LSC IDENTIFYING INFORMATION	PREFIX		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ĺ
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K 000	INITIAL COMME	NTS - T				
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į	Surveyor: 27871	. Lari SC) suprev Was			•	
İ	This Life Safety C	code(LSC) survey was The Code of Federal Register				
	conducted as per	The Code bir book Existing (a); using the 2000 Existing for of the 1 SC and its reference	ad .		ş ·	
	Health Care sect	D(a); using the 2000 Existing the LSC and its reference building is Type III			•	
	oublications. This	building is Type III			•	
	L.J.Ateuchich One	PIOLY, MILLIA		H		
	automatic sprink	El ayatom				
	- I-Foioncies	determined during the survey			V010	
	are as follows:	40.00	Ko	12	No residents were specifically identified a	15
	NEDA 101 LIFE	SAFETY CODE STANDARD			having been offected by this sitesen doperation	1
	10, 2, 2, 2	in the masts on	e	11	For residents having the potential to be affected by the	is (
\$S=D	Building constru	ction type and height meets on	-		Little And Directics, U.S. (2013)	1 1
	of the following.	19.1.6.2, 19.1.6.3, 19.1.6.4.		1 1	following repair related to.	•
	19.3.5.1	1	1		Opening in the fire barrier wall in roor (712 and 713) has been repaired by covering wi	ich :
		•	1		(712 and 713) has been reputited with fire caulk approved sheetrock and scaled with fire caulk	
	11				a tiene has inspect	ted i
		in ouldenced by:			The Maiatenance Supervisor the facility all the fire rated walls and coilings in the facility	to
	This STANDAR	D is not met as evidenced by:			all the fire rated walls and country in the ensure there are no unscaled penetration. A	be :
	Surveyor: 2787	interview at			Deugligion Incumied of min	11/30/13
	Based on obse	rvations and state into others 3:30 am onward, the following	1		repaired.	nce
	approximately t	compliant, specific findings			To ensure compliance, the Maintena Supervisor shall inspect all five rated walls and ceili Supervisor shall inspect and quarterly thereafter.	ngs
	include the fire	barrier wall going into 700(by	ont		Supervisor shall inspect an ine time a monthly for three mondies and quarterly thereafter.	
	forms(712 &7	barrier wall going into 700(2) (3) hall has an opening that is not the construction type.	i			
	sealed to main	tain the construction type.	į			:
	ii		<u> </u>	h.,		
	42 CFR 483.70	D(a) E SAFETY CODE STANDARD	K	b18		***
K 01	18 NFPA 101 LIF		20		1	1
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	I required encio	Sures of volume shore such	as !			
	hazardous are	as all salid-honded co)f 8 1	Ì	•	
	those constru	ble of resisting fire for at least	20 ;			(XE) DATE
				1	TITLE:	11-8-
L	TONY OFFICE OR'S OR	PROVIDER/SUPPLIER REPRESENTATIV	C2 51010/101		11/4	that
LABORAT	A M A	<u> </u>		1	tution may be excused from correcting providing it for nursing homes, the findings stated above are discussed, the above findings and plans of correction have a check an approved plan of correction is required.	izcjosapje 60 qak: 12 qelaturuko mar
1/	la 1 Kin	a with an asterisk (") denotes a deficie	ency which the	i instit (dept	tution may be excused from correcting providing it for nursing homes, the findings stated above are dhomes, the above findings and plans of correction are cited, an approved plan of correction is required.	are disclosable 14
Any defi	ciency statement endi	ient protection to the patients. (See in	vided. For nu	sing l	nomes, the above findings and plans of correction is requi	isite to continued
other sa	ins date of survey wi	ether or not a plan or correction to the fo	acility. If defic	idncie	P WO CHAST TO A P	<u> </u>
		TOCHILLE WE WISHES		1	t continua	ion sheet Page 1
btogram	i bargoshagan		D;LTD921	T	Facility ID: 923574	•
	MS-2567(02-99) Previous	Versions Obsolate	,, <u>.</u> ,		•	Ģω
	MO-FON IN- A-1			}		

PRINTED: 10/25/2013 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED . (X1) PROVIDER/SUPPLIER/CLIA A. BUILDING 01 - MAIN BUILDING 01 STATEMENT OF DEPICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION 10/24/2013 B, WING 345167 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 903 W MAIN ST BOX 879 YADKINVILLE, NC 27055 YADKIN NURSING CARE CENTER (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE PREFI REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) PRÉFIX TAG K 018 No residents were specifically identified as Continued From page-1 K018 K 018 minutes. Doors in sprinklered buildings are only having been affected by this alledged deficient required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors practice. Rubber door wedges have been removed. are provided with a means suitable for keeping The Maintenance Supervisor shall perform weekly the door closed. Dutch doors meeting 19,3,6.3.6 11/30/13 inspections to ensure that wedges are not used in the 19.3,6.3 are permitted. facility. To enusre compliance, the Maintenance Roller latches are prohibited by CMS regulations Supervisor shall inspect all self closing and latching doors monthly for three months and quarterly thereafter to ensure they are closing properly and not in all health care facilities. wedged inappropriately. This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following tems were noncompliant, specific findings include: medical records door being held open with rubber wedge (500 Hall). 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD K 029 K 029 One hour fire rated construction (with ¾ hour SS≃E 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 other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed If continuation sheet Page 2 of 4 Facility ID: 923574 Event ID: LTD921 FORM CMS-2587(02-99) Previous Versions Obsolete 11/11/5013 14:55 6006673366 YADKIN NURSING PAGE 04/06

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マベルにいて ぐ	AE PAEICIENCIES	IDENTIFIC	ATION NUMBER:	A, BUILOIN	301	MAIN BUILDING 01	·	
) PLAN OF	CORRECTION			B IA(ING				4/2013
	•		345167	B. WING	STE	REET ADDRESS, CITY, STATE,	CIP CODE	
OF 0	ROVIDER OR SUPPLIER		<u> </u>	ļ	lana	W MAIN ST BOX 879		
	•	11			ΥA	DKINVILLE, NC 27055		/X51 :
'ADKIN Ì	IURSING CARE CE	NIEN :		L lD	T	PROVIDER'S PLAN OF	CORRECTION .	COMPLETION DATE
214 12	SUMMARY ST	ATEMENT OF DE	Ficiencies Ceded by Full	PREFIX				0,7,2
(X4) ID PREFIX	SUMMARY ST [EACH DEFICIENC REGULATORY OR	LSC IDENTIFYIN	G INFORMATION)	TAG		OEFICIEN	CY)	
TAG	ACOULTION	1;:		<u> </u>	ΙŤ			
				KO	29	•		
K 029	Continued From F	age 2 📖				K029 No residents were:	pecifically identified as	
,	ad inches from th	6 DOMOIII oi à	Je goot are	1		having been affected by this at	feßed getreren ber	
	permitted. 19.3	.2.1		!			a the second has been	11/30/13
		: :				adjusted to close and total by	the af all acif-closing	1
						Supervisor will do weekly of doors in the facility. Compl	iance will be monitored	
	2		a widenced hy			weekly for three weeks, we	to on a monuty bests	1 : 1
	This STANDARD	is not met a	S GAIGCHOGG N).			thereafter.		
	Surveyor: 2/8/1	v modist	aff Interview at			• .	•	
	Based on observ approximately 8:	ations and di	d, the following			K062 No residents were	specifically identified as	
	approximately 8:	ompliant, spe	cific findings	Ì		having been affected by	this alledged deficient	1
	include, soiled lin	ien door goin	g into laundry not	1		practice.	in thi	
	latching.	1.	,			1	rinkler heads in the	• • • •
			· ·			1	the majored by contracto	• (
	42 CFR 483.70(NFPA 101 LIFE	a) overty co	DE STANDARD	K	062	: 1	tivaneced Fire Designs the eek of November 18	· }
K 062	NFPA 101 LIFE	SAFELLOP				1	\ ('G	. (
\$\$=E	Required autom	atic sprinkler	systems are	,		(2) \$1	prinkler head noted in the	u j
	Required autom dontinuously ma	Intained in re	liable operating	1		1 1	with Dailti	19
	dontinuously ma condition and ar	e inspected.	NEDA 13. NEPA	i		.36	heduled to be repinced Fi	re l
	beriodically.	9.7.6, 4.6.12	NFPA 13, NFPA	- {		į r	recions the Week	of !
	25, 9.7.5	;				. 1	lovember 18, 2013. prinkler heads noted	1
						1 1 1	Intribution	LLI
	}		id-need by			1 .	o cleaned. Maintenor Supervisor will impleme	
	This STANDAR	D is not met	as evidenced by:			1 :	TARROLD OF BILL SPINING	TCI I
	Surveyor: 278	⁽¹	etaff interview at			'	arade to be completed of) N
	Based on obse	INS(IOUS SUG)	ard, the following secific findings	:			monthly basis.	
	approximately items were nor	compliant, sp	ecific findings	:		To ensure con	mpliance, the Maintena Il inspect all sprinkler he	nds .
	luciude:		an correded	į		Supervisor sha	compliance and quart	erly
	include: 1. sprinkler hea	ads in kitchen	are convoes.			the salter	•	
	2. sprinkler hea	ad by nearing		į		•		:
1	has paint on pe	endent. ode Ibroudh d	out facility have	•		: ·		•
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	E SURVEY PLETED	COM	LE CONSTRUCTION 301 - MAIN BUILDING 01	(XZ) MULTIPI A. BUILDING	HIPPLIER/CLIA	TH AND HUMAN RE & MEDICAID S (X1) PROVIDER (X1) IDENTIFICATION	FOR MEDICAF DEFICIENCIES CORRECTION	ENTER
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-	1 176	<u>, </u>	VADKINVILLE, NC 27055			•	- 1	
ı	(X5) COMPLETION DATE	CORRECTION TON SHOULD BE	PROVIDER'S PLAN OF CORE		CIENCIES		JRSING CARE C	ADKIN
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