

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345541	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 01/07/2015
NAME OF PROVIDER OR SUPPLIER OLDE KNOX COMMONS AT THE VILLAGES OF MECKLENBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 13825 HUNTON LANE HUNTERSVILLE, NC 28078		
(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 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, and utilizing North Carolina Special Locking Systems. At time of survey the: Total Certified Bed Count =114 Census =101 The deficiencies determined during the survey are as follows:	K 000			
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) Based on observations, on December 7th at approximately 1:00 pm onward, the following deficiencies were noted: The facility had dust and lint on the fire dampers in the return air registers at the fowling locations: 1. Room 616, 619, 610 2. Laundry	K 012	WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE: 1. The dust and lint were cleaned from the fire dampers in the return air registers in the following areas in rooms 616, 609, 610 and the Laundry Room on January 12, 2015. HOW FACILITY WILL IDENTIFY OTHER	2/21/15	

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

TITLE

(X6) DATE

Electronically Signed

01/20/2015

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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K 012	Continued From page 1	K 012	<p>LIFE SAFETY ISSUES HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>The Maintenance Supervisor and/or maintenance assistant have conducted an visual inspection of all the fire dampers in the return air registers in located within building and cleaned any visible dust and lint from the fire dampers in the return registers. All fire dampers in the return air register will be inspected and cleaned if necessary by February 12, 2015.</p> <p>ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>The Maintenance Supervisor and/or maintenance assistant will conduct quarterly visual rounds of all fire dampers in the return registers located within the building and clean any dust and lint from the fire dampers in the return registers. All quarterly inspection/cleanings will be documented on the Inspection/cleaning log which will be maintained in the maintenance office.</p> <p>HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, WHAT ASSURANCE PROGRAM WILL BE PUT INTO PLACE:</p>		

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K 012	Continued From page 2	K 012	<p>The Maintenance Supervisor and/or maintenance assistant will conduct quarterly visual rounds of all fire dampers in the return registers located within the building and clean any dust and lint from the fire dampers in the return registers. All quarterly inspection/cleanings will be documented on the Inspection/cleaning log which will be maintained in the maintenance office. All quarterly inspection/cleaning log will be brought to the QA Committee meeting quarterly for review.</p> <p>The QA Committee will review the systemic changes to ensure the facility's progress towards implementation of corrective action(s) and the facility's performance, to ensure that corrective performance is achieved and sustained. The QA Committee will review the facility's progress quarterly for effectiveness and revise or develop new measures as necessary to ensure that corrective action is integrated and the system is sustained or revised as needed to achieve and maintain corrective solutions.</p>		
K 027 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are</p>	K 027		2/21/15	

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K 027	Continued From page 3 self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) Based on observations, on December 7th at approximately 1: 00 pm forward, the following deficiencies were noted: The facility had unsealed penetrations in the rated smoke wall in the attic space at the dining room wall at the bottom right hand side of the wall. The attic access for this location is in the service hall.	K 027	WHAT CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED BY THE FACILITY TO CORRECT THE DEFICIENT PRACTICE: The smoke barriers wall in attic area at the dining room at the bottom right hand side of wall were it was penetrated was sealed in order to maintain the required resistance rating of the wall. The repair/sealing of the penetrated was completed on January 15, 2015 HOW FACILITY WILL IDENTIFY OTHER LIFE SAFETY ISSUES HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN The smoke barriers wall in attic area at		

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K 027	Continued From page 4	K 027	<p>the dining room at the bottom right hand side of wall were it was penetrated was sealed in order to maintain the required resistance rating of the wall. The repair/sealing of the penetrated was completed on January 15, 2015</p> <p>ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>The Maintenance Supervisor and/or maintenance assistant will conduct quarterly visual inspections of all smoke barrier walls and repair any penetrations found. All quarterly visual inspections will be recorded on Smoke Barrier Walls log which will be maintained in the maintenance office.</p> <p>HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, WHAT ASSURANCE PROGRAM WILL BE PUT INTO PLACE:</p> <p>The Maintenance Supervisor and/or maintenance assistant will conduct quarterly visual inspections of all smoke barrier walls and repair any penetrations found. All quarterly visual inspections will be recorded on Smoke Barrier Walls inspection flog which will be maintained in the maintenance office. All quarterly inspection logs will be brought to the QA</p>		

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K 027	Continued From page 5	K 027	<p>Committee meeting quarterly for review.</p> <p>The QA Committee will review the systemic changes to ensure the facility's progress towards implementation of corrective action(s) and the facility's performance, to ensure that corrective performance is achieved and sustained. The QA Committee will review the facility's progress quarterly for effectiveness and revise or develop new measures as necessary to ensure that corrective action is integrated and the system is sustained or revised as needed to achieve and maintain corrective solutions.</p>		