

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345393	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - PISGAH MANOR HEALTH CAER CENTER B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2015
NAME OF PROVIDER OR SUPPLIER PISGAH MANOR HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 104 HOLCOMBE COVE ROAD CANDLER, NC 28715	
(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 A 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. In the exit conference all deficiencies noted were discussed with administration. Stories: 1 Construction Type V (111) Constructed: 5/15/2014 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 118 Census - 99 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 052 SS=F	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: 42 CFR 483.70(a) Based on observations, on February 12, 2015 at approximately 8:00 AM onward, the following deficiencies were noted: 1) The facility could not provide documentation at the time of the Survey that the Fire Alarm System	K 052	The fire alarm system was tested on 2/18/15 by Modern Systems Inc. in accordance with NFPA 70 National Electrical Code and NFPA 72. The fire alarm system will be inspected annually in addition to the monthly tests	2/18/15

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

TITLE

(X6) DATE

Electronically Signed

02/27/2015

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
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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K 052	Continued From page 1 was being inspected annually. NFPA 101: 9.6.1.4; 9.6.1.7* This deficiency affected the entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 052	that were already established by the facility. An agreement was signed with Modern Systems Inc. on 2/18/15 to ensure the annual inspections will be completed. The inspection results will be reported to the QA committee quarterly. If problematic areas occur, they will be addressed at the time of the findings and brought to the attention of the QA committee.		
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: 42 CFR 483.70(a) Based on observations, on February 12, 2015 at approximately 8:00 AM onward, the following deficiencies were noted:	K 056	A dry drop sprinkler head was ordered from Diboco Sprinklers Inc. on 2/18/15 for the Tranquility Spa. This sprinkler head will be installed no later than March 20, 2015.	3/20/15	

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K 056	Continued From page 2 1) The shower area in (Tranquility Spa) room was not protected with sprinkler coverage. The shower area was blocked by a wall that extended from floor to ceiling of approximately 6 ft in length. NFPA 101: 18.3.5. This deficiency affected one room only in the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 056	An inspection on the entire facility on 2/12/15 ensured that there we no other areas of the facility with this deficient practice. The inspection results will be reported to the QA committee quarterly. If problematic areas occur, they will be addressed at the time of the findings and brought to the attention of the QA committee.		
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) Based on observations, on February 12, 2015 at approximately 8:00 AM onward, the following deficiencies were noted: 1) The emergency transfer switch for the fire pump when tested would not transfer from normal to emergency load. This deficiency affected the entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	James M. Pleasants Co. Inc. was on site 2/19/15. The electrical wiring and equipment for the emergency transfer switch for the fire pump was inspected. Any deficient areas were corrected. The facility ensured that the emergency transfer switch was properly functioning in accordance with NFPA 70, National Electrical Code. The emergency transfer switch will be tested on a monthly basis. This will be an ongoing monthly inspection. The inspection results will be reported to the QA committee quarterly. If problematic areas occur, they will be addressed at the time of the findings and brought to the attention of the QA committee.	2/19/15	

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