STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345328	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/20/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GIVENS HEALTH CENTER	**600 BARRETT LANE** **ASHEVILLE, NC 28803**

(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. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count = 70 NF Census = 61 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. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 02/20/2015 at approximately 9:30 AM onward, the following deficiency is noted: There is a hole adjacent to the ceiling sprinkler in the rated roof/ceiling assembly - located in the kitchen dishwash area. This deficiency affected one of one smoke	K 012	The escutcheon was replaced on the cited sprinkler head on 02/23/15. All sprinkler heads will be inspected to ensure that all of them have properly fitting escutcheons and that there are no holes adjacent to the ceiling sprinklers. The Maintenance Director will educate/remind the Maintenance Staff that they should pay attention to this issue on a regular basis. The Maintenance Staff will also be educated/reminded that	3/6/15

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

Electronically Signed | 03/04/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345328	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/20/2015**

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GIVENS HEALTH CENTER	**600 BARRETT LANE** **ASHEVILLE, NC 28803**

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K 012	Continued From page 1 compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	anytime there is a missing or improperly fitting escutcheon it will be replaced immediately. Additionally, all Department Directors and key staff will be educated to immediately report any missing or ill fitting escutcheons to Maintenance for immediate replacement. The Maintenance Director will ensure that all sprinkler heads are inspected, at least quarterly, to ensure there are no holes adjacent to the sprinkler heads. Results of these inspections will be reported to the Quality Improvement Committee. The Quality Improvement Committee will monitor this until it has has determined that this correction has been consistently achieved and maintained.	
K 029 SS=D	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 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: 42 CFR 483.70 (a)	K 029	The cited door was corrected to close and latch properly on 02/23/15.	3/6/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345328	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/20/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GIVENS HEALTH CENTER	**600 BARRETT LANE** **ASHEVILLE, NC 28803**

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K 029	Continued From page 2 Based on observations, on 02/20/2015 at approximately 9:30 AM onward, the following deficiency is noted: The fire door to the soiled linen room will not self latch in the closed position - located off service hall at main laundry area. The referenced door and enclosure was designed and specified to maintain a one hour fire resistance rating. This deficiency affected one of one smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	All other fire doors in the facility will be inspected to ensure they close and latch properly. Any that are found to not close or latch properly will immediately be corrected. The Maintenance Director will develop a schedule for the Maintenance Staff to inspect and test all fire doors, quarterly, to ensure they properly close and latch. The Maintenance Director and the Assistance Maintenance Director will randomly test five doors on a monthly basis for two quarters to ensure facility doors are properly closing and latching. If, after two quarters, it is found that the doors are properly closing and latching we will then rely on a random regular inspection schedule. Results of these scheduled and random inspections will be reported to the Quality Improvement Committee. The Quality Improvement Committee will monitor this issue until the QI Committee has determined that this correction has been consistently achieved and maintained.	