STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345466	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/27/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWBROOK REHABILITATION AND CARE CENTER	**333 EAST LEE STREET** **YADKINVILLE, NC 27055**

(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 LSC deficiencies were discussed with facility administration. At time of survey the: Total Certified Bed Count = 76 NF Census = 71 The deficiencies determined during the survey are as follows:	K 000		
K 027 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on January 27, 2015 at approximately 10:00 am onward, the cross	K 027	Repaired corridor smoke barrier door. Audit of smoke barrier doors in faculty	2/15/15

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

Electronically Signed | 02/13/2015

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.

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K 027	Continued From page 1 corridor smoke barrier door did not close with activation of facility fire alarm system in accordance with 19.2.2.2.6. Smoke barrier door, located near resident room 103, drags and sticks to floor. Two smoke compartments were affected by deficient practice. Deficient practice has the potential for widespread smoke effects during fire exposure.	K 027	Weekly check of smoke barrier doors using Preventive Maintenance Check Sheet will be used by the Maintenance Director or Designee. Checks for the Smoke Barrier doors added to the TELS system for ongoing checks. This Quality Improvement Monitoring will be used for 12 weeks. Results of the Quality Improvement Monitoring will be discussed at the monthly Quality Assurance Performance Improvement Committee Meeting for three months. The committee will recommend revisions to the plan to sustain substantial compliance.	