

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

PRINTED: 03/27/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345167</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>YADKIN NURSING CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>903 W MAIN STREET BOX 879 YADKINVILLE, NC 27055</b>	
(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.  At time of survey the: Total Certified Bed Count = 147 Census = 121  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 January 9, 2015 at approximately 10:45 AM onward, the following deficiencies were noted:  1. Hole in roof/ceiling assembly adjacent to sprinkler in room 702.  2. Hole in roof/ceiling assembly adjacent to sprinkler in medical director's office - 400 hall.	K 012	No residents were specifically identified as having been affected by this deficient practice.  1. The hole in the ceiling assembly adjacent to the sprinkler head in room 702 has been repaired. 2. The hole in the ceiling assembly adjacent to the sprinkler head in the medical director's office.  For those residents having the potential to be affected by the same deficient practice,	2/16/15

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

TITLE

(X6) DATE

Electronically Signed

01/21/2015

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 012	Continued From page 1	K 012	the Maintenance Director has inspected all spaces within the facility to ensure the placement of all sprinkler heads in the facility are sealed to the ceiling without holes and/or unprotected spaces adjacent to the heads. To ensure compliance, such inspections shall be documented on the Sprinkler Head Inspection Log and the inspections shall be performed monthly for three months and quarterly thereafter.  The Maintenance Director shall present evidence of such inspections to the Quality Assurance Committee monthly for three months and quarterly thereafter.	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on January 9, 2015 at approximately 10:45 AM onward, the following deficiencies were noted:</p> <ol style="list-style-type: none"> <li>1. lack of sprinkler coverage for shower stall area on 500 hall.</li> <li>2. corrosion and rust on sprinkler heat sensitive element in closet - located in medical director's office.</li> </ol>	K 062	<p>No residents were specifically identified as having been affected by this deficient practice.</p> <ol style="list-style-type: none"> <li>1. The facility has engaged with the appropriately trained and/or credentialed personnel/independent contractor to ensure proper sprinkler coverage for the 500 hall bath.</li> <li>2. The corrosion and rust on the sprinkler heat sensitive element in the closet located in the medical director's office has</li> </ol>	2/16/15

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K 062	Continued From page 2	K 062	<p>been cleaned and/or replaced.</p> <p>For those residents having the potential to be affected by the same deficient practice, the Maintenance Director and/or appropriate trained personnel and/or independent contractor has inspected all spaces within the facility to ensure spaces are appropriately sprinkled and to ensure sprinkler heads are clean and free from rust and/or corrosion. To ensure compliance, such inspections shall be documented on the Sprinkler Head Inspection Log and the inspections shall be performed monthly for three months and quarterly thereafter.</p> <p>The Maintenance Director shall present evidence of such inspections to the Quality Assurance Committee monthly for three months and quarterly thereafter.</p>		