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

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

NAME OF PROMOTER OR SUPPLIER YADKIN NURSING CARE CENTER SUMMANY STATEMENT OF DEPICIENCIES (PA) 10 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 IIII(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 012 NFR 101 LIFE SAFETY CODE STANDARD SS=D Building construction type and height meets one of the following deficiencies were noted: 1. Hole in roof/celling assembly adjacent to sprinkler in room 702. 2. Hole in roof/celling assembly adjacent to sprinkler in medical director's office - 400 hall. To the Server of the same deficient practice. STREET ADDRESS, CITY, STATE, 2PF CODE STAP YADKINVILLE, NC 27085 PREPRY YADKINVILLE, NC 27085 K 000 INTITIAL COMMENTS INTITIAL COMMEN			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
VADKIN NURSING CARE CENTER 963 W MAIN STREET BOX 879 VADKINVILLE, NO. 27056			345167	B. WING		01/09/2015		
PREFIX TAG REGULATORY OR LSc IDENTIFYING INFORMATION) 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 012 SS=D 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 medical director's office. 400 hall.					STREET ADDRESS, CITY, STATE, ZIP CODE 903 W MAIN STREET BOX 879			
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 012 SS=D 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. For those residents having the potential to	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA	COMPLETION		
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. 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	K 012	This Life Safety Code conducted as per The at 42CFR 483.70(a); Health Care section of publications. This build construction, one storautomatic sprinkler sy. At time of survey the: Total Certified Bed Codensus = 121 The deficiencies determed as follows: NFPA 101 LIFE SAFE	e(LSC) survey was code of Federal Register using the 2000 Existing of the LSC and its referenced lding is Type III(211) ry, with a complete restem. ount = 147 rmined during the survey ETY CODE STANDARD type and height meets one			2/16/15		
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		This STANDARD is r 42 CFR 483.70 (a) Based on observation approximately 10:45 deficiencies were not 1. Hole in roof/ceiling sprinkler in room 702 2. Hole in roof/ceiling sprinkler in medical d	not met as evidenced by: as, on January 9, 2015 at AM onward, the following ed: assembly adjacent to assembly adjacent to irector's office - 400 hall.		as having been affected by this deficier practice. 1. The hole in the ceiling assembly adjacent to the sprinkler head in room 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	ont 702 Il to ice,		

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.

Facility ID: 923574

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		345167	B. WING _			01/	/09/2015
NAME OF PROVIDER OR SUPPLIER YADKIN NURSING CARE CENTER			•	STREET ADDRESS, CITY, STATE, ZIP CODE 903 W MAIN STREET BOX 879 YADKINVILLE, NC 27055			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 012	2 NFPA 101 LIFE SAFETY CODE STANDARD			012	the Maintenance Director has inspecte 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 adjact to the heads. To ensure compliance, suinspections shall be documented on the Sprinkler Head Inspection Log and the inspections shall be performed monthly for three months and quarterly thereaft. The Maintenance Director shall present evidence of such inspections to the Quality Assurance Committee monthly three months and quarterly thereafter.	ent uch e v er.	2/16/15
	42 CFR 483.70 (a) Based on observation approximately 10:45 A deficiencies were noted. 1. lack of sprinkler coron 500 hall. 2. corrosion and rust a	not met as evidenced by: as, on January 9, 2015 at AM onward, the following ed: werage for shower stall area on sprinkler heat sensitive eated in medical director's			No residents were specifically identifie as having been affected by this deficier practice. 1. The facility has engaged with the appropriately trained and/or credentials personnel/independent contractor to ensure proper sprinkler coverage for th 500 hall bath. 2. The corrosion and rust on the sprink heat sensitive element in the closet located in the medical director's office least the sensitive element.	ed e	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		345167	B. WING		01/09/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
YADKIN N	URSING CARE CENTER		9	903 W MAIN STREET BOX 879		
IABINITY	ONOMO OAKE OEKTEK		,	YADKINVILLE, NC 27055		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
K 062	Continued From page	2	K 062	been cleaned and/or replaced. For those residents having the potential be affected by the same deficient practite Maintenance Director and/or appropriate trained personnel and/or independent contractor has inspected spaces within the facility to ensure spalare appropriately sprinkled and to ensus 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. The Maintenance Director shall preser evidence of such inspections to the Quality Assurance Committee monthly three months and quarterly thereafter.	all aces ure n	