

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345267	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2015
NAME OF PROVIDER OR SUPPLIER POPLAR HEIGHTS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337		
(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 Existing Health Care section of the LSC and its referenced publications. In the exit conference all deficiencies noted were discussed with administration. Stories: One Construction Type III (III) Constructed: 1998 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 90 Census - 75 Certified Beds: Medicaid only - 90 Census - 75	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: Based on observations on 1/29/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The facility has unsealed penetrations in the rated ceiling around sprinkler heads.	K 012	KO12- The Maintenance Director will place the appropriate metal covers over the unsealed penetrations around the sprinkler heads in the Admissions Director's office closet, in the Administrator's office, and at the front entrance corridor near the exit directional	3/15/15	

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

TITLE

(X6) DATE

Electronically Signed

02/11/2015

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 The unsealed penetrations left the one hour rating of the ceiling compromised in the following locations: 1. Admissions office closet 2. Administrators office 3. Front entrance corridor near the exit directional sign. The deficiency affects 1 of approximately 9 smoke zones in the facility. Ref: 2000 NFPA 101 Section 19.3.1	K 012	sign. The Maintenance Director will conduct a complete inspection of the facility to look for any other possible penetrations once weekly x2 weeks. The Maintenance Director will also look for any possible penetrations that need repairing during normal routine maintenance in the facility. This POC will be reviewed by the Performance Improvement Committee on 2/26/15. This corrective action will be completed by March 15, 2015.		
K 029 SS=E	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: Based on observations on 1/29/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The facility has a build up of dust and lint in the upper portion of the combustion chamber of the gas fired dryers in the laundry department making	K 029	KO29- A biweekly cleaning schedule will be posted and adhered to so the lint and dust will be reduced in the combustion chamber of the dryer. This POC will be reviewed by the Performance Improvement Committee on 2/26/15. This corrective action will be completed by	3/15/15	

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K 029	Continued From page 2 higher risk of fire in the laundry.	K 029	March 15, 2015.		
K 046 SS=D	Ref: 2000 NFPA 101 Section 19.3.5.4 NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on observations on 1/29/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The day room on the "UNIT" hallway does not have an emergency unitary light that was connected to the emergency circuit and did not have the ability to be switched off. The lights in the day room can be switched off. This deficiency could leave this place of refuge for residents in darkness in the event of an emergency This deficiency affects 1 of approximately 3 such rooms at the facility.	K 046	KO46- The day room on the Unit Hallway will be rewired so the emergency unitary light that is connected to the emergency circuit cannot be switched off. In the event of a power outage the residents will have a well-lighted place of refuge. This POC will be reviewed by the Performance Improvement Committee on 2/26/15. This corrective action will be completed by March 15, 2015.	3/15/15	
K 062 SS=F	Ref: NFPA 101 7.9.2.1 NFPA 101 LIFE SAFETY CODE STANDARD 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	K 062		3/15/15	

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

PRINTED: 03/30/2015
FORM APPROVED
OMB NO. 0938-0391

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K 062	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations on 1/29/2015 at approximately 10:00 AM onward, the following deficiencies were noted: During the documentation review the facility did not have documentation that the quarterly sprinkler inspections were being conducted. By means of periodic inspections, tests, and maintenance, the equipment shall be shown to be in good operating condition, or any defects or impairments shall be revealed. NFPA 13, NFPA 25, 9.7.5	K 062	KO62- BFPE International is contracted to perform a quarterly inspection of the automatic sprinkler system by 2/28/15 and each quarter thereafter moving forward. This POC will be reviewed by the Performance Improvement Committee on 2/26/15.		