STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345144	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/10/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE HEALTH AND REHABILITATION CENTER	**706 PINEYWOOD ROAD** **THOMASVILLE, NC 27360**

(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 II (211) Constructed: 1975 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 154 Census - 133 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 032 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations on 2/10/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The facility did not have the proper means of	K 032	Pine Ridge Health & Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and	3/27/15

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

Electronically Signed | 03/01/2015

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K 032	Continued From page 1 egress clear for the 200 hallway egress to the public way. The required exit for the 200 hallway was not clear from the egress to the public way at the end of the sidewalk. the sidewalk was reused and the egress was not accessible for beds as the sidewalk was reduced due to the storage building and the light pole intruded on the sidewalk and did not give free access to the exit without staff maneuvering onto grass or soil. The deficiency affected 1 of approximately 6 required exits. Ref. NFPA 101 2000 7.7.1	K 032	provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Pine Ridge Health & Rehabilitation's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Pine Ridge Health & Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution formal appeal procedure and/or any other administrative or legal proceeding. BUILDING 01 K032 Two contractors have been contacted to make an extension from the sidewalk to the pavement/public way and be accessible for beds to pass clear from the egress to the public way. This will be completed promptly as weather allows for the cement or pavement to be poured and to be done by 3/27/2015. Other hallway exits were checked by maintenance again on 2/12/2015 to ensure every egress is clear and provides pavement/cement from the egress to a public way/pavement. The maintenance staff has been in-serviced by the administrator on 2/12/2015 and will monitor the hall egress on a monthly basis to ensure each	

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K 032	Continued From page 2	K 032	egress is clear and provides pavement from the egress to a public way. The results of the monthly monitoring will be forwarded to the Executive QI Committee by the maintenance director monthly for potential trends for follow-up as deems necessary and to determine the need for and/or the frequency for continued monitoring.	
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations on 2/10/2015 at approximately 10:00 aM onward, the following deficiencies were noted: The facility has a build up of dust and lint on the radiation dampers in the return air registers in the following location: 1. Day Room The facility could not verify that the integrity of the radiation damper fusible link was maintained to deploy at the proper temperature or the damper would close the opening completely to maintain	K 067	K067 The identified radiation damper in the return air register in the 100 hall day room was cleaned, free of dust and lint on 2/12/2015 by maintenance staff and Dyers HVAX. The radiation damper fusible line was checked, repaired, cleaned and verified accurately working to maintain a one hour fire rating by Dyers HVAC on 2/12/2015. All other radiation dampers were checked to be free of lint and to ensure a one hour fire rating on 2/12/2015 by maintenance staff and Dyers HVAC.	3/27/15

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K 067	Continued From page 3 the one hour rating of the ceiling as required per Ref: 2000 NFPA 101 Sections 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 The deficiency affected 1 of approximately 7 smoke compartments.	K 067	An in-service was completed with the housekeeping supervisor and maintenance by the administrator on 2/12/2015 on Monitoring and Cleaning Radiation Dampers, and again on 2/27/2015 with the new maintenance director & housekeeping supervisor. Using a QI Audit Tool, the housekeeping supervisor and/or maintenance director will check and monitor all dampers weekly to ensure they are clean and free of dust and lint. The results of the weekly monitoring will be forwarded to the Executive QI Committee monthly x3 and quarterly thereafter for the identification of potential trends for follow-up as deemed necessary and to determine the need for and/or the frequency for continued monitoring.	