STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345144	A. BUILDING **02 - BUILDING 02** 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 III (211) Constructed: 1992 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 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 025	BUILDING 02	2/27/15

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

Electronically Signed | 03/01/2015

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 025	Continued From page 1 Based on observations on 2/10/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The facility has an unsealed penetration in the rated smoke wall . The facility had unsealed penetrations in the rated fire/ smoke wall leading from the 100 to the 500 smoke wall in the attic space The deficiency affected 1 of approximately 5 Fire/ Smoke compartments. Ref" NFPA 101 2000 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	K 025	K025 The identified unsealed penetration leading from the 100 hallway in the attic was repaired by the maintenance staff and Dyers HVAC on 2/12/2015. All other smoke walls in the facility were checked by maintenance staff on 2/12/2015 to ensure there are no other unsealed penetration areas. The maintenance director will monitor smoke/fire walls monthly to ensure continued compliance. The results of the monthly monitoring will be forwarded to the next monthly Executive QI Committee meeting and quarterly thereafter for the identification of potential trends and follow-up as deemed necessary to determine the need for and/or frequency of continued monitoring.	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		2/27/15

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K 052	Continued From page 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 smoke detector within 3 feet of a return register at The smoke door on the 500 hallway outside the dinning room The deficiency affected 1 of approximately 7 smoke detectors in that smoke compartment. Ref: NFPA 72 (1999 edition) A-2-3.5.1	K 052	K052 The identified smoke detector on the 500 hall was repaired to ensure the smoke detectors are 3 feet from the return register by PYE Barker HVAC & Sprinkler Company on 2/27/2015. All other smoke detectors throughout the facility were checked by maintenance on 2/12/2015 to ensure all smoke detectors are 3 feet from a return register. Pye Barker HVAC & Sprinkler Co. checked and repaired, as indicated, all smoke detectors throughout the facility on 2/27/2015. Using a QI Tool, the maintenance director will monitor all smoke detectors monthly to ensure the requirement that all smoke detectors are 3 feet from a return register. The results of the monthly monitoring will be forwarded to the next monthly Executive QI Committee Meeting and quarterly thereafter for the identification of potential trends and follow-up as deemed necessary to determine the need for and/or frequency of 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	K 067		2/27/15

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K 067	Continued From page 3 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 locations: 1. janitor's closet near the nurses station of 500 hallway. The damper in the shower room left stall on the 500 hallway was deployed and was not in the designed position. 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 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	K067 All the following radiation dampers were checked and identified areas corrected by maintenance and Dyers HVAC on 2/12/2015. 1. Janitor's closet next to the nurses station of 500 hallway to ensure the radiation damper in the return is free of dust and lint. 2. The damper in the shower room left stall of the 500/HFA hallway, to include the radiation damper fusible link and to ensure the damper would close the opening completely to maintain the on hours rating of the ceiling as required. All other radiation dampers in the facility were checked and cleaned by the housekeeping supervisor and Dyers HVAC on 2/12/2015. Using a QI Tool, the housekeeping supervisor and/or maintenance director will monitor all dampers weekly to ensure they are clean and free of dust and lint and operating properly. 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	

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K 067	Continued From page 4	K 067	frequency for continued monitoring.	