

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

PRINTED: 04/24/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345089	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/10/2015
NAME OF PROVIDER OR SUPPLIER WALNUT COVE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 511 WINDMILL STREET WALNUT COVE, NC 27052		
(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: 1 Construction Type III (211) Constructed: ***** Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 90 Census - 78	K 000			
K 025 SS=F	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: 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	K025 - NFPA 101 Life Safety	2/27/15	

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

TITLE

(X6) DATE

Electronically Signed

02/26/2015

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 February 10, 2015 at approximately 8:30 AM onward, the following deficiencies were noted: 1) The smoke walls located on the front (south) and west hall have holes and/or penetrations that were not sealed in order to maintain the fire resistance rating of the wall. NFPA 101, 19.3.7.3 NFPA 101, 8.3.6.1 This deficiency affected 4 of 9 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 025	All identified holes or penetrations in the smoke walls will be repaired by 2/27/15. All smoke walls will be inspected for holes or penetrations and will be repaired if necessary. Weekly check of smoke barrier areas using Preventive Maintenance Check Sheet will be used by the Maintenance Director or Designee. This Quality Improvement Monitoring will be used for 12 weeks. Results of the Quality Improvement Monitoring will be discussed at the monthly Quality Assurance Performance Improvement Committee Meeting for three months. The committee will recommend revisions to the plan to sustain substantial compliance.		
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		2/23/15	

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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 February 10, 2015 at approximately 8:30 AM onward, the following deficiencies were noted: 1) The front exit doors by administrator office are equipped with delayed egress along with a wander guard system that will lock the door in the event an individual with a transmitter approaches the door. Upon testing the fire alarm system the door would lock when a fire alarm was activated. All magnetically locked doors shall unlock upon activation of fire alarm and remain unlocked until all alarms are cleared and Fire Alarm Control Panel (FACP) is reset. NFPA 101-2000 ed, 7.2.1.6 2) Based on observation, facility DOCUMENTS were not available for smoke detector annual and sensitivity inspections. This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 052	K0052 NFPA 101 Life Safety Code Standard 1. The front exit doors were repaired on 2/11/15 to ensure that the magnetically locking doors will unlock while fire alarm is active and will not engage until fire alarm is cleared. 2. Smoke detector and sensitivity inspection was conducted on 2/23/15. All delayed egress doors were checked for proper function on 2/11/15. Previous smoke detector and sensitivity inspection documentation was located and all pertaining documentation will be kept in one area. The delayed egress doors with the wandergaurd system will be checked for proper function during monthly fire drills ongoing. A fire systems inspection monitoring tool will be used monthly and ongoing to ensure timeliness of all required inspections. Results of the Quality Improvement Monitoring will be discussed at the monthly Quality Assurance Performance Improvement Committee Meeting for three months. The committee will recommend revisions to the plan to sustain substantial compliance.		
K 054 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those	K 054		2/23/15	

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K 054	Continued From page 3 activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on February 10, 2015 at approximately 8:30 AM onward, the following deficiencies were noted: 1) The smoke duct detectors located in the HVAC units on Short hall were not maintained clean and in good operating condition. Location - HVAC unit in the corridor above the ceiling time. NFPA 90 A 4-4.4.1 This deficiency affected 2 of 3 devices inspected Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 054	K054 NFPA Life Safety Code Standard Identified smoke duct detectors located in the HVAC units on the short hall were cleaned on 2/23/15. All facility smoke duct detectors were inspected and cleaned on 2/23/15. Weekly check of smoke duct areas using Preventive Maintenance Check Sheet will be used by the Maintenance Director or Designee. This Quality Improvement Monitoring will be used for 12 weeks. Results of the Quality Improvement Monitoring will be discussed at the monthly Quality Assurance Performance Improvement Committee Meeting for three months. The committee will recommend revisions to the plan to sustain substantial compliance.		
K 104 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.	K 104		3/13/15	

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K 104	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on February 10, 2015 at approximately 8:30 AM onward, the following deficiencies were noted:</p> <p>1) The smoke dampers located in the smoke wall on west hall in the attic and in the maintenance area HVAC units did not operate upon activation of the fire alarm system. Air transfer openings in smoke partitions shall be provided with approved dampers designed to limit the transfer of smoke. Dampers in air transfer openings shall close upon detection of smoke by approved smoke detectors installed in accordance with NFPA 72, National Fire Alarm Code.</p> <p>NFPA 101: 8.2.4.4.3</p> <p>This deficiency affected 4 of 9 smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 104	<p>K104 NFPA 101 Life Safety Code Standard</p> <p>The identified smoke dampers in the smoke wall on the west hall and in the maintenance area HVAC units will be repaired by 3/13/15.</p> <p>All facility smoke dampers were inspected and serviced to ensure proper functioning.</p> <p>Weekly check of smoke barrier areas using Preventive Maintenance Check Sheet will be used by the Maintenance Director or Designee. This Quality Improvement Monitoring will be used for 12 weeks.</p> <p>Results of the Quality Improvement Monitoring will be discussed at the monthly Quality Assurance Performance Improvement Committee Meeting for three months. The committee will recommend revisions to the plan to sustain substantial compliance.</p>		