

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345348	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - WHISPERING PINES NURSING B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 523 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 28301	
(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: 6/15/2010 Fully Sprinkled - Yes The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 052 SS=F	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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on February 4, 2015 at approximately 1:00 PM onward, the following deficiencies were noted: 1) During testing of the facility fire alarm system,	K 052	Contracted vendor will rewire the alarm system to ensure door locks are wired to release when the fire alarm system is silenced by 3/18/15. During monthly fire drills, the doors will be checked to ensure they are releasing when required. Audit	3/18/15

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

TITLE

(X6) DATE

Electronically Signed

02/20/2015

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.

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

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K 052	Continued From page 1 when the alarm was initiated and the audible alarms were silenced, the exit doors equipped with with magnetically locked devices would re-energized with the fire alarm control panel (FACP) in active alarm. The override switches at the door and at the nurse station would did operate as required. This deficiency affected the exit doors on the new wing. addition. NFPA 101, 9.6.1.4. NFPA 72, National Fire Alarm Code. This deficiency affected 3 of approximately 7 exit doors Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 052	findings will be discussed for three months in the QA meeting. Additional repair work will be done as needed.	