

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345160</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>04 - TIMBERLINE - LIGHTKEEPER</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/20/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAVIS HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 PORTERS NECK ROAD WILMINGTON, NC 28411</b>		
(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 New 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 II (222) Constructed: 03/21/14 Fully Sprinkled - Yes No Deficiencies noted during survey.	K 000			
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1  This STANDARD is not met as evidenced by: 42 CFR 483.70(a)  Based on observations, on 02/19/2015 at approximately 11:00 am onward, the following deficiencies were noted: 1) The fire /smoke located at team room in Life Keeper building, were not properly sealed in order to maintain the fire resistant rating for the area. 2) The fire /smoke wall in Timberline building, were not properly sealed in order to maintain the fire resistant rating for the area(by equipment room). NFPA 101 19.1.1.4.1 This deficiency affected one smoke compartments of two.	K 012	The identified areas were properly sealed to maintain the fire resistant rating.  Other areas were assessed for maintenance of the fire resistant rating and sealing was corrected as needed.  Maintenance staff has been retrained regarding the requirements for maintaining the fire resistant rating.  The areas requiring fire resistant rating will be checked monthly for three months and quarterly for two quarters to ensure the correction and monitoring is	3/27/15	

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

TITLE

(X6) DATE

Electronically Signed

03/11/2015

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.

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

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OMB NO. 0938-0391

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K 012	Continued From page 1 Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	sustained.  The Safety Committee will meet monthly for two months then quarterly for two quarters to monitor the scheduled audits to ensure the corrections are sustained and determine the continued need for monitoring as appropriate.	