PRINTED: 06/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345246	A. BUILDING **01 - MAIN BUILDING 01** B. WING ______	03/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELOT MANOR NURSING CARE FAC	**100 SUNSET STREET** **GRANITE FALLS, NC 28630**

(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 This 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. This building is Type V(111) construction, one story, with a complete automatic sprinkler system. In the exit conference all deficiencies noted were discussed with administration. The facility utilizes special locking arrangements. At time of survey the: Total Certified Bed Count = 120 NF Census = 111 The deficiencies determined during the survey are as follows:	K 000		
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 3/18/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is non-fire rated caulk used to seal conduit penetration of required one hour fire rated roof/ceiling assembly - located in C Hall storage	K 012	Camelot Manor Nursing Care Facility Inc., Requests to have this Plan of Correction serve as a written allegation of compliance. Our alleged date of compliance is May 2nd, 2015. Preparation and/or execution of this plan of correction does not constitute admission to nor agreement with either the existence of, or scope and severity of	5/2/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/03/2015

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 012	Continued From page 1 room identified as stretcher/wheel chair room. The facility was constructed in 1984 under the 1981 New LSC - the level of Life Safety shall be maintained in compliance with the 1981 New Life Safety Code for the roof/ceiling assembly throughout the facility. This deficiency affected five of five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and executed to ensure continuing compliance with Federal and State regulatory law. KO12 NFPA 101 Life Safety Code Standard 1. The Director of Maintenance will remove smoke rated caulk and replace with fire rates caulk in the C. Hall Storage Room. Completed by 5-2-2015. 2. All penetration areas will be examined for smoke rated caulk and if found will be replaced with fire rated caulking by the Director of Maintenance. Completed by 5-2-2015 3. The Director of Maintenance will inspect all work areas for penetration after contracted work has been completed on or after in-house staff have worked on smoke/fire barrier walls. 4. The Administrator is responsible for oversight of the Safety Committee. All safety system check logs submitted by the Director of Maintenance and reports will be reviewed monthly in the Safety Meeting. The QAPI Committee monitors all sub-committee functions and implements actions to correct any deficiencies when reported.	
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 025		5/2/15

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K 025	Continued From page 2 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) Based on observations, on 3/18/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is non-fire rated caulk used to seal conduit and other penetrations of rated smoke barriers. This deficiency affected five of five 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	K025 □ NFPA 101 Life Safety Code Standard: 1. The Director of Maintenance will remove smoke rated caulk and replace with fire rated caulk in all smoke barriers. Completed by 5-2-2015 2. All smoke barriers shall be examined for smoke rated caulk and if found will be replaced with fire rated caulking by the Director of Maintenance. Completed by 5-2-2015 3. The Director of Maintenance will inspect all work areas for penetration after contracted work has been completed on or after in-house staff have worked on smoke/fire barrier walls. Completed by 5-2-2015	

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K 025	Continued From page 3	K 025	4. The Administrator is responsible for oversight of the Safety Committee. All safety system check logs and reports submitted by the Director of Maintenance will be reviewed monthly in the Safety Meeting. The QAPI Committee monitors all sub-committee functions and implements actions to correct any deficiencies when reported.	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 3/18/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There are center mullions used between pairs of exit discharge door openings on A-hall, B-hall, C-hall, D-hall, and front entrance. Net door openings created by mullions are 34 inches and 42 inches on bedroom corridors. There must be 41.5 inches of clear exit width in exit door openings. This deficiency affected five of five smoke compartments.	K 038	KO38 NFPA 101 Life Safety Code Standard. 1. Quotes shall be obtained from the appropriate contractor and work scheduled for the parts/removal of the center mullions and the replacement of the hardware in order to provide the 41.5 inches clear exit width in exit door openings on bedroom corridors (A,B,C,D, Halls and front entrance). Completed by 5-2-2015. 2. There are no other areas affected. 3. No revisions to the exit doors shall be made without consultation with the applicable Life Safety Code Standard.	5/2/15

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K 038	Continued From page 4 Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	The Life Safety Code Standard will be consulted for potential violation prior to any exit door revisions are made. 4. The Administrator is responsible for oversight of the Safety Committee. All safety system check logs and reports submitted by the Director of Maintenance will be reviewed monthly in the Safety Meeting. The QAPI Committee monitors all sub-committee functions and implements actions to correct any deficiencies when reported.	
K 046 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 3/18/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. Exit discharge lighting from A, B, C, and D halls are incomplete to the publicway. There are single bulb light fixtures at each exit discharge door area with no additional fixtures for coverage of sidewalks to publicway. 2. Emergency lighting in means of egress corridor near rooms B2 and B4 did not function during test.	K 046	K046 NFPA 101 Life Safety Code Standard 1. The Director of Maintenance installed new exit discharge lighting from A,B,C & D halls that cover the sidewalks to the publicway and wired to the generator to light sidewalks during power outage. Emergency lighting in means of egress corridor near rooms B2 & B4 has been repaired and is functioning properly. 2. No other areas were affected. 3. The Director of Maintenance will conduct a monthly Preventative	5/2/15

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K 046	Continued From page 5 This deficiency affected two of five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 046	Maintenance check of egress and exit discharge lighting. 3. The Administrator is responsible for oversight of the Safety Committee. All safety system check logs and reports submitted by the Director of Maintenance will be reviewed monthly in the Safety Meeting. The QAPI Committee monitors all sub-committee functions and implements actions to correct any deficiencies when reported.	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 3/18/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is no battery maintenance log identifying weekly test of battery specific gravity, and electrolyte levels in accordance with NFPA 110. This deficiency affected five of five smoke compartments in the event emergency power system fails to function properly. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	K147 □ NFPA Life Safety Standard 1. The Director of Maintenance tested the generator battery for specific gravity and electrolyte levels and found all to be in the appropriate range. 2. No other areas were affected. 3. The generator battery specific gravity and electrolyte levels have been added to the weekly generator check sheet. 4. The Administrator is responsible for oversight of the Safety Committee. All safety system check logs and reports submitted by the Director of Maintenance will be reviewed monthly in the Safety	5/2/15

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K 147	Continued From page 6	K 147	Meeting. The QAPI Committee monitors all sub-committee functions and implements actions to correct any deficiencies when reported.	