

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

PRINTED: 06/19/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345199</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAROL WOODS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514</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 Existing Health Care section of the LSC and its referenced publications. In the exit conference all deficiencies noted were discussed with administration.  Stories: 3, SNF located on 3rd floor. Construction Type I ( 332) Constructed: 12/16/1995 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 30 Census - 25	K 000		
K 052 SS=F	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: 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)	K 052	What corrective actions will be	2/25/15

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.

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K 052	Continued From page 1  Based on observations, on Tuesday 2/24/15 at approximately 11:00 AM onward, the following deficiencies were noted: 1) The fire alarm system failed to operate on battery back-up power. Fire alarm system did operated correctly when tested on normal power. NFPA 101, 9.6.1.4. This deficiency affected the entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 052	accomplished: The fire alarm batteries were replaced on the day after this survey. This is because the system had just received its annual test and inspection, and these batteries were found to need replacing and were on order.  How will you identify other life safety issues: This is the only fire alarm system in the building.  What measures will be put into place for no reoccurrence: This system undergoes preventive maintenance testing and inspection annually. Two weeks before the life safety survey, these batteries were found to need replacing and were placed on order.  How the corrective action will be monitored for no reoccurrence: The system is operated periodically through fire drills. We will monitor the operation at these times.		
K 059 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems have water flow devices to give warning of the operation of the systems. 13-3.5.2  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on Tuesday 2/24/15 at approximately 11:00 AM onward, the following deficiencies were noted:	K 059	What corrective action will be accomplished: We will have this fire protection added to both elevator hoistways. Date: 5/19/2015	5/19/15	

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K 059	Continued From page 2 1) The two elevators in facility did not have sprinkler coverage in the elevator hoistway pits. NFPA 13; 5-13.6.1 This deficiency affected two of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 059	How we will identify other safety issues: These are the only elevators in the building.  What measures will be put into place for no reoccurrence: When this is corrected, there are no other elevator hoistways.  How will corrective action be monitored: There are no other elevators in this building.	