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

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

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
	345199	B. WING			02/24/2015	
NAME OF PROVIDER OR SUPPLIER CAROL WOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514	E		
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
A Life Safety Code of as per The Code of I 483.70(a); using the section of the LSC a publications. In the deficiencies noted w administration. Stories: 3, SNF local Construction Type I Constructed: 12/16/Fully Sprinkled - Yes At time of survey the Certified Beds: Med Census - 25 The requirement at A NOT MET as eviden NFPA 101 LIFE SAF A fire alarm system installed, tested, and with NFPA 70 Nation 72. The system has and testing program	(LSC) survey was conducted Federal Register at 42CFR 2000 Existing Health Care Ind its referenced exit conference all ere discussed with ted on 3rd floor. (332) 1995 3: Ilicare/Medicaid - 30 42 CFR, Subpart 483.70(a) is ice by: EETY CODE STANDARD required for life safety is a maintained in accordance inal Electrical Code and NFPA an approved maintenance complying with applicable		00		2/25/15	
42 CFR 483.70 (a)				e	(X6) DATE	
	ROVIDER OR SUPPLIER FOODS SUMMARY S (EACH DEFICIENT REGULATORY OR SUMMARY OR SUMMARY OR REGULATORY OR REGULATORY OR REGULATORY OR SUMMARY OR REGULATORY OR	ROVIDER OR SUPPLIER TOODS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 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)	ROVIDER OR SUPPLIER TOODS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 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: This STANDARD is not met as evidenced by:	ROUDER OR SUPPLIER OODS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECIDED BY PULL REGULATORY OR LISC IDENTIFYING INFORMATION) 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 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) What corrective actions will b	A BUILDING 01 - MAIN BUILDING 01 345199 BOWDER OR SUPPLIER OODS SUMMARY STATEMENT OF DETICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) LINITIAL COMMENTS A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a) to in the exit conference all deficiencies noted were discussed with administration. Stories: 3, SNF located on 3rd floor. Construction Type I (332) Construction Type I (332) Construction Type I (332) Construction Type I (332) Constructed: 12/16/1995 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 30 Census - 25 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) What corrective actions will be	

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.

Electronically Signed

Facility ID: 923061

03/11/2015

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		345199	B. WING_			02/	24/2015
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 052	approximately 11:00 a deficiencies were not 1) The fire alarm sys battery back-up power operated correctly wh NFPA 101, 9.6.1.4. This deficiency affect Failure to comply with referenced increases due to fire and/or smo	ns, on Tuesday 2/24/15 at AM onward, the following ed: tem failed to operate on er. Fire alarm system did een tested on normal power. ed the entire building. In minimum standards as the risk of death or injury		052	accomplished: The fire alarm batteries were replaced 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 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 sa survey, these batteries were found to need replacing and were placed on ord. 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.	were replaced on 7. This is because eived its annual I these batteries acing and were on her life safety m system in the put into place for preventive d inspection efore the life safety were found to e placed on order. on will be arrence: periodically vill monitor the	
SS=F		prinkler systems have water varning of the operation of 2					
	42 CFR 483.70 (a) Based on observation	not met as evidenced by: as, on Tuesday 2/24/15 at AM onward, the following ed:			What corrective action will be accomplished: We will have this fire protection added both elevator hoistways. Date: 5/19/20		

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K 059	1) The two elevators sprinkler coverage in NFPA 13; 5-13.6.1 This deficiency affect compartments. Failure to comply with	in facility did not have the elevator hoistway pits. ed two of two smoke minimum standards as the risk of death or injury	KO	How we will identify other These are the only eleval building. What measures will be progressed to reoccurrence: When this is corrected, the elevator hoistways. How will corrective action There are no other eleval building.	out into place for there are no other no be monitored:		