

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345436	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2015
NAME OF PROVIDER OR SUPPLIER WELLINGTON REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 TANDALL PLACE KNIGHTDALE, NC 27545	
(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 III (211) construction, one story, with a complete automatic sprinkler system utilizing no special locking. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count = 100 Census = 89 The deficiencies determined during the survey are as follows:	K 000		
K 012 SS=D	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) By observation on 4/9/15 at approximately 10 AM the following deficiencies were noted: The building construction type was non-compliant, specific findings include: A. There was foam caulking in the ceiling of the outside transfer switch gear room that does not meet the required fire resistance rating. B. The caulking had fallen down in the ceiling of the outside boiler room near laundry and does not	K 012	On 4/9/15 the fire caulking was replaced in the ceiling of the outside transfer switch gear room and the outside boiler room by the Maintenance Director. The fire caulking used for the replacement is in compliance with Life Safety code requirement k12 and documentation is kept in the Maintenance office. An audit was conducted of the facility on 4/17/15 to ensure compliance of k12.	4/24/15

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

TITLE

(X6) DATE

Electronically Signed

04/24/2015

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 meet the required fire resistance rating. Reference NFPA 101, 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This deficiency affected one of six 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	There were no other deficient practices noted on the audit. In-service education of the facility's Maintenance and Life Safety Code Systems policy, which includes education of the facility not having any unsealed penetrations in walls and ceilings, was provided to the Maintenance Director by the Executive Director 4/17/15. All facility areas will be monitored by the maintenance Director weekly for the next 8 weeks and then monthly thereafter to ensure compliance of k12. All results and finding will be presented to the Quality Assurance Committee on a monthly basis for review and recommendations.		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a)	K 029	The corridor door to the soiled side of the laundry room was adjusted so it closes	4/24/15	

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K 029	Continued From page 2 By observation on 4/9/15 at approximately 10 AM the following deficiencies were noted: The hazardous area was non-compliant, specific findings include; The corridor door to the soiled side of laundry did not close and latch tightly in it's frame. Reference NFPA 101, 19.3.2.1 Doors in hazardous areas are self-closing. This deficiency affected one of six smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	and latches tightly on 4/9/15 by the Maintenance Director. An audit was completed on 4/17/15 of all facility doors and fire doors to ensure they closed and sealed in compliance with k29 by the Maintenance Director. No other doors were identified in the audit that did not seal properly. In-service education of the facility's Maintenance and Life Safety Code Systems policy, which includes education on the facility doors latching properly, was provided to the Maintenance Director by the Executive Director 4/17/15. All facility areas will be monitored by the maintenance Director weekly for the next 8 weeks and then monthly thereafter to ensure compliance of k12. All results and finding will be presented to the Quality Assurance Committee on a monthly basis for review and recommendations.		
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	K 052		4/24/15	

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K 052	Continued From page 3 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 4/9/15 at approximately 10 AM the following deficiencies were noted: The fire alarm control panel (FACP) was non-compliant, specific findings include: A. The cross corridor doors did not release when testing the fire alarm on back-up battery. The doors released and functioned properly while on AC power. B. Documentation from 2/6/15 indicated the FACP battery failed testing. C. Sensitivity testing was last completed on 3/2/12. Ref: NFPA 101, 9.6.1.4. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 052	New batteries for the fire system were ordered by the Executive Director on 4/16/2015. Sensitivity testing was also scheduled with the facility's outside vendor for sensitivity testing. In-service education of the facility's Maintenance and Life Safety Code Systems policy, which includes education on sensitivity testing and back up batteries, was provided to the Maintenance Director by the Executive Director 4/17/15. The Maintenance Director will ensure the smoke detectors have sensitivity testing every two years. All results and findings of the upcoming sensitivity testing will be reported to the Executive Director immediately and findings will be presented to the Quality Assurance Committee for review and recommendations.		