

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

PRINTED: 07/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345255	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 24-BEDROOM & THERAPY SUITE ADDITION B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2015
NAME OF PROVIDER OR SUPPLIER CAROLINA CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 111 HARRILSON STREET CHERRYVILLE, NC 28021	
(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 New 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. This new addition is installing special locking at the time of survey - lock installation is incomplete and deactivated. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count = 119 = 107 NF + 12vAC Census = 100 NF + 12 AC with 24 NF of 107 NF in Building #2	K 000		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 4/17/2015 at approximately 9:00 AM onward, the following deficiencies were noted: This standard is non-compliant, specific findings include:	K 062	Carolina Care Center provides and maintains automatic reliable sprinkler systems with periodic testing and inspection. The construction company (Beam's	5/29/15

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

TITLE

(X6) DATE

Electronically Signed

04/30/2015

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 062	Continued From page 1 Lack of sprinkler coverage for exterior roof canopy exceeding four feet in width - area is located at exit discharge near room 327. This deficiency affected one of two smoke compartments in the new addition of facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	Construction) of new addition was contacted 4/23/15 by Administrator regarding Life Safety Code requirement and installation of sprinkler requirement under canopy located at exit near room 327. Installation of Sprinkler under canopy will occur on or before May 29,2015. All other areas of facility reviewed during survey were in compliance with sprinkler requirements of Life Saftey code. Measures put into place to ensure deficient practice does not recur include quarterly inspection by Toma Fire Equipment to ensure all sprinklers are located and functional at interior and exterior smoke compartments of facility. Quarterly reports of sprinkler installation and inspection are submitted to the Safety and Risk Management Committee for review and additional recommendations for any concerns identified in reports. Safety and Risk Management committee will review reports for one year.		
K 147 SS=D	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 4/17/2015 at approximately 9:00 AM onward, the following	K 147	Carolina Care Center provides wiring and equipment in accordance with the National Electrical Code.	5/29/15	

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K 147	<p>Continued From page 2</p> <p>deficiencies were noted: This standard is non-compliant, specific findings include:</p> <p>The sprinkler compressor is wired to the Life Safety Branch of the essential electrical system - compressor is not permitted to be connected to the Life Safety Branch as stated in NFPA 70; Article 517.</p> <p>This deficiency affected one of two smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 147	<p>The vendor,(Dellinger Electric)for sprinkler compressor electrical wiring system was contacted 4/23/15 regarding power supply for Sprinkler System 2 air compressor. The power supply for Sprinkler System 2 air compressor will be relocated from the Life Safety Panel (EM) to a Critical Panel(ECA) by 5/29/15.</p> <p>All other electrical and equipment reviewed during survey for Critical Branch connection were in compliance.</p> <p>Measures put into place to ensure alleged deficient practice does not recur includes quarterly inspection by sprinkler vendor to ensure sprinkler compressor is connected to a Critical Panel (ECA).</p> <p>Quarterly inspection reports are submitted to quarterly Safety and Risk Management committee for review and recommendations. Report will be reviewed by Safety and Risk Management committee for one year.</p>		