STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/28/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	**4412 SOUTH MAIN STREET** **SALISBURY, NC 28147**

(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(III) construction, one story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count = 90 Census = 83 The deficiencies determined during the survey are as follows:	K 000		
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) Based on observations, on 4/28/2015 at	K 029	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the	4/30/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/07/2015

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K 029	Continued From page 1 approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: The fire door self-closing device and listing label is missing from door to central supply room - the room is greater than one hundred square feet and requires one hour fire resistive enclosure. This deficiency affected one 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 029	alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. Corrective action: The fire door self-closing device and listing label was installed on door to central supply room. Identification of other residents who may be involved with this practice: All residents have the potential to be affected by this alleged practice. On 4/30/2015 all areas were checked to make sure we are in compliance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. This audit was completed by the Environmental Director and/or designee and results revealed all areas were in compliance. Systemic changes: The central supply person will inform Maintenance if it the closure malfunctions. Monitoring: Five days a week for two weeks by the Environmental Director and/or designee. Then 2 times per week for two months until compliance is obtained. Results will be brought before	

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K 029	Continued From page 2	K 029	our QA meeting.	
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 4/28/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:	K 051	Corrective action: The fire alarm system has been corrected to transmit a signal to the remote central station - activation of corridor smoke detector near main fire alarm control panel did initiate audible signaling devices in the facility and initiate the release of all electromagnetic locks.	5/1/15

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K 051	Continued From page 3 The fire alarm system failed to transmit a signal to the remote central station - activation of corridor smoke detector near main fire alarm control panel did initiate audible signaling devices in the facility and initiate the release of all electromagnetic locks. This deficiency affected all smoke compartments and resident rooms by failing to transmit a signal to the emergency forces; however, staff are familiar with fire drill procedures requiring that backup calls be transmitted to the fire department during emergencies. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 051	Identification of other residents who may be involved with this practice: All residents have the potential to be affected by this alleged practice. On May 1st the monitoring company checked to make sure the signal was received and its was communicating correctly. Systemic changes: The monitoring company will call the Environmental Director anytime this fails to communicate. Monitoring: The Environmental Director and/or designee will check the communication between fire panel and monitoring system 5 times per week for two weeks and monthly thereafter until compliance is obtained. Results will be brought before our QA meeting.	
K 070 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 4/28/2015 at	K 070	Corrective action: All portable high temperature electric resistance space heaters were removed from the building.	4/30/15

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K 070	Continued From page 4 approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: The use of high temperature electric resistance portable space heaters in the following rooms: 1. administrator's office 2. business manager's office 3. dietary office This deficiency affected isolated rooms equipped with positive latching hardware. Portable heaters in use are capable of exceeding 212 degree Fahrenheit temperature. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 070	Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 4/30/2015 an audit was conducted of all resident rooms and office areas to ensure we are in compliance. The audit revealed that we are in compliance. Systemic changes: In service office staff of the proper type of heaters allowed. This was done by our Environmental Director and/or designee. Monitor: The Environmental Director and/or designee will monitor office areas and resident areas 5 times a week for two weeks and monthly thereafter until compliance is obtained. Results will be brought before the QA meeting.	
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 4/28/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: Utility power indicator light is not functioning on	K 147	Corrective action: The light bulb has been replaced and working that operates the utility power indicator light located on the 200 amp automatic transfer switch for the emergency power system in the main electrical equipment room. Identification of other residents who may	4/30/15

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K 147	Continued From page 5 200 amp automatic transfer switch for the emergency power system - located in main electrical equipment room. This deficiency affects ability to determine automatic transfer switch position - normal or emergency power mode. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	be involved with this practice. all residents have the potential to be effected by this alleged practice. On 4/30/2015 an inspection of all panels in the electrical room were checked and results revealed no other issues identified. Systemic changes: The Environmental Director and/or designee will check weekly the electrical room for any issues and will correct accordingly. Monitoring: The Environmental Director and/or designee will monitor the electrical room 5 days per week for two weeks and weekly thereafter when performing the generator testing. Results will be brought before the QA meeting.	