

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

PRINTED: 08/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345129	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 (ADDITION) B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2015
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MOCKSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1007 HOWARD STREET MOCKSVILLE, NC 27028	
(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. The facility is utilizing speical locking systems. In the exit conference all deficiencies noted were discussed with administration. Stories: One Construction Type III (211) Constructed: 1994 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 96 Census - 75	K 000		
K 029 SS=D	NOT MET as evidence by: 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 double doors leading from the dining	7/3/15

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

TITLE

(X6) DATE

Electronically Signed

06/12/2015

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 029	Continued From page 1 Based on observations and document review on 5/28/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The facility failed to have properly separated hazardous areas. The facility has double doors to the entrance to the dietary department that did not close, latch and seal to protected the hazardous department from the dining room when tested. This deficiency affected the dietary department's one hour protected from the dining room. Ref: 2000 NFPA 101 Sections 19.3.2.1 NFPA 101 LIFE SAFETY CODE STANDARD	K 029	room to the dietary department will be replaced by 7/3/2015. An audit of doors leading to hazardous areas has been completed by the Maintenance Director and all remaining doors close, latch, and seal properly. An audit of these doors leading to hazardous areas will be completed monthly for three months by the Maintenance Director or Administrator to ensure compliance. The results of these audits will be reported monthly by the Maintenance Director or Administrator to the QA Committee for three months.		
K 038 SS=D	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations and document review on 5/28/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The facility failed to have properly exit discharge maintained. 1. The facility does not have proper exit	K 038	The crush and run at exit from the employee break room is being added 6/19/2015. An audit of the other exits has been completed and all exits are properly maintained. All ramps are audited monthly by the Maintenance Director or Administrator to ensure that they are maintained properly. Results of these monthly audits will be presented to the QA Committee monthly for three months by	6/19/15	

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K 038	Continued From page 2 discharge path maintained at the required exit from the employee break room exit discharge. The crush and run material at exit is not properly maintained and in good repair 2. The required exit door at the employee break room was dragging on the door frame and required more than 15 pounds of force to open to the egress discharge path. This deficiency affected one of the required exits on the Pine Hallway. Ref: 2000 NFPA 101 Sections 7.1; 19.2.1	K 038	the Maintenance Director or Administrator. The exit door at the employee break room is readily accessible. Other exit doors were audited by the Maintenance Director and are readily accessible. An audit will be completed monthly by the Maintenance Director or Administrator for three months to ensure readily accessible exits. The results of these audits will be reported monthly for three months to the QA Committee by the Maintenance Director of Administrator.	
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations and document review on 5/28/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The facility failed to have properly working fire/ radiation dampers at the following location in building 0102. 1. Clean linen room near the nurse's station 2. Nourishment station near the nurse's station	K 067	The radiation damper fusible links in the clean linen room and in the nourishment station are being replaced by 6/24/2015. All radiation damper fusible links have been audited by the Maintenance Director to ensure that they are in proper working condition. The Maintenance Director or Administrator will audit the radiation damper fusible links monthly for three months and will be reported to the QA Committee monthly for three months.	6/24/15

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K 067	Continued From page 3 The facility could not verify that the integrity of the radiation damper fusible link was maintained to deploy at the proper temperature as the damper was fully deployed in the closed position. This deficiency affected one resident room on the Pine Hallway. Ref: 2000 NFPA 101 Sections 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067			