

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: 345413	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2015
NAME OF PROVIDER OR SUPPLIER FLESHERS FAIRVIEW HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3016 CANE CREEK ROAD FAIRVIEW, NC 28730	
(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. In the exit conference all deficiencies noted were discussed with administration. Stories:1 Construction Type III (111) Constructed: 11/30/1992 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 106 Census = 92	K 000		
K 025 SS=F	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 025	All holes and penetrations located in the	6/19/15

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

TITLE

(X6) DATE

Electronically Signed

06/29/2015

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 025	Continued From page 1 Based on observations, on Wednesday 6/17/2015 at approximately 1:00 PM onward, the following deficiencies were noted: 1. The smoke walls located on the 100 and 300 halls have holes and/or penetrations that were not sealed in order to maintain the fire resistance rating of the wall. NFPA 101, 19.3.7.3 NFPA 101, 8.3.6.1 This deficiency affected two of three smoke walls inspected. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 025	smoke walls have been sealed. Maintenance has added checking the smoke walls to the maintenance schedule to be checked quarterly and maintain records of this. If any holes or penetrations are noticed they will be repaired immediately. QA will review the maintenance records quarterly to ensure that this is being done to prevent this from occurring again in the future.		
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 Wednesday	K 029	Kitchen door was immediately closed and rack blocking storage door was pushed back to allow door to close.	6/26/15	

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K 029	Continued From page 2 6/17/2015 at approximately 1:00 PM onward, the following deficiencies were noted: 1. The kitchen corridor door did not close and latch due to a cloth draped over the door. 2. The kitchen storage room door was blocked from closing. NFPA 101, 19.3.2.1 These deficiencies affected one of approximately 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	In-service done with 6/26/15 with all kitchen staff training about doors all being able to close properly to prevent hazards in event of a fire. QA coordinator to monitor doors two times weekly and document to ensure doors are being closed properly and not blocked. This will continue until there are no issues for a period of 2 months to ensure it is corrected and does not occur again in the future.	
K 052 SS=D	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) Based on observations, on Wednesday 6/17/2015 at approximately 1:00 PM onward, the following deficiencies were noted:	K 052	Asheville Security replaced the fire alarm pull station at the F/W nurse station and re-established the telephone line connection with the Fire Alarm Control Panel on 6/26/2015. The phone carrier	6/26/15

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K 052	Continued From page 3 1. The fire alarm pull station located at the F/W nurse station could not be reset by normal means due to damaged reset screw. 2. There was not a visual/audible trouble signal at the Fire Alarm Control Panel (FACP) with loss of telephone line connection. NFPA 101, 9.6.1.4. This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 052	was changed about a month ago which may have resulted in the loss of connection. Maintenance has added the fire alarm pull stations to the preventative maintenance schedule to be checked at least every 6 months. Records will be maintained in the preventative maintenance book. Telephone call from Daniel's Communication will be documented monthly on the fire drill record to ensure they called timely and telephone line connection is maintained. This will prevent this from occurring again in the future.		
K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on Wednesday 6/17/2015 at approximately 1:00 PM onward, the following deficiencies were noted: 1. The tamper alarm for the backflow preventor did not provide a visual and/or audible alarm at the fire alarm panel.	K 061	The tamper alarm for the backflow preventor on the automatic sprinkler system was fixed by Diboco on 6/19/2015. Diboco had made several visits to work on this over the past couple weeks beginning 6/10/15 when they noticed a problem with the water valve being out of adjustment during their routine monitoring.	6/19/15	

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K 061	Continued From page 4 This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 061	Diboco inspects and monitors the sprinkler system quarterly and records of this are maintained by the facility to maintain proper functioning of the sprinkler system.		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 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 Wednesday 6/17/2015 at approximately 1:00 PM onward, the following deficiencies were noted: 1. Upon review of the sprinkler inspection report, the five year internal inspection is due and the air/water gauges are due for 5 year recalibration or replacement. This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	The 5 year internal inspection of the automatic sprinkler system and air/water gauges recalibration/replacement was done by Diboco on 6/29/15. The 5 year inspection has been added to the preventative maintenance schedule so that it is completed timely in the future and documentation maintained at the facility. Diboco has also added this to our scheduled services with them so that it is done automatically. This will prevent it from being delayed or missed in the future.	6/29/15	