

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: 345177	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2015
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SVCS PINEHURST			STREET ADDRESS, CITY, STATE, ZIP CODE 205 RATTLESNAKE TRAIL PINEHURST, NC 28374	
(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 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 =120 Census =89 The deficiencies determined during the survey are as follows:	K 000		
K 025 SS=E	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) Based on observations, on 06/30/2015 at	K 025	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the	7/17/15

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

TITLE

(X6) DATE

Electronically Signed

07/16/2015

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 approximately 8:30 AM onward, the following deficiencies were noted: The smoke wall located by Social Worker office, (front and back smoke walls) 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 eight smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 025	alleged deficiencies herein. 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 following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. K025 Criteria One: Smoke barrier over the social services office was sealed on 7/17/2015. Criteria Two: Surveyor and Maintenance director did a walk through to identify other unsealed smoke barriers. None were found. Criteria Three: A quarterly audit of all smoke wall systems will be audited conducted by the Maintenance Director and/or designee. Any penetrations will be sealed to ensure maintenance of smoke wall system. Criteria Four: The quarterly audit of the smoke wall system will be reviewed by the QAPI committee to ensure compliance.		
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	K 067		7/17/15	

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K 067	Continued From page 2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 06/30/2015 at approximately 8:30 AM onward, the following deficiencies were noted: return vent damper in residents bathrooms 119 and 120 are not maintained in good condition(excess lent build up). NFPA 101, 19.5.2.1 NFPA 90A This deficiency affected one of eight smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 067	K067 Criteria One: Return vent dampers in rooms 119 and 120 were cleaned immediately on 6/30/2015. Criteria Two: Audit of all return vent dampers throughout facility was completed on 6/30/2015 and no concerns noted. Criteria Three: A biannual audit will be completed by Maintenance Director and/or designee of all return vent dampers in facility. Criteria Four: Audits will be brought to QAPI committee to ensure compliance.		
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 06/30/2015 at approximately 8:30 AM onward, the following deficiencies were noted: The exhaust system for resident bathrooms 119 and 120 was not operational at time of survey.	K 147	K147 Criteria One: Exhaust systems in resident bathrooms 119 and 120 were fixed immediately as belts were replaced on 6/30/2015. Criteria Two:	7/17/15	

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K 147	Continued From page 3 NFPA 70 This deficiency affected one of eight smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	Audit of all exhaust systems in facility was completed on 6/30/2015 to ensure compliance. Criteria Three: A quarterly audit will be completed by maintenance director and/or designee. Criteria Four: Audits will be reviewed by QAPI committee to ensure compliance.		