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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345127	A. BUILDING **01 - MAIN BUILDING 01** B. WING ______	**05/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAK MANOR - TRYON	**70 OAK STREET** **TRYON, NC 28782**

(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 II(222) 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 = Census = 63 The deficiencies determined during the survey are as follows:	K 000		
K 011 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 5/14/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:	K 011	A two hour fire barrier has been constructed between the new construction addition and the existing 400 Hall. The front addition is fully sprinkled and operational.	5/26/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 05/29/2015

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 011	Continued From page 1 There is no two hour fire barrier located between new construction additions at administrative area and 400 hall near room 402. This deficiency affected two of four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 011	In the event of any new construction, the contractor will be reminded that a two-hour barrier is needed between new construction and an existing building. Maintenance staff will check behind contractor as changes occur.	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 5/14/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There are holes in the rated roof/ceiling assembly of the following areas: 1. medication room behind main nurse's station 2. laundry room located near kitchen area This deficiency affected two of four smoke compartments. Failure to comply with minimum standards as	K 012	Holes in the ceilings of the Medical Supply Room and the Laundry have been repaired. Maintenance Assistant will monitor ceilings weekly as part of the preventative maintenance program to assure that any holes are plugged with appropriate material. The QI Committee will review monitoring sheets for 6 weeks.	6/15/15

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K 012	Continued From page 2 referenced increases the risk of death or injury due to fire and/or smoke.	K 012		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 5/14/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. There are gaps greater than an eighth of an inch between doorstop and door to central shower - located across corridor from PaPa's	K 018	A new door is being ordered for the Central Shower and will be installed upon arrival. The window space in the door of the newly constructed office was immediately closed with fire resistant firewall until the window arrived. The window is now installed.	6/27/15

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K 018	Continued From page 3 room and main nurse's station. 2. There is a hole in the door located beside room 102. Room of observation is located between nurse's station and room 102. 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 018	The Maintenance Assistant will check all doors for gaps greater than an eighth of an inch during weekly preventative maintenance rounds. The QI Committee will review weekly for six weeks.	
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 5/14/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. The general storage room is not equipped with	K 029	One-hour fire rated doors equipped with a self-closing devices are being ordered and will be installed upon arrival in the wheelchair room and pantry. A fire protective enclosure is being constructed around the light in the wheelchair room.	6/26/15

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K 029	Continued From page 4 a one hour fire rated enclosure, located near front entrance nurse's station - room is not equipped with a self-closing device and rated fire door assembly. The recessed fluorescent light is not equipped with a fire protective enclosure. At time of survey, the sprinkler system is out of service due to installations for new construction additions. 2. Fire door inactive leaf is not self-closing with automatic flush bolt assembly at entry to laundry - door is in the open position at the time of survey. Door is located off service corridor leading to loading dock. 3. Fire door assembly to pantry has been removed - room contains combustible foam and cardboard material. 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	A new door with an automatic assembly is being ordered for the soiled entrance to the Laundry and will be installed upon arrival. Staff have also been instructed to keep the door closed except when in use. Housekeeping Supervisor will check that door is properly secured and will submit observations to QI committee for 6 weeks.	
K 032 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 032	During scheduled shutdown of automatic sprinkler system, the fire department had	6/2/15

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K 032	Continued From page 5 Based on observations, on 5?14/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: During scheduled shutdown of automatic sprinkler system, there were no additional detection devices provided for areas not covered by smoke detection devices. The facility is equipped with special locking arrangements throughout the facility at all exits. The exit discharge door on two hundred hall was in the locked mode with on/off release switch located greater than three feet from exit door. Other exit doors were locked without a complete smoke detection or complete sprinkler system operational in accordance with Section 7-2.1.6 of NFPA 101. This deficiency affected five of five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 032	been notified and were on standby. The Fire Chief was in the building during the shutdown. The facility had also instituted a Fire Watch. The facility will institute these same precautions in the future when the sprinkler system is down. The on/off release switch in the 200 hall has been located to within three feet of the exit door. In the future should the sprinkler system be shut down, Maintenance will make sure that all magnetically locked doors are manually unlocked. Maintenance will maintain a record for any shutdown to document that doors were manually unlocked and that fire watch was in place.	
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 5/14/2015 at approximately 11:30 AM onward, the following deficiencies were noted: The standard is	K 046	The scheduled one-hour power outage during which the generator also had to be shut down to connect the new building addition was planned during lunch when residents would be in the dining rooms	6/17/15

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K 046	Continued From page 6 non-compliant, specific findings include: During scheduled power outage for new construction areas, there were no provisional emergency lights provided in occupied sections of the entire facility. Power outage lasted for approximately one hour. This deficiency affected five of five smoke compartments and all habitable rooms. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 046	which have large windows and skylights, providing much natural light. Staff were equipped with flashlights and a portable generator was in use in area that had no windows. New exit signs have been ordered that have battery operated emergency lights. These will be utilized in addition to the emergency generator that normally powers the entire building. Should the emergency generator be scheduled to shut down, additional portable generators will be used to provide additional lighting in needed areas. Maintenance will submit a plan to the Administrator in the future to make sure that all areas have more than adequate illumination during a planned electrical outage.	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 5/14/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:	K 047	The chevron has been replaced on the exit sign at the nursing station to direct to the emergency exit on the 200 hall until construction is finished. Upon reopening of the front entrance, the chevron will be removed again to show the correct traffic	5/29/15

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K 047	Continued From page 7 Exit directional signs are not located to direct occupants to required exits in the following areas; 1. administrative area - exit sign directs occupants to administrative area and not to east exit discharge near nurse's station. 2. exit directional sign directs occupants to physical therapy area and not temporary exit across from room 402. This deficiency affected two of four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 047	flow. When construction is finished and all exits are open, Maintenance will review for correct placement of all exit signs and the direction indication of chevrons in the signs. The exit directional sign at the end of the 400 Hall was moved directly in front of the temporary emergency exit to prevent any confusion. Should exits be changed or blocked any time in the future, Maintenance will be careful to insure that exit signs are changed to correctly denote the right direction.	
K 067 SS=F	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, on 5/14/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: The corridors are being used as an exhaust air	K 067	The kitchen door will be closed at all times except during meal service. During meal service when the door must be open to facilitate getting the residents' meals to them in the dining room, the exhaust fan will be turned off to prevent drawing air from the corridor.	6/5/15

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K 067	Continued From page 8 plenum for kitchen exhaust system - the door assembly between kitchen and dining room is being held in the open position; and door between dining room and patient corridors is left in the open position. 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 067	The Kitchen Supervisor will in-service all dietary personnel on this procedure. Supervisor or cook will make sure exhaust fan is off during meal service and will document this for six weeks. Evidence of compliance will be reviewed by the dietary manager and reported to QI Committee.	
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 5/14/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is a high temperature, exposed element, portable space heater used in the temporary receptionist area near staff lounge. This deficiency affected one of two smoke compartments.	K 070	The portable space heater has been removed. Should additional heating be required in office areas, the facility will seek guidance from Life Safety before purchase of heater to determine that the heater meets NFPA 101 Life Safety Code requirements. No heater will be placed in the facility unless approved by the Maintenance Supervisor. The Administrator will send a memo to all office personnel to apprise them of this. Maintenance will check all offices for presence of heaters while doing	6/12/15

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K 070	Continued From page 9 Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 070	preventative maintenance rounds and remove any that do not comply with code.	
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 5/14/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. The door to corridor clerical station protrudes greater than seven inches into corridor in the fully open position - located near room 410. 2. Temporary exit beside 400 hall physical therapy is not maintained eight feet clear and unobstructed . 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 072	Spring-loaded self-closing hinges have been ordered and will be installed on the door to the charting station on the 400 Hall upon arrival. Maintenance will check on preventative maintenance rounds to make sure they are working properly. Maintenance will report on proper operation to the QI Committee for a period of six weeks. The temporary exit on 400 Hall will be cleared of any obstructions to maintain an eight foot exit. The Rehab Coordinator will make sure that nothing is placed in this area. She will report continued compliance of unobstructed area to QI Committee each week until new exit is opened. Safety Committee will make the need to make sure exits are free of obstructions and to promote awareness by staff a	6/5/15

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K 072	Continued From page 10	K 072	regular item on their agenda and will monitor for compliance.	