STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345405	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/14/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARLOTTE HEALTH & REHABILITATION CENTER	**1735 TODDVILLE ROAD** **CHARLOTTE, NC 28214**

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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, protected, one story, with a complete automatic sprinkler system. At time of survey the: Total Certified Bed Count =120 Census =109 The deficiencies determined during the survey are as follows:	K 000		
K 012 SS=F	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 January 14, 2014 at approximately 8:00 AM onward, the following deficiencies were noted: 1) The ceiling in the kitchen around the sprinkler head near the dishwashing and entrance door to the dining room was not maintained in good condition. There paint was peeling and sheetrock deterioration around the sprinkler head. 2) The sheetrock in the attic that is part of the one hour fire rated corridor has holes that were not sealed in order to maintain the required rating	K 012	1.) The sheetrock around the sprinkler head near the dishwashing and entrance door to the dining room will be repaired and repainted by 2/26/15. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. 2.) The holes in the sheetrock in the attic on 100 Hall above the Nursing Station will be fire caulked to restore fire rating 2/26/15. Review of similar areas in the	2/26/15

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

Electronically Signed | 01/30/2015

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K 012	Continued From page 1 of the ceiling. (100 Hall in area above the nurse station) 3) The radiation damper duct in the Med room 200 hall was not secured to the ceiling and maintained in good condition. 4) There is a penetration in the two hour rated fire wall (200 Hall) for the sprinkler main that was not sealed in order to maintain the required fire resistance of the wall.	K 012	building by the Director of Maintenance revealed no further issues and no Residents were affected. 3.) The radiation damper duct in the med room on Hall 200 was anchored properly and the area around it repaired and resealed appropriately on January 23, 2015. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. 4.) The penetration in the 2 hour rated fire wall on Hall 200 for the sprinkler main will be repaired and resealed to insure proper fire rating by 2/26/15. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. To insure continued compliance, the Director of Maintenance will review these items monthly as part of the Facility□s PM program and report any non-compliant finding to the QA Committee monthly. The Director of Maintenance and/or designee to insure compliance.	
K 018 SS=F	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	K 018		2/26/15

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K 018	Continued From page 2 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 January 14, 2014 at approximately 8:00 AM onward, the following deficiencies were noted: 1) The corridor doors to resident rooms 221, 216, 103, 116 and clean linen located next to room 124 was did not close and latch when checked. 2) The double corridor doors to the dining room did not close and latch smoke tight. 3) The corridor door to the Nurse station on 200 hall was removed and not providing a smoke tight corridor.	K 018	1.) The latches to rooms 103,116, 216, 221 and the clean linen room next to room 124 will be adjusted or replaced to insure proper closure by 1/29/15. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. 2.) The latch to the double corridor doors to the dinning was adjusted for proper closure on January 20, 2015 and final adjustment made on January 22, 2015. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. 3.) The corridor door to the Nurses Station on 200 Hall will be replaced with the properly rated door for that area by	

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K 018	Continued From page 3	K 018	2/26/15. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. To insure continued compliance, the Director of Maintenance will review these items monthly as part of the Facility□s PM program and report any non-compliant finding to the QA Committee monthly. The Director of Maintenance and/or designee to insure compliance.	
K 025 SS=F	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 January 14, 2014 at approximately 8:00 AM onward, the following deficiencies were noted: 1) The smoke walls on 100 and 200 hall were not maintained in good condition. There area	K 025	1.) The penetrations in the fire wall on 100 and 200 Halls will be repaired/resealed to insure proper fire rating by 2/26/2015. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected.	2/26/15

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K 025	Continued From page 4 holes and/or penetrations that were not sealed in order to maintain the required fire resistance rating of the wall. 2) There are PVC penetrations in the smoke wall that wer not equipped with approved UL rated fire assemblies.	K 025	2.) The PVC penetrations in the smoke walls will be equipped with proper UL rated fire assemblies by 2/26/15. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. To insure continued compliance, the Director of Maintenance will review these areas monthly as part of the Facility□s PM program and report any non-compliant findings to the QA Committee monthly. The Director of Maintenance and/or designee to insure compliance.	
K 029 SS=F	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	1.) The holes in the ceiling in the electrical room were resealed with fire	2/26/15

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K 029	Continued From page 5 Based on observations, on January 14, 2014 at approximately 8:00 AM onward, the following deficiencies were noted: 1) There are holes and/or penetrations in the ceiling in the electrical room that were not sealed in order to maintain the required fire resistance rating of the room. 2) The corridor to the soiled linen room to the laundry room did not have positive latching. The latching hardware on the door was tapped over.	K 029	caulk to insure proper fire rating on January 21, 2015. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. 2.) The positive latching to the soiled linen room door was re-established by replacing the lockset to the door on January 15, 2015. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. To insure continued compliance, the Director of Maintenance will review these areas monthly as part of the Facility□s PM program and report any non-compliant findings to the QA Committee monthly. The Director of Maintenance and/or designee to insure compliance.	
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 January 14, 2014 at	K 061	1.) The tamper alarm switch for the sprinkler riser was serviced by Fire and Life Safety America on January 19, 2015	2/26/15

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K 061	Continued From page 6 approximately 8:00 AM onward, the following deficiencies were noted: 1) The tamper alarm for the sprinkler rise main located in the riser room did not provide an alarm at the fire alarm panel when tested. NFPA 72, 9.7.2.1	K 061	and now working properly. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. To insure continued compliance, the Director of Maintenance will review these items monthly as part of the Facility□s PM program and report any non-compliant findings to the QA Committee monthly. The Director of Maintenance and/or designee to insure compliance.	
K 062 SS=E	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 January 14, 2014 at approximately 8:00 AM onward, the following deficiencies were noted: 1) The sprinkler heads located in the laundry room and kitchen were not maintained clean and in good condition. 2) There are sprinkler heads in the facility in the pool pit area rated for Intermediate Temperature Classification, Glass Bulb Color of Green temperature rating of (200°F) in place of Ordinary Temperature Classification, Glass Bulb	K 062	1.) The sprinkler heads located in the kitchen and laundry areas will be cleaned and/or replaced on February 26, 2015. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. 2.) The sprinkler heads for the pool pit are per code for the time of construction with documentation of such available. To insure continued compliance, the	2/26/15

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K 062	Continued From page 7 Color of Red temperature rating of (155°F). NFPA 101: 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	Director of Maintenance will review these items monthly as part of the Facility□s PM program and report any non-compliant findings to the QA Committee monthly. The Director of Maintenance and/or designee to insure 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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on January 14, 2014 at approximately 8:00 AM onward, the following deficiencies were noted: 1) An emergency shut down switch switch located at a readily observed station was not provided for the HVAC unit located at the 200 hall nurse station. 2) The smoke duct detector sampling tube for the unit located for the kitchen/dinning room unit was not properly installed. The sampling tube will need to be of sufficient length to extend across the air stream as specified by manufacturer instructions NFPA 90A, 4-2	K 067	1.) An emergency shut off switch for the HVAC unit located on Hall 200 was installed by ProTech Heating and Cooling, Inc. on January 28, 2015. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected. 2.) The smoke duct detector sampling tube for the unit located for the kitchen/dining room air handler unit was extended by ProTech Heating and Cooling, Inc. on January 28, 2015. Review of similar areas in the building by the Director of Maintenance revealed no further issues and no Residents were affected.	2/26/15

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K 067	Continued From page 8	K 067	To insure continued compliance, the Director of Maintenance will review these items monthly as part of the Facility□s PM program and report any non-compliant findings to the QA Committee monthly. The Director of Maintenance and/or designee to insure compliance.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on January 14, 2014 at approximately 8:00 AM onward, the following deficiencies were noted: 1) By observation, oxygen cylinders were not properly chained or supported in a proper cylinder stand or cart. (Central Supply room 100 hall) [NFPA 99 4-3.5.2.1b(27)]	K 076	1.) An in-service for staff on the proper storage of O2 cylinders will be conducted by the Director of Maintenance with all staff completed by February 5, 2015. To insure continued compliance, the Director of Maintenance will review this area weekly and report any non-compliant finding to the QA Committee monthly. The Director of Maintenance and/or	2/26/15

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K 076	Continued From page 9	K 076	designee to insure compliance.	