

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345507	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 2 B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2015
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MYRTLE GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 5725 CAROLINA BEACH ROAD WILMINGTON, NC 28408	
(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 V construction, one story, with a complete automatic sprinkler system and utilizing special locking. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count =110 Census =101 The deficiencies determined during the survey are as follows:	K 000		
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 06/16/2015 at approximately 1:00 PM onward, the following deficiencies were noted: The following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include: The emergency shut down switch for AH-2 on	K 067	1. Corrective Action Taken The emergency shut down switch for AH-2 on 400 hall was repaired to shut down the HVAC system on 6/17/2015. 2. Potential to Affect Residents by the Same Deficient practice	7/10/15

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 067	Continued From page 1 400 hall did not shut down HVAC system(location Rehab. kitchen area). NFPA 90A, 4-2 This deficiency affected all Resident rooms on 400 hall. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 067	Facility emergency shut down switches were tested on 6/26/2015 to ensure they shut down the HVAC systems. 3. Systematic Changes The HVAC audit will be conducted monthly x 2 by the Maintenance Director and/or Maintenance Assistant to ensure the emergency shut down switch shuts down the HVAC system. 4. Performance Monitoring Findings of the above stated inspection will be reviewed monthly for two months by a special QA committee for recommendations and further follow up as indicated. If substantial compliance has been met and no areas of concerns are identified, review of the inspections will be discontinued.		
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 06/16/2015 at approximately 1:00 PM onward, the following deficiencies were noted: central exhaust system not working in resident bathroom 410. NFPA 70, 9.1.2	K 147	1. Corrective Action Taken The exhaust system in the resident bathroom 410 was repaired on 6/22/15. 2. Potential to Affect Residents by the Same Deficient Practice	7/10/15	

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K 147	Continued From page 2 This deficiency affected only resident room 410. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	All facility exhaust systems will be checked on 6/30/2015 by the Maintenance Director and/or Maintenance assistant to ensure they are working properly. 3. Systematic Changes The Exhausts systems will be checked monthly x 2 months by the Maintenance Director to ensure they are working properly. 4. Performance Monitoring Findings of the above stated inspection will be reviewed monthly for two months by a special QA committee for recommendations and further follow up as indicated. If substantial compliance has been met and no areas of concerns are identified, review of the inspections will be discontinued.		