

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

PRINTED: 10/15/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345321	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2015
NAME OF PROVIDER OR SUPPLIER KERR LAKE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1245 PARK AVENUE HENDERSON, NC 27536	
(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 and acknowledged with administration. Stories:2 Construction Type II (222) Constructed: *** Fully Sprinkled - Yes	K 000		
K 018 SS=E	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.	K 018		8/28/15

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

TITLE

(X6) DATE

Electronically Signed

08/28/2015

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 018	Continued From page 1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on Friday 8/14/15 at approximately 8:00 AM onward the following deficiencies were noted: 1) The right hand side the the double corridor door to the Ivy Hill dining room on ground floor and the dinning room on 1st floor did not have positive self latching hard on the door. Staff had to manually engage a slide into the frame to close the door. Ref: NFPA 101, 19.3.6.3 This deficiency affected two dinning rooms located at the end of the halls. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 018	1. Self latching hardware placed on double doors to both dining rooms and slide removed by Hillco Support Services on 8/26/15. 2. Double corridor doors in facility audited by facility maintenance staff on 8/26/15 to ensure self latching. 3. Maintenance staff trained 8/19/15 regarding ensuring doors close and latch smoke tight. Maintenance to monitor doors for correct operation during monthly rounds to ensure functioning correctly. 4. Monthly rounds will be reviewed at Executive Quarterly QI Meeting to ensure continued compliance.	
K 020 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on Friday 8/14/15 at approximately 8:00 AM onward the following	K 020	1. Laundry Chute shaft sealed on 8/25/15 by Hillco Support Services. Laundry chute door on ground floor repaired by Hillco Support Services to close and latch on	8/28/15

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K 020	Continued From page 2 deficiencies were noted: 1) The laundry chute shaft located in the basement area was not sealed off leaving an open shaft from the bottom to the top. 2) The laundry chute door located on ground did not close and latch when tested. NFPA 101: 19.3.1.1 These 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 020	8/26/15. 2. Audit completed of laundry chute doors on 8/25/15 to ensure all closed and latched correctly. 3. Maintenance staff trained 8/19/15 regarding ensuring doors close and latch smoke tight. Maintenance to inspect laundry chute doors during monthly rounds to ensure close and latch correctly. 4. Monthly rounds will be reviewed at Executive Quarterly QI to ensure continued compliance.	
K 025 SS=D	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 Friday 8/14/15 at approximately 8:00 AM onward the following deficiencies were noted: 1) The smoke walls located on the Meeking Landing and in room 33 have holes and/or	K 025	1. Holes and penetrations in smoke walls located on Meekins Landing and in room 33 repaired and sealed on 8/27/15. 2. Audit completed of facility for holes/ penetrations in smoke walls by facility maintenance staff on 8/24/15 with repairs completed as needed.	9/28/15

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K 025	Continued From page 3 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 four 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 025	3. Maintenance staff trained 8/19/15 regarding ensuring smoke walls remain sealed with no holes, cracks or penetrations. Maintenance to inspect smoke walls during monthly rounds to ensure complete with no holes or cracks. 4. Monthly rounds will be reviewed at Executive Quarterly QI meeting to ensure continued compliance.		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on Friday 8/14/15 at approximately 8:00 AM onward the following deficiencies were noted: 1) The gate located at the Lower Level Patio leading to the public way was wrapped with a chain restricting the means of egress to the public way. NFPA 101: 7.1. NFPA 101: 19.2.1 This deficiency affected one of approximately seven exits. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	1. Chain removed from gate at lower level patio on 8/14/15 by facility maintenance staff. 2. Exits audited by facility maintenance staff for clear egress to public way on 8/14/15. 3. Maintenance staff trained 8/19/15 regarding ensuring clear means of egress on all public access areas. Maintenance to inspect during daily rounds to ensure nothing is restricting means of egress. 4. Rounds will be reviewed at Executive Quarterly QI meetings to ensure continued compliance.	8/20/15	

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K 056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on Friday 8/14/15 at approximately 8:00 AM onward the following deficiencies were noted: 1) The shower stall located in the shower room located on Satterwhite Point Hall did not have sprinkler coverage. The wall to the shower stall was blocking the area from sprinkler coverage.</p> <p>Ref: 2000 NFPA 101 Section 19.3.5 1999 NFPA 13 Section 5-13.8.1 CMS S&C 13-55-LSC</p> <p>This deficiency affected the shower room only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 056	<ol style="list-style-type: none"> 1. Sprinkler will be added to provide coverage to shower stall by BFPE 2. Audit completed of facility by facility maintenance staff to ensure sprinkler coverage on 8/26/15 3. Maintenance to monitor during monthly rounds to ensure sprinkler coverage is maintained. 4. Monthly rounds will be reviewed at Executive Quarterly QI meetings to ensure continued compliance. 	9/28/15
K 061 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 061		9/28/15

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K 061	Continued From page 5 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 Friday 8/14/15 at approximately 8:00 AM onward the following deficiencies were noted: 1) The control valve for the sprinkler system located in the 1st floor was not electronically supervised tamper alarm. NFPA 101; 9.7.2.1 NFPA 72: 2-9 This deficiency affect the entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 061	1. Control valve for sprinkler system located on first floor will be corrected to have electronically supervised tamper alarm by BFPE. 2. Sprinkler system checked to ensure electronically supervised tamper alarms present and working by BFPE. 3. Maintenance to follow up with Sprinkler Company during inspections to ensure tamper alarms are maintained. 4. Sprinkler inspections will be reviewed at Executive Quarterly QI meetings to ensure current.		
K 104 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)	K 104	1. Smoke Damper located in the smoke wall of 200 hall to be repaired to close	9/28/15	

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K 104	Continued From page 6 Based on observations, on Friday 8/14/15 at approximately 8:00 AM onward the following deficiencies were noted: 1) The smoke damper located in the smoke wall on 500 hall did not close upon activation of the fire alarm system. NFPA 101: 8.2.4.4.3 This deficiency affected two 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 104	upon activation of fire alarm system by Brummitt Electrical Services. 2. All smoke dampers evaluated to ensure performing correctly by facility maintenance staff on 8/21/15. 3. Maintenance staff trained 8/19/15 regarding ensuring smoke dampers remain operational. Maintenance will inspect smoke dampers monthly to ensure remain operational. 4. On annual inspection of fire alarm, contractors will inspect to ensure dampers are operational.		