

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

PRINTED: 07/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>LINCOLNTON REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1410 EAST GASTON STREET LINCOLNTON, NC 28092</b>	
(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. The facility is utilizing speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration.  Stories: One Construction Type: II (111) Constructed: 10/2/1976 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 120 Census = 94	K 000		
K 061 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, and documentation review on 5/12/2016, at approximately 9:30 AM onward, the following deficiencies were noted:  The facility maintenance and inspection of the sprinkler system was non-compliant, specific	K 061	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations, the center has taken or will	6/24/16

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

TITLE

(X6) DATE

Electronically Signed

05/25/2016

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 061	<p>Continued From page 1</p> <p>findings include: The supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel (FACP) could be silenced permanently when the valve was in the closed position in the sprinkler riser room on the main riser for the facility. The facility must not have this condition on any supervised tamper alarms serving both buildings. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve to the normal operating position.</p> <p>This deficiency affects the entire facility.</p> <p>Ref: 2000 NFPA 101 Section 19.7.6; 9.7.2.1, NFPA 72 Section 2-9</p>	K 061	<p>take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by dates indicated.</p> <p>Simplex Grinnel installed an alarm for supervised tamper switches for our Fire Panel. This alarm sounds until valves have been completely opened.</p> <p>Staff will be inserviced to contact the Maintenance Director if the tamper alarm comes on.</p> <p>The Maintenance Director / Designee will complete a test on the supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel weekly for four weeks then monthly.</p> <p>Systems Components will be reviewed at the monthly Quality Assurance and Performance Improvement Committee for compliance. The Quality Assurance and Performance Improvement Committee will review the audits to make recommendation and to ensure compliance is sustained and ongoing.</p> <p>The Administrator and Maintenance Director are responsible for overall compliance.</p>		