PRINTED: 08/31/2016 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUF		345193	B. WING _			
					0	5/03/2016
		G CE		STREET ADDRESS, CITY, STATE, ZIP (410 BUCKNER BRANCH ROAD BRYSON CITY, NC 28713	CODE	
PREFIX (EACH	DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K 000 INITIAL CON	MMENTS		К0	00		
conducted a at 42CFR 48 Health Care publications construction automatic space and acknow At time of su Total Certific Census 90 N The deficien are as follow NFPA 101 L SS=E Building con of the follow 19.1.6.2, 19. This STAND 42 CFR 483 Based on obta approximate deficiencies non-compliant the reare garange hood ratings of rock NFPA 101, 1 This deficier	as per The 83.70(a); it is section of a section a sec	Code of Federal Register using the 2000 Existing for the LSC and its referenced ding is Type III(211) y, with a complete stem. The facility is utilizing ements. In the exit noies noted were discussed the administration. icensed bed capacity = 120 pount 120 NF Trained during the survey ETY CODE STANDARD type and height meets one 1.6.4, 19.3.5.1 not met as evidenced by: s, on May 3, 2016 at AM onward, the following ed: The standard is c findings include: then ceiling and wall behind not maintain required assembly. 9.1.6.3, 19.1.6.4, 19.3.5.1 ed one of two smoke	К 0	All gaps were filled with firm Maintenance Supervisor on The Facility Services Direct the other facility fire walls; compliance issues were for The Facility Services Direct all maintenance staff about all fire walls to be sealed with The Maintenance Supervises sealed fire wall check to the Maintenance monthly rour and provide the Administration of the completed audits compliance monitoring untertails.	on May 04, 2016. ctor checked all no other ound. ctor inserviced at the need for with no gaps. sor will add the ne Preventative nds checklist ator a copy of a s for	5/6/16 (X6) DATE

Electronically Signed 05/19/2016

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		345193	B. WING		05/03/2016
	ROVIDER OR SUPPLIER N VIEW MANOR NURSIN	IG CE		STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH ROAD BRYSON CITY, NC 28713	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
K 012	referenced increases due to fire and/or smo	n minimum standards as the risk of death or injury oke.	K 012	compliance is achieved and maintain as determined by the Quality Assura Committee. The Facility Services Director will reaudit findings including trends identified to smoke doors to the Quality Assurance Committee quarterly. On substantial compliance is achieved a maintained the QA Committee may recommend discontinuation of its quarterly review of sealed fire walls.	port fied y ce and
K 038 SS=E	Exit access is arrange accessible at all times 7.1. 19.2.1 This STANDARD is r 42 CFR 483.70 (a) Based on observation approximately 10:00 deficiencies were not non-compliant, specific there is non-passage beauty shop, and phy doors are locked aga special knowledge for mechanism. NFPA 101, 19.2.1, 7. This deficiency affect compartments. Failure to comply with	e hardware on door to vicical therapy rooms - the inst egress and require releasing locking determined two of two smoke maintain minimum standards as the risk of death or injury	K 034	The Maintenance Supervisor install passage hardware on the PT room a the beauty shop on May 16, 2016. The Facility Services Director check doors for passage hardware in the fa all non-compliant doors were correct with passage hardware. The Facility Services Director inservall maintenance staff about the need passage hardware on all doors. The Maintenance Supervisor will addoor check for passage hardware to Preventative Maintenance monthly rechecklist and provide the Administracopy of a log of the completed audits compliance monitoring until substancompliance is achieved and maintain as determined by the Quality Assura Committee. The Facility Services Director will reaudit findings including trends identired.	ed all acility; ted riced d for d a the rounds ttor a s for tial ned ance

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01		ATE SURVEY OMPLETED
		345193	B. WING _			05/03/2016
	ROVIDER OR SUPPLIER N VIEW MANOR NURSIN	IG CE		STREET ADDRESS, CITY, STATE, ZIP CO 410 BUCKNER BRANCH ROAD BRYSON CITY, NC 28713	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
K 038	Continued From page	÷ 2	К0	related to passage hardware Quality Assurance Committe Once substantial compliance and maintained the QA Comrecommend discontinuation quarterly review of passage doors.	e quarterly. e is achieved mittee may of its	
K 051 SS=E	A fire alarm system is components approved accordance with NFP and NFPA 72, National provide effective warrough building. Fire alarm stransmission paths ar Initiation of the fire alarm and by any realarm, detection device Manual alarm boxes are each required at exits if mail located at all nurse's sometification is provided signals. In critical care sufficient. The fire alarm automatically to the event of fire. The activates required correcords are maintained 18.3.4, 19.3.4, 9.6 This STANDARD is respectively.	A 70, National Electric Code al Fire Alarm Code to hing of fire in any part of the system wiring or other e monitored for integrity. Arm system is by manual quired sprinkler system on detection system. Are provided in the path of uired exit. Manual alarm on are as shall not be nual alarm boxes are stations. Occupant doby audible and visual erareas, visual alarms are arm system transmits the onotify emergency forces in fire alarm automatically introl functions. System ed and readily available. The system transmits the onotify emergency forces in fire alarm automatically introl functions. System ed and readily available. The system transmits the onotify emergency forces in fire alarm automatically introl functions. System ed and readily available. The system transmits the onotify emergency forces in fire alarm automatically introl functions. System ed and readily available.	K 0	SimplexGrinnell will correct electromagnetic locks on Ma they remain unlocked when silence mode. The Facility Services Directors	ly 18, 2016 so fire alarm is in	5/18/16

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		345193	B. WING		05/03/2016
	ROVIDER OR SUPPLIER	IG CE		STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH ROAD BRYSON CITY, NC 28713	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
K 051	non-compliant, specific findings include: The electromagnetic locks failed to remain unlocked with the fire alarm system in the alarm silence mode. Note: Delayed egress feature did function for all electromagnetic locks and locks did release with activation of fire alarm system by smoke detectors. NFPA 101, 19.3.4, 9.6 This deficiency potentially affects all smoke other electromagnetic no other compliance all maintenance sta electromagnetic loc in silence mode. The Maintenance S electromagnetic loc preventative Maintenance S copy of a log of the compliance monitor compliance is achie as determined by the		other electromagnetic locks in the factor of the recompliance issues were four The Facility Services Director inservition all maintenance staff about the need electromagnetic locks to remain unlock in silence mode. The Maintenance Supervisor will added electromagnetic locks check to the Preventative Maintenance monthly rechecklist and provide the Administrate copy of a log of the completed audits compliance monitoring until substant compliance is achieved and maintain as determined by the Quality Assura Committee.	nd. ced for locked d an bunds for a for ial hed	
		n minimum standards as the risk of death or injury oke.		The Facility Services Director will repaudit findings including trends identifinelated to electromagnetic locks to the Quality Assurance Committee quarter Once substantial compliance is achieved and maintained the QA Committee macrommend discontinuation of its quarterly review of the electromagne locks.	ied ie erly. eved nay
K 062 SS=E	Required automatic s continuously maintair condition and are insperiodically. 19.7.6 9.7.5 This STANDARD is r 42 CFR 483.70 (a)	need in reliable operating pected and tested , 4.6.12, NFPA 13, NFPA 25, not met as evidenced by: ns, on May 3, 2016 at AM onward, the following ed: The standard is	K 06	The storage room was torn down an removed by the Maintenance Supervon May 09, 2016. The canopied smoking area was torr down and removed by the Maintenar Supervisor on May 11, 2016.	risor

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	2) MULTIPLE CONSTRUCTION BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		345193	B. WING _			05/	/03/2016	
	ROVIDER OR SUPPLIER	IG CE	•	410	EET ADDRESS, CITY, STATE, ZIP CODE BUCKNER BRANCH ROAD YSON CITY, NC 28713	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
K 062	roof canopy is not equipole coverage - walls enclored for combustible material at eastside of facility. 2. The canopy over the constructed of pressure enclosed with plastic not equipped with spronger NFPA 101, 19.7.6, 9.7.13 This deficiency affects compartments. Failure to comply with	peneath the noncombustible uipped with sprinkler osing area are constructed al. Canopy area is located he exterior smoking area is re treated lumber and partly wall material - the area is inkler coverage. 7.5, 4.6.12, NFPA 25, NFPA hed two of two smoke	KC		The Facility Services Director checked other areas around the facility; no other compliance issues were found. The Facility Services Director inservice all maintenance staff about add-ons not allowed next to the building. The Maintenance Supervisor will add to check for building add-ons not allowed the Preventative Maintenance monthly rounds checklist and provide the Administrator a copy of a log of the completed audits for compliance monitoring until substantial compliance achieved and maintained as determine by the Quality Assurance Committee. The Facility Services Director will repose audit findings including trends identified related to building add-ons not allowed the Quality Assurance Committee quarterly. Once substantial compliance achieved and maintained the QA Committee may recommend discontinuation of its quarterly review of the control of the commend discontinuation of its quarterly review of the control of the commend discontinuation of its quarterly review of the control of the commend discontinuation of its quarterly review of the compliance and the commend discontinuation of its quarterly review of the compliance and the compliance and the commend discontinuation of its quarterly review of the compliance and th	er ed ot he to e is ed rt d		
K 067 SS=E	Heating, ventilating, a with the provisions of in accordance with th specifications. 19.5.19.5.2.2 This STANDARD is r 42 CFR 483.70 (a) Based on observation	is, on May 3, 2016 at AM onward, the following ed: The standard is	KC	067	Reece Electric replaced the damaged wiring on May 18, 2016. The Facility Services Director hung prosignage by the switch on May 18, 2016. The Facility Services Director inservice maintenance staff on checking for	oper S	5/18/16	

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	F DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED				
		345193	B. WING _			05/	03/2016
NAME OF P	ROVIDER OR SUPPLIER			S	FREET ADDRESS, CITY, STATE, ZIP CODE		
MOUNTAI	N VIEW MANOR NURSIN	IG CE			0 BUCKNER BRANCH ROAD		
				В	RYSON CITY, NC 28713		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 067	power to roof top air h NFPA 101, 19.5.2.1, N This deficiency potent compartments. Failure to comply with	ual stop switch for air led and did not eliminate nandling units. NFPA 90A tially affects all smoke n minimum standards as the risk of death or injury	K	067	damaged wiring. The Maintenance Supervisor will check the switch weekly to ensure it is workin properly. The Maintenance Supervisor will add the check for damaged wiring and approprisignage to the Preventative Maintenant monthly rounds checklist and provide the Administrator a copy of a log of the completed audits for compliance monitoring until substantial compliance achieved and maintained as determine by the Quality Assurance Committee. The Facility Services Director will report audit findings including trends identified related to damaged wiring and approprisignage to the Quality Assurance Committee quarterly. Once substantial compliance is achieved and maintained the QA Committee may recommend discontinuation of its quarterly review of	g ne tate ce ne is d t d iate	
K 070 SS=E	Portable space heatir prohibited in all health it shall be permitted to staff and employee ar elements of such dev degrees F (100 degree 18.7.8, 19.7.8 This STANDARD is r 42 CFR 483.70 (a)	n care occupancies. Except to be used in non-sleeping reas where the heating ices do not exceed 212 tes C). not met as evidenced by: ns, on May 3, 2016 at AM onward, the following ed: The standard is	K	070	The Facility Services Director removed the heater from the bookkeeper soffic on May 03, 2016. The Facility Services Director checked the other rooms for portable heating devices; no other compliance issues with the state of t	d ce all	5/4/16

Facility ID: 923363

				3) DATE SURVEY COMPLETED			
		345193	B. WING _			05/	03/2016
	ROVIDER OR SUPPLIER	IG CE		410	REET ADDRESS, CITY, STATE, ZIP CODE D BUCKNER BRANCH ROAD RYSON CITY, NC 28713		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 070	There is a high-tempe heater in bookkeeper temperature of heatin degrees Fahrenheit. NFPA 101, 19.7.8 This deficiency affects compartments. Failure to comply with	erature portable space office. The surface g elements exceed 212 ed one of two smoke n minimum standards as the risk of death or injury	K	070	found. The Facility Services Director inservice all maintenance staff about no portable heating devices are allowed in rooms. The Maintenance Supervisor will add the room check for portable heating device to the Preventative Maintenance monther rounds checklist and provide the Administrator a copy of a log of the completed audits for compliance monitoring until substantial compliance achieved and maintained as determined by the Quality Assurance Committee. The Facility Services Director will report audit findings including trends identified related to no portable heating devices allowed to the Quality Assurance Committee quarterly. Once substantial compliance is achieved and maintained the QA Committee may recommend discontinuation of its quarterly review of portable heating devices.	ne s ally is d t	
K 144 SS=E	Generators inspected under load for 30 min in accordance with NI 3-4.4.1 and 8-4.2 (NF 110) This STANDARD is r 42 CFR 483.70 (a) Based on observation approximately 10:00 deficiencies were not non-compliant, specif		K	144	The Facility Services Director will acquithe gauge to check gravity reading and electrolyte levels. The Maintenance Supervisor will do weekly checks of the gravity reading an electrolyte levels. Integrated Power System will install a remote Emergency Stop away from the	nd	6/3/16

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
	345193	B. WING _			05/	03/2016
	NG CE		41	0 BUCKNER BRANCH ROAD		
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inued From pag	e 7	K.	144			
A 110, Chapter 6 kly checks. Here is no emergion enclosure of PS supplying load rator annunciate ag test of emergiautomatic trans	gency stop switch located at emergency generator. ad indicator, located on or panel, did not function ency power system with			the remote Emergency Stop each qual Integrated Power System will troublest system to identify the issue with the EF load indicator and repair it on May 31, 2016. The Facility Services Director inservice all maintenance staff about the use of gravity readings and electrolyte levels. The Facility Services Director inservice all maintenance staff about the quarter	eter. noot PS ed ed	
deficiency poter partments. re to comply wit enced increases	ntially affects all smoke th minimum standards as to the risk of death or injury			checks on the remote Emergency Stop. The Facility Services Director inservice all maintenance staff about the EPS Lo Indicator. The Maintenance Supervisor will add t gravity reading and electrolyte level che the remote Emergency Stop, and the EL Load Indicator to the Preventative Maintenance monthly rounds checklist and provide the Administrator a copy or log of the completed audits for compliance monitoring until substantial compliance is achieved and maintained as determined by the Quality Assurance Committee. The Facility Services Director will repose audit findings including trends identified related to the gravity reading and electrolyte level check, the remote Emergency Stop and the EPS Load Indicator to the Quality Assurance Committee quarterly. Once substantial compliance is achieved and maintained the QA Committee may recommend	the ed bad he eck, EPS fall dee et d	
	SUMMARY S (EACH DEFICIENC REGULATORY OR cinued From page crolyte levels doc A 110, Chapter 6 cly checks. here is no emergination enclosure of PS supplying load crator annunciating test of emergication enclosure of automatic transfe. A 101, NFPA 99 deficiency poter partments. Irre to comply with enced increases	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Tinued From page 7 Trolyte levels documented in accordance with A 110, Chapter 6 for emergency generator kly checks. There is no emergency stop switch located at rior enclosure of emergency generator. PS supplying load indicator, located on erator annunciator panel, did not function ag test of emergency power system with (automatic transfer switch) in emergency e. A 101, NFPA 99, NFPA 110 Chapter 6 deficiency potentially affects all smoke	A BUILDI 345193 B. WING W MANOR NURSING CE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Finued From page 7 Frolyte levels documented in accordance with A 110, Chapter 6 for emergency generator kly checks. There is no emergency stop switch located at rior enclosure of emergency generator. PS supplying load indicator, located on erator annunciator panel, did not function ag test of emergency power system with (automatic transfer switch) in emergency e. A 101, NFPA 99, NFPA 110 Chapter 6 deficiency potentially affects all smoke partments. Inter to comply with minimum standards as enced increases the risk of death or injury	A BUILDING 0 345193 B. WING R OR SUPPLIER V MANOR NURSING CE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Finued From page 7 Forolyte levels documented in accordance with A 110, Chapter 6 for emergency generator (all of the complete of t	R OR SUPPLIER VI MANOR NURSING CE VI MANOR NURSING CE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEIVED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) Initiated From page 7 rolyte levels documented in accordance with A 110, Chapter 6 for emergency generator dy checks. Intere is no emergency stop switch located at rior enclosure of emergency generator. PS supplying load indicator, located on ratior annunciator panel, did not function glast of emergency power system with (automatic transfer switch) in emergency e. A 101, NFPA 99, NFPA 110 Chapter 6 deficiency potentially affects all smoke partments. The Facility Services Director inservice all maintenance staff about the use of gravity readings and electrolyte level checks on the remote Emergency Stop, and the E Load indicator to the Preventative Maintenance monthoring until substantia compliance is achieved and maintaine as determined by the Quality Assurance Committee. The Facility Services Director will add t gravity reading and electrolyte level check and provide the Administrator a copy o log of the completed audits for compliance is achieved and maintaine as determined by the Quality Assurance Committee. The Facility Services Director will repoal and electrolyte level check, the remote Emergency Stop, and the E Load Indicator to the Quality Assurance Committee. The Facility Services Director will repoal and electrolyte level check, the remote Emergency Stop and the EPS Load Indicator to the Quality Assurance Committee. The Facility Services Director will repoal and electrolyte level check, the remote Emergency Stop and the EPS Load Indicator to the Quality Assurance Committee quarterly. Once substantial compliance is achieved and maintaine the QA Committee may recommend discontinuation of its quarterly review.	A BUILDING 01 - MAIN BUILDING 01 A BUILDING 01 - MAIN BUILDING 01 B WING STREET ADDRESS, CITY, STATE, ZIP CODE 410 BUCKNER BRANCH ROAD BRYSON CITY, NC 28713 FROYDERS PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initiated From page 7 Totyte levels documented in accordance with A 110, Chapter 6 for emergency generator dy checks. Intere is no emergency stop switch located at rior enclosure of emergency generator. PS supplying load indicator, located on rator annunciator panel, did not function in glest of emergency power system with (automatic transfer switch) in emergency e. A 101, NFPA 99, NFPA 110 Chapter 6 A 101, NFPA 99, NFPA 110 Chapter 6 deficiency potentially affects all smoke partments. The Facility Services Director inserviced all maintenance staff about the use of gravity reading and electrolyte levels. The Facility Services Director inserviced all maintenance staff about the EPS Load Indicator. The Maintenance staff about the EPS Load Indicator. The Facility Services Director inserviced all maintenance staff about the EPS Load Indicator. The Maintenance staff about the EPS Load Indicator. The Facility Services Director inserviced all maintenance staff about the EPS Load Indicator. The Maintenance staff about the EPS Load Indicator to the Preventative Maintenance monthly rounds checklist and provide the Administrator a copy of a log of the completed audits for compliance is achieved and maintained as determined by the Quality Assurance Committee. The Facility Services Director will report audit findings including trends identified related to the gravity reading and electrolyte level check, the remote Emergency Stop and the EPS Load Indicator to the Quality Assurance Committee quarterly. Once substantial compliance is achieved and maintained and electrolyte and maintained committee quarterly. Once substantial compliance is achieved and maintained.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION I - MAIN BUILDING 01	(X3) DATE COMF	SURVEY PLETED
		345193	B. WING _			05/	03/2016
	ROVIDER OR SUPPLIER N VIEW MANOR NURSIN	G CE		41	TREET ADDRESS, CITY, STATE, ZIP CODE 10 BUCKNER BRANCH ROAD RYSON CITY, NC 28713		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 144 K 147 SS=D	Continued From page NFPA 101 LIFE SAFE Electrical wiring and e accordance with Natio (NFPA 99) 18.9.1, 19. This STANDARD is r 42 CFR 483.70 (a) Based on observation approximately 10:00 a deficiencies were not non-compliant, specif There are boxes and beneath an exposed of fixture in the beauty so NFPA 101, 19.9.1, 9- This deficiency affects compartments. Failure to comply with	equipment shall be in onal Electrical Code. 9-1.2 9.1 not met as evidenced by: as, on May 3, 2016 at AM onward, the following ed: The standard is ic findings include: storage supplies located oulb incandescent light hop. 1.2 ed one of two smoke	K 1			the all d	5/5/16
					maintained the QA Committee may recommend discontinuation of its quarterly review of incandescent light fixtures and storage containers.		

	OF DEFICIENCIES CORRECTION	IENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DA A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE COMP	DATE SURVEY COMPLETED		
		345193	B. WING _			05/	03/2016
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW MANOR NURSING CE				410	REET ADDRESS, CITY, STATE, ZIP CODE BUCKNER BRANCH ROAD YSON CITY, NC 28713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)				(X5) COMPLETION DATE		