

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345267</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/27/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>POPLAR HEIGHTS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337</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  This Life Safety Code(LSC) complaint 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, one story, with a complete automatic sprinkler system. In the exit conference all deficiencies noted were discussed and acknowledged with administration.	K 000		
K 012 SS=F	The deficiencies determined during the survey are as follows: 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) By observation on 4/27/16 at approximately noon onward the following deficiencies were noted: The building construction type was non-compliant, specific findings include:  1. The facility had not maintained the roof as evidence of the roof ceiling assembly showed damage due to leaks in the following areas. A. Hallway of the main laundry room/maintenance office B. 200 hall fire wall near room 207 and 210 C. Room 207  2. The facility had not maintained the structural and foundation integrity of the building as evidence of repaired cracks and sloping in the following areas: A. Corridor at the 100 hall exit near room 124	K 012	1. The roof was repaired by Robert Watson Roofing on 5/7/16. Damage to the ceiling assembly in the hallway of the main laundry room/maintenance office, 200 fire walls near room 207 and 210, and room 207 was repaired. The crack and the slope area at the 100 hall exit near room 124 and in room 124 will be evaluated by Fleming and Associates, PA Structural Engineers. They will be performing a site visit during the week of 5/23/16. 2. Visual inspection of interior and exterior of the facility was performed by the Regional Property Manager, Administrator, and Maintenance Director on 4/5/16 and again on 4/26/16 and 5/9/16 to identify additional areas of concern that may need to be addressed.	6/10/16

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

TITLE

(X6) DATE

Electronically Signed

05/16/2016

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.

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

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FORM APPROVED  
OMB NO. 0938-0391

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K 012	Continued From page 1 B. Room 124  2000 NFPA 101 Section 5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance.  This deficiency affected four of approximately ten smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	3. The Administrator or designee will perform interior and exterior inspections monthly to identify concerns involving needed physical plant repairs. 4. The Administrator or designee will provide written documentation of monthly physical plant inspections to the Quality Assurance Committee monthly x 3 months and quarterly thereafter.		