STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345513	A. BUILDING **01 - BUILDING I** B. WING _____	**05/18/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWER NURSING AND REHABILITATION CENTER	**3609 BOND STREET** **RALEIGH, NC 27604**

(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 II construction, one story, with a complete automatic sprinkler system and using special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count 180 NH + 6 HA = 186 Census 90 NH The deficiencies determined during the survey are as follows:	K 000		
K 012 SS=D	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 5/18/16 at approximately 9 AM onward the following deficiencies were noted: The building construction type was non-compliant, specific findings include: non-listed material used in the ceiling of the main electrical room and the outside electrical room. 2000 NFPA 101 Section 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1, 8.2.3.2.4.2* 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,	K 012	Tower Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Tower Nursing and Rehabilitation's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any	6/15/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/31/2016

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K 012	Continued From page 1 arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance. This deficiency affected two of approximately eleven 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	deficiency is accurate. Further, (Facility□s Name) reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. K012 On 5-19-16, the material used in the ceiling of the main electrical room and the outside electrical room was removed and resealed with 3M Fire Barrier Sealant-CP25WB-Red. Two fire collars also placed on the 2 plastic pipe in the main electrical room. A 100% audit was completed by the Maintenance Director to ensure that all materials used in the ceilings of the fire compartments were sealed with the Red Fire Barrier Sealant. On 5-26-16, the Maintenance Director and Assistant were in serviced that any device, equipment, system, condition, arrangement, level of protection, or any other feature must be maintained using listed materials to comply with minimum standards. Maintenance Director and Assistant will monitor the sealant using the audit tool three times a week for four weeks, then weekly for four weeks, then monthly for one month. QI committee will review audits every quarter to assure continued compliance.	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 038		6/15/16

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K 038	Continued From page 2 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 5/18/16 at approximately 9 AM onward, the following deficiencies were noted: The door to the clean side of laundry had more than one range of motion to open the door. Reference 2000 NFPA 101, 19.2.1 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1 This deficiency affected one of eleven smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 038	K038 On 5-19-16, the Maintenance Director replaced the door knob on the laundry door to a one motion door knob. A 100% audit for all doors that are required to have one motion door knobs were audited by the Maintenance Director. On 5-26-16, the Maintenance Director and Assistant were educated on all exit access doors are readily accessible at all times Maintenance Director and Assistant will monitor the correctness of door knobs using the audit tool three times a week for four weeks, then weekly for four weeks, then monthly for one month. QI committee will review audits every quarter to assure continued compliance	
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by:	K 050		6/15/16

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K 050	Continued From page 3 42 CFR 483.70 (a) Based on observations, on 5/18/16 at approximately 9 AM onward, the following deficiencies were noted: The fire drills were non-compliant, specific findings include, documentation indicated less than the required number of drills were held on third shift of 3rd and 4th quarter 2015 and 1st quarter 2016. Reference NFPA 101 section 19.7.1.2 This deficiency affected all smoke compartments and all residents. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 050	K050 On 5-27-16, a third shift fire drill was conducted by the Maintenance Director. On 5-26-16, an in service was held with the Maintenance Director and Assistant in regards to the requirement of fire drills, to include the transmission of a fire alarm signal and simulation of emergency fire conditions, and unexpected times under varying conditions quarterly 100% audit of fire drill compliance was conducted by the Maintenance Director for the previous year. Maintenance Director or Assistant will conduct a quarterly fire drill to include all three shifts. Monthly fire drills will be brought to the QI meeting monthly and quarterly. QI committee will review the fire drills every quarter to assure continued compliance.	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 5/18/16 at approximately 9 AM onward, the following deficiencies were noted: The generator was non-compliant, specific findings include: A. The emergency generator located on the exterior of the building has no remote manual stop switch located outside the generator set	K 144	K144 On 5-24-16, the remote annunciator on the generator was replaced/repaired and an emergency stop switch was put in place on the building outside of generator housing. The generator was repaired by Clarke generator. On 5-26-16, the Maintenance Director and	6/15/16

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K 144	Continued From page 4 location. B. The emergency generator remote annunciator located at the main nurses station did not show" EPS supplying load" during testing. Reference NFPA 101, 110, 3-5.5.6 All level 1 and level 2 installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144	Assistant were educated on level 1 and level 2 installations required to have a remote manual stop station of a type similar to a break glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. Audit of generator was completed by Maintenance Director was conducted on 5-25-16 to ensure completion of services. Maintenance Director and Assistant will monitor generator weekly for four weeks, then weekly for four weeks, then monthly for one month, using an audit tool. QI committee will review audits every quarter to assure continued compliance.	