STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		
		345449	B. WING		04/28/2016
AME OF PR	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	04/20/2016
				5 WHITE ROAD	
NIVERSA	AL HEALTH CARE/KING	}	кі	NG, NC 27021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
K 000	INITIAL COMMENTS		K 000		
	at 42CFR 483.70(a); Health Care section publications. This but construction, one sto automatic sprinkler s all deficiencies noted acknowledged with a	e Code of Federal Register using the 2000 Existing of the LSC and its referenced ilding is Type III(211) ory, with a complete system. In the exit conference d were discussed and administration.			
K 029 SS=E	are as follows: NFPA 101 LIFE SAF	ermined during the survey ETY CODE STANDARD	K 029		6/12/16
	fire-rated doors) or a extinguishing system and/or 19.3.5.4 prote the approved automa option is used, the a other spaces by smo doors. Doors are se field-applied protectii 48 inches from the b permitted. 19.3.2. This STANDARD is 42 CFR 483.70 (a) Based on observatio approximately 10:45 deficiencies were no	construction (with o hour in approved automatic fire in accordance with 8.4.1 acts hazardous areas. When atic fire extinguishing system reas are separated from oke resisting partitions and lf-closing and non-rated or ve plates that do not exceed ottom of the door are 1 not met as evidenced by: ans, on April 28, 2016 at AM onward, the following ted: The standard is ific findings include:		F0000 This Plan of Correction is required under Federal and State regulation and statue applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on th	28

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.

			0/02			. 0938-039
· · · · · · · · · · · · · · · · · · ·				LE CONSTRUCTION 6 01 - MAIN BUILDING 01	(X3) DATE : COMPL	
		345449	B. WING		04/2	28/2016
NAME OF P	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
UNIVERS	AL HEALTH CARE/KING			115 WHITE ROAD KING, NC 27021		
(X4) ID PREFIX TAG			OULD BE	(X5) COMPLETION DATE		
K 029	fire door to maintenar flammable aerosols a NFPA 101, 19.3.2.1 This deficiency affects Failure to comply with	rdware is missing from rated nee shop - shop contains and combustible material. s all smoke compartments. n minimum standards as the risk of death or injury	К 02	 part of the facility, and such liabil hereby specifically denied. The submission of the plan does not an agreement by the facility that surveyors' findings constitute a d or that the scope or severity regard of the deficiencies cited are correct applied. Self-closing hardware was inst the Maintenance Shop door on 5 All residents at the facility hav potential to be affected by the all deficient practice. All doors in th will be audited by the Maintenance Director by 5/20/16 to assure sel hardware is installed where appli Any doors requiring self-closing hardware limitable by 6/11/16. No n outcome was identified by the all deficient practice. The Maintenance Director will doors one time weekly for three rassure all self-closing hardware limitabled and functioning properly audit results will be recorded on Assurance Monitoring Tool week The audit findings will be report for further review and the Commit recommendations to assure propromy compliance. The Administrator v responsible to assure compliance 	constitute the eficiency, arding any ectly stalled on /9/16. re the eged e facility ce f-closing cable. hardware legative eged l audit all months to has been /. The a Quality ly. prted ector to hoce e months ittee's per vill be	

Event ID: DFZW21

Facility ID: 923159

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				FO	ED: 10/12/2016 RM APPROVED NO. 0938-0391	
		. ,		(X3) DA	(X3) DATE SURVEY COMPLETED	
	345449	B. WING			4/28/2016	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
			115 WHITE ROAD			
SARE/KING			KING, NC 27021			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	SHOULD BE	(X5) COMPLETION DATE	
automatic s sly maintair and are insp y. 19.7.6 IDARD is r 83.70 (a) observatior tely 10:45 J s were not iant, specif sprinkler in rred based er heat sen e and debr d and entra , 19.7.6, 9.7 ency affect comply with	prinkler systems are ned in reliable operating pected and tested 5, 4.6.12, NFPA 13, NFPA 25, not met as evidenced by: ns, on April 28, 2016 at AM onward, the following ed: The standard is ric findings include: spection reports reveal that esting of dry-pipe sprinklers on NFPA 25 requirements. sitive elements are covered is - located between kitchen ance to kitchen from dining 7.5, 4.6.12, NFPA 13, NFPA s all smoke compartments.	KO	 A 10 year sampling of dry-p sprinklers was completed by Si Fire and Appliance on 5/10/16 noted the sprinkler heads used facility were recalled by the Ins needed to be replaced. The sp heads will be measured and or complete repair. All sprinkler h will be made no later than 9/12 Division of Health Service Reg be notified when installation will the facility will remain on a fire long as the Fire Alarm System operational. The debris has be removed from the two sprinkler that were noted in the kitchen a and two new sprinkler elements been ordered from Salisbury Fi Appliance on 5/10/16. The two sprinkler element replacements kitchen will be installed no later 6/11/16 by Salisbury Fire and A All residents at the facility has potential to be affected by the a deficient practice. Salisbury Fir Appliance has the 10 year sam dry-pipe sprinklers inspection s for the facility 10 years in the fu the Maintenance Director has f 	alisbury and it was in the pector and orinkler dered to ead repairs /16 and the ulation will Il begin and watch as is not elements and cleaned s have re and o new s in the than oppliance.	6/12/16	
	DICARE & ES CARE/KING SUPPLIER CARE/KING SUMMARY ST CH DEFICIENC ULATORY OR I LIFE SAFE automatic s sly maintair and are insp y. 19.7.6 IDARD is r 83.70 (a) observation itely 10:45 es were not liant, specif sprinkler in ar sample te rred based er heat sen e and debr d and entra , 19.7.6, 9. ⁻ ency affect comply with d increases	IDENTIFICATION NUMBER: 345449 SUPPLIER CARE/KING SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL ULATORY OR LSC IDENTIFYING INFORMATION) LIFE SAFETY CODE STANDARD automatic sprinkler systems are sly maintained in reliable operating and are inspected and tested y. 19.7.6, 4.6.12, NFPA 13, NFPA 25, IDARD is not met as evidenced by:	DICARE & MEDICAID SERVICES ES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIF A. BUILDING JUPPLIER 345449 B. WING CARE/KING ID SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL ULATORY OR LSC IDENTIFYING INFORMATION) ID LIFE SAFETY CODE STANDARD K 06 automatic sprinkler systems are sly maintained in reliable operating and are inspected and tested y. 19.7.6, 4.6.12, NFPA 13, NFPA 25, K 06 IDARD is not met as evidenced by: 83.70 (a) B. 2016 at tely 10:45 AM onward, the following es were noted: The standard is liant, specific findings include: Sprinkler inspection reports reveal that ir sample testing of dry-pipe sprinklers rred based on NFPA 25 requirements. er heat sensitive elements are covered e and debris - located between kitchen d and entrance to kitchen from dining , 19.7.6, 9.7.5, 4.6.12, NFPA 13, NFPA ency affects all smoke compartments. comply with minimum standards as d increases the risk of death or injury	DICARE & MEDICAID SERVICES ES (x1) PROVIDER/SUPPLENCLA IDENTIFICATION NUMBER: (x2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01 B WING UPPLIER STREET ADDRESS, CUTY, STATE, ZIP CODE IS WINGY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES OF DEFICIENCY MUST BE PRECODED BY FULL ULATORY OR LSC IDENTIFYING INFORMATION) ID PRETX TAS PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SCIENCIES CROSS-REFERENCED TO THE A DEFICIENCY) LIFE SAFETY CODE STANDARD K 062 automatic sprinkler systems are sly maintained in reliable operating and are inspected and tested y. 19.7.6, 4.6.12, NFPA 13, NFPA 25, IDARD is not met as evidenced by: 83.70 (a) K 062 astrone the standard is liant, specific findings include: I. A 10 year sampling of dry-p sprinkler was completed by S Fire and Appliance on 5/10/16 noted the sprinkler heads used facility were recalled by the Ins needed to be replaced. The sg heads will be measured and or complete repair. All sprinkler hards will be measured and or complete repair. All sprinkler hard used and dentrance to kitchen from dining , 19.7.6, 9.7.5, 4.6.12, NFPA 13, NFPA ency affects all smoke compartments. comply with minimum standards as 1 increases the risk of death or injury and/or smoke. Lil residents at the facility will remain on a fire long as the Fire Alarm System sprinkler element replacements kitchen will be installed no late ordered from the two sprinkler that were noted in the kitchen a and two new sprinkler sinspection sprinkler sinspection rights and two new sprinkler sinspection sprinkler sinspection standards as 1 increases the risk of death or injury and/or smoke.	IEALTH AND HUMAN SERVICES FOO DICARE & MEDICAID SERVICES OMB 1 I (x1) PROVIDERSUPPLIENCLIA IDENTIFICATION NUMBER: (x2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 (x3) DA I 345449 B. WING CO UUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE (x3) DA SUMMARY STATEMENT OF DEFICIENCIES HOEFICIENCY MUST BE PRECEDED BY FULL ULATORY OR LSC IDENTIFYING INFORMATION) PREVIDENCES (x6) CORRECTIVE ACTION SHOULD BE (CROSS-REFECCED TO THE APPROPRIATE DEFICIENCY) LLIFE SAFETY CODE STANDARD K 062 S3.70 (a) (a) 1. A 10 year sampling of dry-pipe sprinkler systems are sly maintained in reliable operating and are inspected and tested y. 19.7.6, 4.6.12, NFPA 13, NFPA 25, I. A 10 year sampling of dry-pipe sprinkler seas completed by Salisbury S3.70 (a) 1. A 10 year sampling of dry-pipe sprinkler inspection reports reveal that is serve noted: The standard is inant, specific findings include: I. A 10 year sampling of dry-pipe sprinkler inspection reports reveal that is ample testing of dry-pipe sprinklers red based on NFPA 25 requirements. I. A 10 year sampling of dry-pipe sprinkler inspection and notered to complete repair. All sprinkler head repairs will be masured and ordered to complete repair. All sprinkler head repairs will be masured and ordered to complete repair. All sprinkler head repairs will be notified when installation will begin and the facility will remain on a fire watch as long as the Fire Alarm System is not operational. The debris has been remov	

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Facility ID: 923159

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STATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		
		345449	B. WING		04/28/2016	
AME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
	AL HEALTH CARE/KING			15 WHITE ROAD		
			ŀ	(ING, NC 27021		
(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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLET	
K 062	Continued From page	2.3	K 062	 completed by the Maintenance Dire 5/4/16 to assure all sprinkler heads clean and in proper working condition. The results of his findings were note a Quality Monitoring tool. 3. The Maintenance Director will ausprinkler heads one time weekly for months to assure all sprinkler heads clean and free of debris. The Maintenance Director will clean all sprinkler heads a minimum of weekly needed. The audit results will be recorded on a Quality Assurance Monitoring Tool weekly by the Maintenance Director. 4. The audit findings will be reporter monthly to the Quality Assurance/Performance Committee the Maintenance Director for three refor for further review and the Committee recommendations to assure proper compliance. The Administrator will responsible to assure compliance of the statement of	were on. ed on dit all three s are ly if d by months e's be	
K 144 SS=E	NFPA 101 LIFE SAFE	ETY CODE STANDARD	K 144	audits.	6/12/16	
39=F	under load for 30 min in accordance with NI 3-4.4.1 and 8-4.2 (NF 110)	l weekly and exercised utes per month and shall be FPA 99 and NFPA 110. FPA 99), Chapter 6 (NFPA not met as evidenced by:		1. The 2 hour loadbank test of the	diesel	
	Based on observatior approximately 10:45	ns, on April 28, 2016 at		powered generator will be complete Atlantic Cummins no later than 6/11	-	

Event ID: DFZW21

Facility ID: 923159

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		
		345449	B. WING		04/28/2016	
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE	1	
UNIVERSAL HEALTH CARE/KING			115 WHITE ROAD KING, NC 27021			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETIO	
K 144	deficiencies were not generator operationa non-compliant, specif documentation for me conducted without re for 125 KW generato indicated in item (a) of NFPA 99 3-4.4.2 Rec record of inspection, period, and repairs sl and available for insp having jurisdiction. NFPA 110 6-4.2 (199 Level 1 and Level 2 s least once monthly, fu using one of the follo (a) Under operating not less than 30 perc rating (b) Loading that main gas temperatures as manufacturer. NFPA 110 6-4.2.2 (1 EPS installations that requirements of 6-4.2 with the available EP annually with suppler nameplate rating for percent of nameplate followed by 75 percent minutes, for a total of This deficiency affect Failure to comply with	ted: The emergency I inspection and testing was fic findings include; onthly load test was cording percent rated load r or temperature rise as or (b) as follows: cord keeping. A written performance, exercising hall be regularly maintained bection by the authority 9 edition) generator sets in service shall be exercised at or a minimum of 30 minutes, wing methods: temperature conditions or at ent of the EPS nameplate ntains the minimum exhaust recommended by the 999 edition) Diesel-powered t do not meet the 2 shall be exercised monthly SS load and exercised mental loads at 25 percent of 30 minutes, followed by 50 e rating for 30 minutes, int of nameplate rating for 60 f 2 continuous hours. ted all smoke compartments . th minimum standards as a the risk of death or injury	K 144	 All residents at the facility have the potential to be affected by the alleged deficient practice. The Maintenance Director will annually have a 2 hour loadbank test of the diesel powered generator scheduled with Atlantic Cummins. The facility has signed a contract with Atlantic Cummins to automatically have 2 hour loadbank scheduled annually for the facility. The Maintenance Director will en all inspections are performed as scheduled and record his findings or Quality Improvement Monitoring Too form. The audit findings will be reported monthly by the Maintenance Director the Quality Assurance/Performance Improvement Committee for further review and the Committee's recommendations to assure proper compliance. The Administrator will the responsible to assure compliance of audits. 	test sure n the n d r to	

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 10/12/2016 M APPROVED <u>D. 0938-0391</u>
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		345449	B. WING			04	/28/2016
	ROVIDER OR SUPPLIER			1'	TREET ADDRESS, CITY, STATE, ZIP CODE 15 WHITE ROAD XING, NC 27021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 147 K 147 SS=D	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 10:45 deficiencies were not non-compliant, specif Room air conditioner receptacle and dedica office - unit as installe receptacle that serves NFPA 101, 19.9.1, 9- This deficiency affect compartments. Failure to comply with	ETY CODE STANDARD equipment shall be in onal Electrical Code. 9-1.2 .9.1 not met as evidenced by: ns, on April 28, 2016 at AM onward, the following ed: The standard is fic findings include: is rated for single use ated branch circuit in activity ed, is connected to a duplex s other equipment. 1.2 s one of two smoke		147	 A 120 amp dedicated circuit was installed on 5/2/16 to supply power for activity room air conditioner. All residents of the facility have beer identified as having the potential to be affected by the alleged deficient practic An audit will be completed by the Maintenance Director no later that 5/20 of the facility to assure no electrical devices rated for a single use receptac is connected to a duplex receptacle. An audit of all electrical devices at th facility will be completed one time week for three months by the Maintenance Director to assure electrical devices rate for a single use receptacle is not connected to a duplex receptacle. Any issues requiring repair will be complete by 6/11/16. The audit results will be recorded on a Quality Improvement Monitoring Tool weekly. The audit findings will be reported monthly by the Maintenance Director to the Quality Assurance/Performance Improvement Committee for three mon for further review and the Committee's recommendations to assure proper compliance. The Administrator will be responsible to assure compliance of all audits. 	n ce.)/16 le he kly ted ; d	6/12/16

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Facility ID: 923159

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		D HUMAN SERVICES MEDICAID SERVICES			FORM	D: 10/12/2016 MAPPROVED D. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		345449	B. WING		04/	28/2016	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
UNIVERS	AL HEALTH CARE/KING			115 WHITE ROAD			
				KING, NC 27021		1	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG) BE	(X5) COMPLETION DATE	

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