PRINTED: 11/10/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED
		345078	B. WING _		06/15/2016
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	
HIGHLANI	DFARMS			200 TABERNACLE ROAD BLACK MOUNTAIN, NC 28711	
(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 CROSS-REFERENCED TO THE APPROFICIENCY)	O BE COMPLETION
K 000	INITIAL COMMENTS		K 0	00	
K 012 SS=E	at 42CFR 483.70(a); Health Care section of publications. This built construction, one stort automatic sprinkler syall deficiencies noted acknowledged with a	e Code of Federal Register using the 2000 Existing of the LSC and its referenced lding is Type III(211) by, with a complete vistem. In the exit conference were discussed and diministration.  Ilicensed bed capacity = 90 = 0 ount 60 NF  The remined during the survey out of the standard by:  The standard is its findings include:  The remined remains a seembly includers - located in 19.1.6.3, 19.1.6.4, 19.3.5.1	K 0	K 012  - Highland Farms personnel have performed a thorough inspection of and wall penetrations and reported r to the Healthcare Administrator and Maintenance Supervisor.  - The Maintenance Supervisor has initiated work orders to caulk all affer penetrations with an approved fire carried to the Highland Farms Maintenance Supervisor has initiated work orders to caulk all affer penetrations with an approved fire carried to inspect regularly as reperied to remain in compliance 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1.  - Highland Farms Facilities Director of the performance of the penetration of the	esults the  cted aulk. ervisor may with
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Electronically Signed 06/29/2016

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.

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION D1 - Main Building 01	(X3) DATE SURVEY COMPLETED
		345078	B. WING		06/15/2016
NAME OF PROVIDER OR SUPPLIER  HIGHLAND FARMS		2	STREET ADDRESS, CITY, STATE, ZIP CODE  200 TABERNACLE ROAD  BLACK MOUNTAIN, NC 28711		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
K 012	referenced increases due to fire and/or sme	n minimum standards as the risk of death or injury	K 012	review ongoing inspection and maintenance practices that affect roof/ceiling assemblies to ensure continued compliance with 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	7/30/16
SS=E	fire-rated doors) or ar extinguishing system and/or 19.3.5.4 prote the approved automa option is used, the ar other spaces by smo doors. Doors are sel field-applied protectiv 48 inches from the bo permitted. 19.3.2.1			K 029	
	Based on observation approximately 9:00 A deficiencies were not non-compliant, specific speci	medical supply room is dred square feet and supplies - the door to the is not a minimum forty-five with listed self-closing ocated near the nurse's alarm panel, as originally ed as a hazardous area.		1. The door to the medical supply rook will either be documented to be in compliance with the 45 minute rating replaced with a door that meets that standard.  - Highland Farms Maintenance Supe will inspect all doors to verify complia with 19.3.2.1 and report findings to Facilities Director  - Highland Farms Maintenance Crew replace doors and/or hardware as necessary to remain in compliance with 19.3.2.1  - Highland Farms Facilities Director viceview ongoing maintenance practice that affect doors to ensure continued compliance with 19.3.2.1  2. Repairs to the holes in the basement.	or rvisor ince will with vill

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION 1 - MAIN BUILDING 01	(X3) DATE	SURVEY	
		345078	B. WING			06/	15/2016	
	NAME OF PROVIDER OR SUPPLIER  HIGHLAND FARMS			STREET ADDRESS, CITY, STATE, ZIP CODE  200 TABERNACLE ROAD  BLACK MOUNTAIN, NC 28711				
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K 029	Continued From page	2	K	029				
	created to access plu	mbing leaks.			ceiling have been completed.	4		
	NFPA 101, 18.3.2.1, 4	4.6.7			<ul> <li>The Maintenance Supervisor will insp all rated floor/ceiling assemblies to veri compliance with 19.3.2.1 and report</li> </ul>			
	This deficiency affect compartments.	ed one of two smoke			findings to Facilities Director - The Maintenance Crew will perform			
	Failure to comply with	n minimum standards as			repairs as necessary to remain in compliance with 19.3.2.1			
	referenced increases	the risk of death or injury			- Highland Farms Facilities Director wil			
	due to fire and/or smo	oke.			review ongoing maintenance practices that affect rated assemblies to ensure continued compliance with 19.3.2.1			
K 061	NFPA 101 LIFE SAFE	ETY CODE STANDARD	K	061	continued compilation with 10.0.2.1		7/30/16	
SS=E	integrity in accordance a signal that sounds a continuously attended remote facility when simpaired. 9.7.2.1, NF This STANDARD is r 42 CFR 483.70 (a)  Based on observation approximately 9:00 A deficiencies were not non-compliant, specific supervisory switches	alled and monitored for e with NFPA 72, and provide and is displayed at a d location or approved sprinkler operation is PA 72 not met as evidenced by:  as, on June 15, 2016 at M onward, the following ed: The standard is ic findings include:  or the sprinkler control valve can be permanently ire alarm control panel.			K 061 - Diboco (sprinkler contractor) maintain the tamper switches on all sprinkler valves Infinity Systems (alarm contractor) wireprogram the fire alarm panel to prevesprinkler control valve supervisory switches from being permanently silent at the main fire alarm panel and to enscompliance with compliance with 9.7.2 -Highland Farms Maintenance Superviwill notify the sprinkler contactor or the alarm contractor to replace or repair armissing or inoperative sprinkler monito devices as necessary to remain in rtfcompliance with 9.7.2.1	II ent ced ure .1 sor		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		345078	B. WING _			06/	15/2016
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE	·	
	D FADMO			20	00 TABERNACLE ROAD		
HIGHLANI	DFARMS			В	LACK MOUNTAIN, NC 28711		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 061		n minimum standards as	K	061	- Highland Farms Facilities Director wil		
	due to fire and/or smo	the risk of death or injury bke.			review reporting from quarterly and an sprinkler inspections to ensure continu compliance with 9.7.2.1		
K 070 SS=D		ETY CODE STANDARD	K	70	·		7/30/16
	-	r care occupancies. Except					
		b be used in non-sleeping					
		reas where the heating					
		rices do not exceed 212					
	degrees F (100 degre	ees C).					
	18.7.8, 19.7.8	not met as evidenced by:					
	42 CFR 483.70 (a)	of met as evidenced by.			K 070		
	12 01 10 100.70 (a)				- A non-compliant portable space heat	er	
	Based on observation	ns, on June 15, 2016 at			behind the reception desk was remove		
		M onward, the following			immediately upon observation.		
	deficiencies were not	ed: The standard is			- Highland Farms personnel have		
	non-compliant, specif	ic findings include:			performed a thorough inspection of all rooms in the facility and reported resul		
		erature portable space			to the Healthcare Administrator and the	Э	
	-	heating elements exceeding			Maintenance Supervisor. No further		
	212 degrees Fahrenh				non-compliant heaters were discovere		
	receptionist desk nea	r front entrance.			<ul> <li>Highland Farms personnel have beer instructed on the type of allowable</li> </ul>	1	
	NFPA 101, 18.7.8, 19	0.7.8			portable heating devices; only facility issued portable heating devices will be	;	
	This deficiency affect compartments.	ed one of two smoke			permitted to remain in compliance with 18.7.8 and 19.7.8, per the Healthcare	I	
					Administrator.		
		n minimum standards as			- Highland Farms personnel will contin		
		the risk of death or injury			to monitor all areas to ensure compliar	ıce	
	due to fire and/or smo				with 18.7.8 and 19.7.8.		
K 144 SS=E	NFPA 101 LIFE SAFE	ETY CODE STANDARD	K 1	144			7/30/16
55 <b>-</b> E	Generators inspected	weekly and exercised					
	-	utes per month and shall be					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		345078	B. WING		06/1	15/2016	
NAME OF P	ROVIDER OR SUPPLIER  D FARMS		2	STREET ADDRESS, CITY, STATE, ZIP CODE 100 TABERNACLE ROAD BLACK MOUNTAIN, NC 28711			
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K 144	in accordance with N 3-4.4.1 and 8-4.2 (NF 110) This STANDARD is 142 CFR 483.70 (a) Based on observation approximately 9:00 A deficiencies were not non-compliant, specification of the second of the	FPA 99 and NFPA 110. FPA 99), Chapter 6 (NFPA not met as evidenced by:  Ins, on June 15, 2016 at M onward, the following ed: The standard is ic findings include:  Insert wer supply system load test connected to system during cumentation shall comply  Insert of the exercising Insert of the exercised at Insert of the EPS nameplate  Insert of the EPS nameplate Insert	K 144	K 144  1. Highland Farms personnel will contito exercise the generator monthly under the available EPSS load. Annual load bank testing of the generator will be performed by National Power Corpora (generator service contractor) in accordance with NFPA 110 6-4.2.2  Results of testing will be recorded an reported to the Facilities Director to remain in compliance with NFPA 99 3-4.4.2  Highland Farms Facilities Director wischedule regular maintenance for the generator to remain in compliance with provisions of NFPA 99 and NFPA 110.  The Highland Farms Maintenance cois now checking specific gravity levels each cell of the lead acid batteries and recording the results monthly.  Highland Farms Maintenance crew we continue to perform regular weekly che of all fluid levels of the generator, and continue to record the levels of specific gravity of the battery electrolytes to rer in compliance with 9.1.3 and NFPA 110.  Highland Farms Facilities Director wischedule regular maintenance for the generator to remain in compliance with provisions of NFPA 99 and NFPA 110.	er tion  d  II n crew of d viII ecks c main 0. II		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION 6 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		345078	B. WING	<u></u>	06/15	/2016	
NAME OF PROVIDER OR SUPPLIER HIGHLAND FARMS				STREET ADDRESS, CITY, STATE, ZIP CODE 200 TABERNACLE ROAD BLACK MOUNTAIN, NC 28711	·		
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K 144	minutes, for a total of bank testing)  2. There are no spece electrolyte levels doct generator batteries.  NFPA 101, 9.1.3, NFF These deficiencies pofacility.  Failure to comply with	2 continuous hours. (load ific gravity readings and umented for each cell of PA 110 as stated in item 1 otentially affect the entire in minimum standards as the risk of death or injury	K 14				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
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K 144	Continued From page	e 6	K 14	44	
	This deficiency affect compartments.	ed one of two smoke			
		n minimum standards as the risk of death or injury oke.			