

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SARDIS OAKS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5151 SARDIS ROAD CHARLOTTE, NC 28270</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  A 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. In the exit conference all deficiencies noted were discussed and acknowledged with administration.  Stories: One Construction Type: Constructed: III (211) Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 124 Census = 112	K 000		
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: 42 CFR 482.41(a)  Based on the observations, and staff interviews on 7/14/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the fire alarm system and its components was non-compliant the specific items include:	K 052	The sampling tubes for all duct detectors have been inspected and were cleaned on July 14th 2016.  Preventative maintenance procedures have been implemented in our CMMS system (internal preventative maintenance software system) to include	7/25/16

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

TITLE

(X6) DATE

Electronically Signed

07/29/2016

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.

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K 052	Continued From page 1 The facility has duct detector sampling tubes in the number 3 mechanical room that has a buildup of dust and lint on the sampling tube holes. These holes are to be clear of debris including dust and lint to sample air flow in the direction of air flow.  Ref: 2000 NFPA 101 Sections 19.3.4.1, 9.6, NFPA 72  This deficiency affected two of approximately six smoke zones in the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 052	periodic inspection and cleaning on a semi-annual basis.  Facility Maintenance Supervising Manager, Carlton Travis, will monitor for compliance.		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 482.41(a)  Based on the observations, and staff interviews on 7/14/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility has a build up of dust and lint on the radiation dampers in the return air registers in the following locations:  1. Fire dampers in the egress corridor near the cross corridor doors at the nourishment room 2. Fire damper in the nourishment room 3. Fire damper in the laundry room that has the single gas fired dryer on the short service	K 067	The smoke and fire damper linkage dust residue was cleaned and removed on July 14th, 2016 by the facility maintenance staff. A Third party vendor, LSS (Life Safety Service) has been scheduled on August 3rd 2016 to perform the testing and inspection of all dampers, to include fusible links in the facility.  LSS will issue a report of all deficiencies at the conclusion of their inspection. Periodic inspection and cleaning of the fusible links will be conducted by facility maintenance staff.	8/4/16	

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K 067	Continued From page 2 hallway  The facility could not verify that the integrity of the radiation damper fusible link was maintained to deploy at the proper temperature or the damper would close the opening completely to maintain the one hour rating of the ceiling.  Ref: 2000 NFPA 101 Sections 19.5.2.1, 9.2, NFPA 90A Section 19.5.2.2  This deficiency affected two of approximately six smoke zones in the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 067	Facility Maintenance Supervising Manager, Carlton Travis, will monitor for compliance.		