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

NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / GREENVILLE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY) (EACH DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCES. (EACH CORRECTION SHOULD S	STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
UNIVERSAL HEALTH CARE / GREENVILLE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (REQUIATORY OR LSC IDENTIFYING INFORMATION) (BOD 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 III 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 120 Census 94 The deficiencies determined during the survey are as follows: K 061			345181	B. WING			07/07/2016	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION REGULATORY OR LSC IDENTIFYIA					2578 WEST 5TH STREET	ZIP CODE		
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 III 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 120 Census 94 The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD K 061 SS=F Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is	PRÉFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE CROSS-REFERENCED	E ACTION SHOULD BE O TO THE APPROPRIA	DATE	
This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 7/7/16 at approximately 11 AM onward, the following deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings include: The sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve. How corrective actions will be accomplished for those residents found to be affected by the deficient practice: The Maintenance Supervisor scheduled installation of supervisory signal that could not be silenced unless valve was reopened to the automatic sprinkler system. How the facility will identify other residents	K 061	This Life Safety Cod conducted as per The at 42CFR 483.70(a); Health Care section of publications. This but one story, with a come system and using speconference all deficie and acknowledged with time of survey the Total Certified Bed Communities of Census 94 The deficiencies determined as follows: NFPA 101 LIFE SAFIE Automatic sprinkler stattachments are instatintegrity in accordance a signal that sounds continuously attenderemote facility when simpaired. 9.7.2.1, NFT his STANDARD is 42 CFR 483.70 (a) Based on observation approximately 11 AM deficiencies were not system was non-cominclude: The sprinkle could be silenced per signals shall not silenced per si	de(LSC) survey was de Code of Federal Register using the 2000 Existing of the LSC and its referenced diding is Type III construction, uplete automatic sprinkler decial locking. In the exit dencies noted were discussed with administration. Count 120 Dermined during the survey ETY CODE STANDARD Desystem supervisory alled and monitored for the with NFPA 72, and provide and is displayed at a delocation or approved disprinkler operation is EPA 72 Inot met as evidenced by: Ins., on 7/7/16 at I onward, the following ded: The automatic sprinkler dipliant, specific findings are tamper supervisory dilenced permanently except did its referenced did its refe		How corrective actions accomplished for those be affected by the defir The Maintenance Superinstallation of supervise not be silenced unless reopened to the autom system.	s will be e residents found cient practice: ervisor scheduled ory signal that co valve was latic sprinkler	d uld	
having the potential to be affected by the					having the potential to		е	

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.

Electronically Signed

07/24/2016

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED			
		345181	B. WING _			07/	/07/2016	
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / GREENVILLE			ID	STREET ADDRESS, CITY, STATE, ZIP CODE 2578 WEST 5TH STREET GREENVILLE, NC 27834				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
K 061	NFPA 25, 9.7.5 NFPA 13distinctive provided to indicate at the satisfactory operary system." NFPA 9.7.2.1super installed and monitore with NFPA 72 AND a shall be provided to in would impair the satis sprinkler systemSup AND shall be displayed the protected building by qualified personner remotely located recent This deficiency affects Failure to comply with referenced increases due to fire and/or smooth	e supervisory signal shall be condition that would impair tion of the sprinkler visory attachments shall be ed for integrity in accordance distinctive supervisory signal edicate a condition that sfactory operation of the pervisory signals shall sound ed either at a location within a that is constantly attended of or at an approved, siving facility. The deall smoke compartments as the risk of death or injury obke.		061	same deficient practice: All residents residing in the facility has potential to be affected by this deficient practice. What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practidoesn't recur. A valve will be installed by a qualified company that will prevent the supervise signal from being silenced unless the valve is reopened. The Maintenance Supervisor will conduce weekly checks of the sprinkler system supervisory signal to assure proper functioning. How the facility plans to monitor its performance to make sure that solution are sustained. This plan will be implemented and the corrective action will be evaluated for it effectiveness. This plan of correction is integrated into the quality assurance an performance improvement committee. The Maintenance Supervisor will report his weekly findings monthly for 90 days and then quarterly.	t ice ory uct and		
K 062 SS=F	Required automatic s continuously maintair condition and are insp	ned in reliable operating	K	062			7/18/16	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 - MAIN BUILDING 01 345181 B. WING 07/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2578 WEST 5TH STREET **UNIVERSAL HEALTH CARE / GREENVILLE** GREENVILLE, NC 27834 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ΙD (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 062 Continued From page 2 K 062 This STANDARD is not met as evidenced by: How corrective actions will be Based on record review and staff interview, the facility sprinkler system was not being tested in accomplished for those residents found to accordance with NFPA 25 - Standard for the be affected by the deficient practice: Inspection, Testing and Maintenance of The Maintenance Supervisor scheduled Water-Based Fire Protection Systems (1999) the quarterly sprinkler system inspection edition), specific findings include; documentation on 7/7/2016. indicated failure to demonstrate inspection, testing and maintenance in accordance with How the facility will identify other residents having the potential to be affected by the NFPA 25 1-4.2. 42 CFR 483.70 (a) same deficient practice: All residents presiding in the facility have Based on observations, on 7/7/16 at the potential of being affected by this approximately 11 AM onward, the following alleged deficient practice. deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings What systems will be put into place or include: The last sprinkler inspection was what systemic changes the facility will completed in January 2016. Less than the make to ensure that the deficient practice quarterly inspections required. does not recur: The Maintenance Supervisor will provide Reference NFPA 101, 19.7.6, 4.6.12, NFPA 13, the Administrator will a yearly schedule NFPA 25, 9,7,5 indicating the months that the quarterly Required automatic sprinkler systems are inspections are due for the sprinkler continuously maintained in reliable operating system. condition and are inspected and tested The Maintenance Supervisor was counseled on the importance of following periodically the requirements for quarterly inspections This deficiency affected all smoke compartments. of the sprinkler system by the Failure to comply with minimum standards as Administrator on 7/7/2016. referenced increases the risk of death or injury due to fire and/or smoke. How the facility plans to monitor its performance to make sure that solutions are sustained: This plan will be implemented and the corrective action evaluated for its effectiveness. This plan of correction will be integrated into the quality assurance and performance improvement process. The Maintenance Supervisor will review

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		345181	B. WING		07/07/2016		
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / GREENVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2578 WEST 5TH STREET GREENVILLE, NC 27834				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)				LD BE COMPLETION		
K 062			K 06	the sprinkler system inspection sch monthly and provide a scheduled d sprinkler system inspections quarte	ate for erly.		
K 067 SS=D	Heating, ventilating, a with the provisions of in accordance with the specifications. 19.5 19.5.2.2 This STANDARD is 42 CFR 483.70 (a) Based on observation approximately 11 AM deficiencies were not Ventilating, and Air C was non-compliant, sair conditioning was in urses station. Discit that the compressor and bids had been conceptly with the provinstalled in accordance specifications This deficiency affect nine smoke comparts Failure to comply with the province of the comply with the province of the comparts of the com	not met as evidenced by: ns, on 7/7/16 at l onward, the following ted: The Heating, conditioning (HVAC) system specific findings include: The not functioning at the west ussion with staff indicated was in need of replacement bllected. , 19.5.2.1, 9.2, NFPA 90A, ntilating, and air conditioning disions of section 9.2 and are the with the manufacturer's seed one of approximately ments. In minimum standards as the risk of death or injury	K 06	How corrective actions will be accomplished for those residents for the affected by the deficient practice. A qualified Heating, Ventilating, and Conditioning company was contract install new compressor for the air conditioning unit on the west nurse station by the Maintenance Directo 7/8/2016. How the facility will identify other reshaving the potential to be affected I same deficient practice. All residents residing in the facility of the potential to be affected by this adeficient practice. What measures will be put into place what systemic changes the facility of make to ensure that the deficient practice in the compressor on the west nurse station air conditioner was replaced 7/22/2016 by a qualified HVAC con All other air conditioning units were checked by the Maintenance Supel and are functioning properly.	d Air ted to s r on esidents by the have alleged ce or will ractice s d on hpany.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		345181	B. WING _			07/	07/2016
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / GREENVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 2578 WEST 5TH STREET GREENVILLE, NC 27834				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE
K 067	Continued From page	4	KO	The Maintenance Supervise the maintenance repair book reported problems with HV/seek prompt resolution for problems. How the facility plans to make sure are sustained: This plan will be implement corrective action evaluated effectiveness. This plan of be integrated into the quality and performance improvem. The Maintenance Supervise any identified issues with He the Administrator for prompand report trends during the meeting for 90 days, then equarters.	ok daily for a AC units and any identified onitor its that solution ted and the for its correction was used to see the system or will report IVAC system of tresolution to monthly Quently Que	any d d ed ns vill e t n to	