

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345548	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BLDG 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER ASHTON PLACE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5533 BURLINGTON ROAD MCLEANSVILLE, NC 27301
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(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
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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 New Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count = 134 Census = 117	K 000		
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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 impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 6/7/16 at approximately 10 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. Reference NFPA 101 19.7.6, 4.6.12, NFPA 13,	K 061	1. Upon disclosure of the concern through the Life Safety survey process, the maintenance director identified that the facility's dry sprinkler system has not had an internal inspection within the last 5 years. The maintenance director has already requested proposals from 3 separate contractors for this inspection prior to this deficiency being cited. The maintenance director has contacted American Fire & Equipment to repropose	7/4/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/22/2016
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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 061	<p>Continued From page 1</p> <p>NFPA 25, 9.7.2.1 NFPA 13 "...distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system."</p> <p>NFPA 9.7.2.1 "...supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system...Supervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.</p> <p>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.</p>	K 061	<p>the estimate previously submitted. With the updated proposal given, the 5 year internal sprinkler inspection has been scheduled to be conducted by American Fire & Equipment on June 30, 2016. Any repairs or service found to be needed during this inspection will be authorized to be completed immediately.</p> <p>Upon disclosure of the concern through the Life Safety survey process, the maintenance director identified that sprinkler tamper supervisory signal has been set to be silencable except by reoping/restoration of the valve.</p> <p>2. Upon disclosure of the concern identified in the statement of the deficiency, no other required inspections or service to the facility's dry sprinkler system pertaining to this specific tag were found to be out of compliance.</p> <p>3. The maintenance director or designee will store the 5 year sprinkler inspection records and any required repair or service pertaining to this inspection on site and continue to ensure that all required routine inspections and service to the facility dry sprinkler system is completed.</p> <p>The maintenance director or designee will ensure that all sprinkler system supervisory signals will continue to not be silencable permanently except by reopning/restoration of the valve.</p> <p>4. Results of the findings will be evaluated and reported monthly to the Quality Assurance Committee by the</p>		

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K 061	Continued From page 2	K 061	maintenance director or designee. The Quality Assurance Committee will review for trends and compliance results. The Quality Assurance Committee will determine if the continuation of monitoring or any other actions are needed as a result of continued compliance.	
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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)</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 1/26/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The emergency generator was non-compliant, specific findings include: The emergency generator located on the exterior of the building has no remote manual stop switch located outside and away from the generator set location for use in case of an emergency.</p> <p>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.</p> <p>This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury</p>	K 144	<p>1. Upon disclosure of the concern through the Life Safety survey process, the maintenance director identified that the facility's emergency generator does not have an remote emergency stop button installed that is mounted away generator. The maintenance director has requested a proposal for installation of this remote emergency stop button from the electrical contractor, Salem Electric. Once the proposal was given by the contractor, the installation of the remote emergency stop button is scheduled to be completed on June 22, 2016. The maintenance director ordered a notification sign for this emergency stop button on June 13, 2016. This sign will be placed in close vicinity to the emergency stop button after installation is complete.</p> <p>2. Upon disclosure of the concern identified in the statement of the deficiency, no other required service to</p>	6/24/16

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

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K 144	Continued From page 3 due to fire and/or smoke.	K 144	<p>the facility's emergency generator pertaining to this specific tag was found to be out of compliance.</p> <p>3. The maintenance director or designee will store the records of the installation of the facility generator emergency stop button on site. The maintenance director or designee will further continue to ensure that the facility emergency generator meets all compliances set forth pertaining to this Life Safety Code.</p> <p>4. Results of the findings will be evaluated and reported monthly to the Quality Assurance Committee by the maintenance director or designee. The Quality Assurance Committee will review for trends and compliance results. The Quality Assurance Committee will determine if the continuation of monitoring or any other actions are needed as a result of continued compliance.</p>		