

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345255	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2016
NAME OF PROVIDER OR SUPPLIER CAROLINA CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 111 HARRILSON STREET CHERRYVILLE, NC 28021	
(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 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(211) construction, one story, with a complete automatic sprinkler system. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count 107 Census 97 The deficiencies determined during the survey are as follows:	K 000		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture will not leave the area in darkness. Lighting system shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8, 7.8 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 05/25/2016 at approximately 1:00 PM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: the exit discharge light fixture located on outside of building by MDS office had only one single bulb light fixture. Therefore if this bulb fails, the area will be left in darkness. (less than the required 0.2 ft-candle illumination level)	K 045	Carolina Care Center provides lighting system in continuous or automatic illumination to illuminate means of egress. Corrective action for alleged deficient practice was corrected by addition of exit light fixture outside of MDS office exit which is connected to emergency circuit. Fixture was ordered 5-31-16 and was installed 6-8-16. All other exit lights were inspected during	7/9/16

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

TITLE

(X6) DATE

Electronically Signed

06/08/2016

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 045	Continued From page 1 2000 NFPA 101, Sections 19.2.8/ 7.8.1.4 This deficiency affected exit by MDS office. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 045	survey and all exits had appropriate lighting to assure no residents were affected by alleged deficient practice. Measures put into place to ensure alleged deficient practice does not recur include daily inspection of exit lights by maintenance staff with security door audit and results submitted to Administrator for review. Monitors put into place to ensure alleged deficient practice does not recur include daily inspection audit submitted to Quality Assurance and Assesment each month for one year to identify problems noted and evaluate effectiveness of plan.	
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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) This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 05/25/2016 at approximately 1:00 PM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: All generators. A. Weekly electrolyte testing was not documented. B. Documentation review revealed monthly load test was conducted without recording percent rated load or minimum exhaust gas temperature.	K 144	Carolina Care Center ensures generators are inspected weekly and under load for test 30 minutes per month. Corrective action for alleged deficient practice was corrected by contacting vendor of generators to inspect all generators for proper functioning and to schedule load bank test on 5-31-16. Load bank test has been scheduled with vendor for 6-22-16. Load bank test will be conducted on an annual basis.	7/9/16

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K 144	<p>Continued From page 2</p> <p>A load bank test had not been completed within the past year.</p> <p>Reference 1999 NFPA 110 6-3.6 Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects.</p> <p>Reference 1999 NFPA 110 A-6-3.6, NFPA 70, National Electrical Code, Section 700-4(c) Maintenance of batteries should include checking and recording the value of the specific gravity.</p> <p>NFPA 99 3-4.4.2 Record keeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating</p> <p>(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPPS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. (load</p>	K 144	<p>All other life safety issues having potential to affect residents will be identified to ensure no residents were affected by alleged deficient practice by weekly testing of generators documented. 6-3-16</p> <p>Measures put into place to ensure alleged deficient practice does not recur include: Generators are tested automatically each week. Documentation of weekly battery amperage testing initiated 6-3-16 and completed by maintenance department with results submitted to Administrator.</p> <p>Weekly testing of batteries cannot be completed due to facility uses sealed batteries(maintenance-free)according to manufacturer's specifications. Enunciator panel at nursing desks will continue to alert battery trouble with audible signal and will continue to be reported to maintenance immediately.</p> <p>Monitors put into place to ensure deficient practice does not recur include documentation for weekly amperage testing and annual load test will be documented by maintenance staff and submitted to Quality Assurance and Assessment Committee monthly to identify any problems noted and evaluate effectiveness of plan for a period of one year.</p>	

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

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K 144	Continued From page 3 bank testing) This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144			