PRINTED: 02/14/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 24-BEDROOM & THERAPY SUITE ADDITION		(X3) DATE SURVEY COMPLETED		
		345255 B. WI		s. WING		05/25/2016	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CAROLINA CARE CENTER				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 PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI DEFICIENCY)			(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS		K 000				
K 018 SS=D	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(211) construction, one story, with a complete automatic sprinkler system and utilizing special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. The new addition is for private rooms and new Therapy area. This addition is not a bed increase. At time of survey the: Total Certified Bed Count =107 Census =97 The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches shall be prohibited. 18.3.6.3 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		K 000		Carolina Care ensures doors protectin corridor openings are constructed to prevent passage of fire and/or smoke.	9	7/9/16
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	I		TITLE		(X6) DATE

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

06/08/2016

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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 02 - 24-BEDROOM & THERAPY SUITE ADDITION 345255 B. WING 05/25/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 HARRILSON STREET **CAROLINA CARE CENTER** CHERRYVILLE, NC 28021 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (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 018 | Continued From page 1 K 018 deficiencies were noted: The standard was Corrective action for alleged deficient non-compliant, specific findings include: residents practice was corrected by contractor rooms doors 312 and 316 that open to corridor contacted on 5-25-16 to inspect and will not resist the passage of smoke(opening at repair/replace doors on rooms 312 and top of frame greater than 1/2 inch). 316 to resist passage of smoke. Contractor inspected doors 6-3-16. 2000 NFPA 101, 18,3,6,3,1 Contractor scheduled door repairs to be initiated 6-8-16 scheduled to be completed 6-17-16. This deficiency affected new addition only. Failure to comply with minimum standards as All other corridors were inspected during referenced increases the risk of death or injury survey to ensure prevention of smoke due to fire and/or smoke. passage to protect other residents having potential to be affected by alleged deficient practice. Measures put into place to ensure alleged deficient practice does not recur include: weekly door checks for any problems by maintenance department documented and notification of contractor of any problems. Results will be submitted to Administrator. Monitors put into place to ensure alleged deficient practice does not recur include: Weekly door inspections will be submitted to monthly Quality Assurance and Assessment committee to identify problems noted and evaluate for effectiveness of plan for a period of one year. K 038 NFPA 101 LIFE SAFETY CODE STANDARD K 038 7/9/16 SS=F Exit access is so arranged that exits are readily accessible at all times in accordance with 7.1. 18.2.1, 19.2.1 This STANDARD is not met as evidenced by:

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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 02 - 24-BEDROOM & THERAPY SUITE ADDITION 345255 B. WING 05/25/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 HARRILSON STREET **CAROLINA CARE CENTER** CHERRYVILLE, NC 28021 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (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 038 Continued From page 2 K 038 42 CFR 483.70 (a) Carolina Care Center provides exit access to be readily accessible at all Based on observations, on 05/25/2016 at times. approximately 1:00 PM onward, the following deficiencies were noted: The standard was Corrective action for alleged deficient non-compliant, specific findings include: practice was corrected by contacting 1. The emergency release switches (for 2 mag vendor on 6-3-16 to replace existing -locked doors) located at nurse station and at release switch with toggle switches in new each locked exit door were not two-way (on/off) addition. Toggle switches are scheduled switches. The exisiting switches were momentary to be replaced by vendor on 6-9-16 switches and would automatically relock after 15 Signage to identify emergency release seconds. Also switch has to be properly identified switch was placed on day of survey at nurse station. 5-25-16 All other exits in facility were inspected 2000 NFPA 101, 7.2.1.6 during survey to allow exit access for other residents with potential to be affected by alleged deficient practice. All other exits were readily accessible. This deficiency affected new addition. Failure to comply with minimum standards as referenced increases the risk of death or injury Measure put into place to ensure alleged due to fire and/or smoke. deficient practice does not recur include: new unit exits operate properly by replacing switches with toggle scheduled by vendor for installation on 6-9-16. System is tested and documented each month with fire drills and as needed by maintenance and submitted to Administrator. Monitors put into place to ensure alleged deficient practice does not recur include: Test results of mag lock release in new unit switches are submitted to monthly Quality Assurance and Assessment for review for any problems noted and to evaluate effectiveness of plan for a period of one year.

Facility ID: 923063

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CAROLINA CARE CENTER				(CHERRYVILLE, NC 28021			
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