

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345127	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2016
NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - TRYON			STREET ADDRESS, CITY, STATE, ZIP CODE 70 OAK STREET TRYON, NC 28782	
(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 II(222) 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 licensed bed capacity = 100 = 70 NF + 30 AC Total Certified Bed Count 70 NF Census 60 NF	K 000		
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on May 9, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. Exit access door to soiled utility room near Benson Hall nurse's station. Door is equipped with electromagnetic lock, the lock did not release with activation of master on/off switch located at nurse's station. The lock did release with activation of on/off switch located adjacent to the	K 038	Soiled Utility room doors located near Benson Hall Nursing Station and near room 201 will be wired to connect to the master switch located at the closest nursing station. The intermittent switching locking mechanism has been removed on the door of the Soiled Utility room near room 201. Other doors with magnetic locks in facility will be checked to ascertain that they are connected to master switch and disengage properly when switch is off.	6/30/16

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

TITLE

(X6) DATE

Electronically Signed

06/22/2016

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 038	Continued From page 1 door. 2. Exit access door to soiled utility room near room 201 did not release with activation of master on/off switch at nurse's station. The door is equipped with an electromagnetic lock, the lock did release with activation of unacceptable intermittent on/off switch adjacent to door. The door shall be provided with an on/off switch instead of intermittent switching arrangement. NFPA 101, 19.2.1, 7.1, 7-2.1.6 This deficiency affects one of two smoke compartments Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	If magnetic locks are installed on any doors in facility, these locks will be connected to master switch so as to disengage when master switch is turned off. Maintenance will check soiled utility room doors on a monthly basis to make sure the magnetic lock disengages when master switch is off.		
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are	K 051		6/30/16	

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K 051	<p>Continued From page 2</p> <p>sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on May 9, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>Electromagnetic locks did not release during activation of facility fire alarm system by smoke detection system in the following areas:</p> <ol style="list-style-type: none"> Exit access door to soiled utility room near Benson Hall nurse's station. Exit access door to soiled utility room near room 201. <p>Note: The locks did release with loss of power, and activation of on/off switch beside doors.</p> <p>NFPA 101, 19.3.4, 9.6, 7.2.1.6</p> <p>This deficiency affects one of two smoke compartments</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 051	<p>Magnetic locks on soiled utility room doors located near the Benson Hall Nurses' Station and room 201 will be wired to fire alarm system so as to release when alarm is activated.</p> <p>Maintenance will check other doors with magnetic locks to insure that they release properly.</p> <p>If magnetic locks are installed on other doors in the facility, they will be connected to fire alarm system.</p> <p>During fire drills, personnel will check doors and document on the comment section of the fire drill report that they have released.</p>		
K 064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers shall be installed,</p>	K 064		6/30/16	

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K 064	Continued From page 3 inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on May 9, 2016 at approximately 10:00 AM onward, the following deficiency was noted: The standard is non-compliant, specific findings include: There is no fire extinguisher placard mounted near the K-type fire extinguisher in the kitchen area. NFPA 101, 19.3.5.6, 9.7.4.1, NFPA 96, 7-2.1.1, NFPA 10, 2-3.2.1 This deficiency affects one of two smoke compartments Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 064	Maintenance will obtain a fire extinguisher placard from Sentry Fire Extinguisher Service and mount near the K-type fire extinguisher in the kitchen. Maintenance will survey building for any other K-type extinguishers and, if found, mount placards near them. Maintenance will make sure placard is in place when inspecting fire extinguishers each month and replace if missing. Maintenance will maintain in their files extra placards.		
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 May 9, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is	K 144	Generator Services, Inc. has been scheduled to inspect the annunciator panel and correct this deficiency so that the visual indicator will show activation of the generator.	6/30/16	

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K 144	Continued From page 4 non-compliant, specific findings include: 1. The generator annunciator panel did not read EPS supplying load during test of the emergency power supply system. The automatic transfer switch was observed in emergency mode with no corresponding visual indicator activated beside EPS supplying load indicator at main front entrance nurse's station. 2. There were no documents showing specific gravity checks for emergency generator battery cells. NFPA 101, 9.1.2, NFPA 99, NFPA 110 Chapter 6 This deficiency potentially affects all smoke compartments Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144	During weekly generator activation tests, maintenance will check the annunciator panel to see that it is properly displaying information and will document this on the log. Maintenance will record specific gravity check monthly on generator battery check log. Device for checking specific gravity has been ordered. Maintenance will consult with Generator Services, Inc. to see if there are other items which should be check on generator and if so, put a system into place to do so. Logs of generator checks will submitted to the Quality Improvement Committee (SWIPE) on a monthly basis for 3 months.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on May 9, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: The required emergency light fixture in soiled utility room, across hall from room 201, is connected to the normal power distribution panel;	K 147	The light in the soiled utility room near room 201 will be wired to the emergency panel. Maintenance will check other areas of the building to ascertain if there are other lights that should be on the emergency panel rather than on the normal power distribution.	6/30/16	

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

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K 147	Continued From page 5 Panel A, instead of emergency panel(EM). The exit access door to the referenced room is equipped with an electromagnetic locking device. NFPA 101, 19.9.1, 9-1.2 This deficiency affects one of two smoke compartments Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	Maintenance will check to see that light remains on when power is disrupted and report any problems or corrections to the Quality Improvement Committee (SWIPE).		