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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION 6 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
345127			B. WING		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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			
K 000	INITIAL COMMENTS		K 00	00			
K 038 SS=F	at 42CFR 483.70(a); Health Care section publications. This bu construction, one sto automatic sprinkler s locking. In the exit conoted were discusse administration.  At time of survey the = 70 NF + 30 AC Total Certified Bed Consus 60 NF  The deficiencies deteare as follows: NFPA 101 LIFE SAF  Exit access is arrang accessible at all time 7.1. 19.2.1 This STANDARD is 42 CFR 483.70 (a)  Based on observation approximately 10:00 deficiencies were no non-compliant, special section of the section of manurse's station. The lactivation of on/off sections are section of the secti	e Code of Federal Register using the 2000 Existing of the LSC and its referenced ilding is Type II(222) ry, with a complete ystem and using special onference all deficiencies d and acknowledged with  licensed bed capacity = 100  Count 70 NF  ermined during the survey  ETY CODE STANDARD  ed so that exits are readily s in accordance with section  not met as evidenced by:  ns, on May 9, 2016 at AM onward, the following ted: The standard is fic findings include:  o soiled utility room near station. Door is equipped lock, the lock did not release ster on/off switch located at ock did release with witch located adjacent to the	K 03	Soiled Utility room doors located near Benson Hall Nursing Station and near room 201 will be rewired to connect to master switch located at the closest nursing station. The intermittent switch locking mechanism has been removed the door of the Soiled Utility room near room 201.  Other doors with magnetic locks in fac will be checked to ascertain that they a connected to master switch and disengage properly when switch is off.	ning I on ility are		
ABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE	(X6) DATE		

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

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.

**Electronically Signed** 

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	MULTIPLE CONSTRUCTION  JILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		345127	B. WING _			06/	09/2016	
NAME OF PROVIDER OR SUPPLIER  WHITE OAK MANOR - TRYON				STREET ADDRESS 70 OAK STREET TRYON, NC 287	S, CITY, STATE, ZIP CODE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACI	ROVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
K 038 K 051 SS=F	room 201 did not rele on/off switch at nurse equipped with an elect did release with activation intermittent on/off swit door shall be provided instead of intermittent NFPA 101, 19.2.1, 7.7.  This deficiency affects compartments  Failure to comply with referenced increases due to fire and/or smo NFPA 101 LIFE SAFE A fire alarm system is components approve accordance with NFP and NFPA 72, National provide effective warm building. Fire alarm stransmission paths ar Initiation of the fire alarm shall alarm boxes are gress near each required at exits if mallocated at all nurse's notification is provided.	e soiled utility room near ase with activation of master 's station. The door is ctromagnetic lock, the lock ation of unacceptable tch adjacent to door. The d with an on/off switch it switching arrangement.  1, 7-2.1.6  Is one of two smoke  In minimum standards as the risk of death or injury oke.  ETY CODE STANDARD  Installed with systems and d for the purpose in A 70, National Electric Code al Fire Alarm Code to hing of fire in any part of the system wiring or other the monitored for integrity. For arm system is by manual equired sprinkler system are provided in the path of uired exit. Manual alarm bing areas shall not be unual alarm boxes are	K 0.	If magnetic doors in factorinected disengage off.  Maintenance doors on a the magnet master swit	locks are installed on any cility, these locks will be to master switch so as to when master switch is turned by the ce will check soiled utility romonthly basis to make sure tic lock disengages when the tic off.	om	6/30/16	

,		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
<b>345127</b> B. WING				06/09/2016		
NAME OF PROVIDER OR SUPPLIER  WHITE OAK MANOR - TRYON			STREET ADDRESS, CITY, STATE, ZIP ( 70 OAK STREET TRYON, NC 28782	CODE		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	( (EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
sufficient. The fire alsa alarm automatically to the event of fire. The activates required correcords are maintained 18.3.4, 19.3.4, 9.6. This STANDARD is referenced increases due to fire and activation of facility find deficiencies were not non-compliant, specific detection system in the system of the system	arm system transmits the onotify emergency forces in fire alarm automatically introl functions. System ed and readily available.  In the standard is fire findings include:  It is did not release during re alarm system by smoke the following areas:  It is soiled utility room near station.  It is soiled utility room near station.  It is soiled utility room near station.  It is soiled doors.  It is one of two smoke  It is minimum standards as the risk of death or injury oke.		Magnetic locks on soiled of doors located near the Bel Nurses' Station and room wired to fire alarm system when alarm is activated.  Maintenance will check off magnetic locks to insure the properly.  If magnetic locks are instated doors in the facility, they we to fire alarm system.  During fire drills, personned doors and document on the section of the fire drill report have released.	nson Hall 201 will be so as to release her doors with hat they release lled on other fill be connected I will check e comment	6/30/16	
Portable fire extinguis	shers shall be installed,					
	CORRECTION  ROVIDER OR SUPPLIER  SUMMARY ST.  (EACH DEFICIENC REGULATORY OR I  Continued From page sufficient. The fire als alarm automatically to the event of fire. The activates required correcords are maintaine 18.3.4, 19.3.4, 9.6  This STANDARD is in 42 CFR 483.70 (a)  Based on observation approximately 10:00 deficiencies were not non-compliant, specific Electromagnetic locks activation of facility find detection system in the system of the s	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2 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)  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:  Electromagnetic locks did not release during activation of facility fire alarm system by smoke detection system in the following areas:  1. Exit access door to soiled utility room near Benson Hall nurse's station.  2. Exit access door to soiled utility room near room 201.  Note: The locks did release with loss of power, and activation of on/off switch beside doors.  NFPA 101, 19.3.4, 9.6, 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.	ROVIDER OR SUPPLIER  IX MANOR - TRYON  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  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)  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:  Electromagnetic locks did not release during activation of facility fire alarm system by smoke detection system in the following areas:  1. Exit access door to soiled utility room near Benson Hall nurse's station.  2. Exit access door to soiled utility room near room 201.  Note: The locks did release with loss of power, and activation of on/off switch beside doors.  NFPA 101, 19.3.4, 9.6, 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.  NFPA 101 LIFE SAFETY CODE STANDARD  K 0	ROWDER OR SUPPLIER  A BUILDING 01 - MAIN BUILDING 01  B. WING  STREET ADDRESS, CITY. STATE, ZIP 07  TO AAK STREET  TRYON, NC 28782  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 2  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)  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:  Electromagnetic locks did not release during activation of facility fire alarm system by smoke detection system in the following areas:  1. Exit access door to soiled utility room near Benson Hall nurse's station.  2. Exit access door to soiled utility room near Benson Hall nurse's station.  2. Exit access door to soiled utility room near coom 201.  Note: The locks did release with loss of power, and activation of on/off switch beside doors.  NFPA 101, 19.3.4, 9.6, 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.  NFPA 101 LIFE SAFETY CODE STANDARD  K 051  STREET ADDRESS, CITY. STATE, 2PP 70 OAA STREET  TRYON, NC 28782  STREET ADDRESS, CITY. STATE, 2PP 70 OAA STREET  TRYON, NC 28782  STREET ADDRESS, CITY. STATE, 2PP 70 OAA STREET  TRYON, NC 28782   STREET ADDRESS, CITY. STATE, 2PP 70 OAA STREET  TRYON, NC 28782  STANDARD  K 051  STREET ADDRESS, CITY. STATE, 2PP 70 OAA STREET  TRYON, NC 28782  FREFIX  TAG  PROVIDENT STADA  Magnetic locks on soiled of doors on soiled of doors locked in doors on idea of doors locked of doors locked of doors in the facility, they we to fire alarm system.  During fire drills, personne doors and docu	A BUILDING 01 - MAIN BUILDING 01  345127  345127  SITRETADDRESS, CITY, STATE, ZIP CODE 70 OAK STREET TRYON, NC 28782  SUMMARY STATEMENT OF DERICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  SUMMINED STANDARD IS NOT THE APPROPRIATE DEFICIENCY  Continued From page 2  SUMMINED STANDARD IS NOT THE APPROPRIATE DEFICIENCY  Continued From page 2  SUMMINED STANDARD IS NOT THE APPROPRIATE DEFICIENCY  Continued From page 2  SUMMINED STANDARD IS NOT THE APPROPRIATE DEFICIENCY  CONTINUED THE APPROPRIATE DEFICIENCY  K 051  K 051  Magnetic locks on solied utility room doors located near the Benson Hall Nurses' Station and room 201 will be wired to fire alarm systems as as to release when alarm is activated.  Maintenance will check other doors with magnetic locks to insure that they release properly.  If magnetic locks are installed on other doors and document on the comment section of the fire drill report that they have released.  L Exit access door to soiled utility room near room 201.  Note: The locks did release with loss of power, and activation of on/off switch beside doors.  NFPA 101, 19.3.4, 9.6, 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.  NFPA 101 LIFE SAFETY CODE STANDARD  K 054	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		<b>345127</b> B. WING		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 PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		_	(X5) COMPLETION DATE
K 064	inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA		K 06	4		
	42 CFR 483.70 (a)  Based on observation approximately 10:00 // deficiency was noted: non-compliant, specification of the exting near the K-type fire exarea.  NFPA 101, 19.3.5.6, 9 NFPA 10, 2-3.2.1  This deficiency affects compartments  Failure to comply with	ic findings include: uisher placard mounted ktinguisher in the kitchen 9.7.4.1, NFPA 96, 7-2.1.1,		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 an other K-type extinguishers and, if found mount placards near them.  Maintenance will make sure placard is place when inspecting fire extinguisher each month and replace if missing. Maintenance will maintain in their files extra placards.	y i,	
K 144 SS=E	due to fire and/or smo NFPA 101 LIFE SAFE Generators inspected under load for 30 min in accordance with NI 3-4.4.1 and 8-4.2 (NF 110) This STANDARD is r 42 CFR 483.70 (a)	weekly and exercised utes per month and shall be FPA 99 and NFPA 110. PA 99), Chapter 6 (NFPA not met as evidenced by:	K 14	Generator Services, Inc. has been scheduled to inspect the annunciator panel and correct this deficiency so that the visual indicator will show activation the generator.	ıt	/30/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		345127	B. WING		06/09/2016	
NAME OF PROVIDER OR SUPPLIER  WHITE OAK MANOR - TRYON  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	STREET ADDRESS, CITY, STATE, ZIP CODE  70 OAK STREET  TRYON, NC 28782  PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
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.		K 14	During weekly generator activation tess maintenance will check the annunciated panel to see that it is properly displayir information and will document this on t log.  Maintenance will record specific gravity check monthly on generator battery ch log. Device for checking specific gravithas been ordered.  Maintenance will consult with Generate Services, Inc. to see if there are other	r g he / eck ty	
K 147	This deficiency potent compartments  Failure to comply with referenced increases due to fire and/or smo	PA 99, NFPA 110 Chapter 6 tially affects all smoke minimum standards as the risk of death or injury oke. ETY CODE STANDARD	K 14	items which should be check on generand if so, put a system into place to do  Logs of generator checks will submittee the Quality Improvement Committee (SWIPE) on a monthly basis for 3 mon	so. d to	
SS=D	Electrical wiring and e accordance with Natio (NFPA 99) 18.9.1, 19. This STANDARD is r 42 CFR 483.70 (a)  Based on observation approximately 10:00 a deficiencies were not non-compliant, specif	equipment shall be in onal Electrical Code. 9-1.2 9.1 not met as evidenced by:  as, on May 9, 2016 at AM onward, the following ed: The standard is ic findings include:  as on May 9, 2016 at AM onward, the following ed: The standard is ic findings include:		The light in the soiled utility room near room 201 will be wired to the emergent panel.  Maintenance will check other areas of building to ascertain if there are other lights that should be on the emergency panel rather than on the normal power distribution.	cy the	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG <b>01 - MAIN BUILDING 01</b>		(X3) DATE SURVEY COMPLETED	
		345127	B. WING _			6/09/2016	
NAME OF PROVIDER OR SUPPLIER			•	STREET ADDRESS, CITY, STATE, ZIP CO			
WHITE OA	AK MANOR - TRYON			70 OAK STREET TRYON, NC 28782			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
K 147	7   Continued From page 5		K 1	47			
	exit access door to th	stromagnetic locking device.		Maintenance will check to s remains on when power is or report any problems or corrupted Quality Improvement Comm (SWIPE).	disrupted and ections to the		
	This deficiency affects compartments			(OWII L).			
		n minimum standards as the risk of death or injury oke.					