STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345198	A. BUILDING **01 - MAIN BUILDING 0102** B. WING _____	**05/26/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTON PARK HEALTH CARE CENTER	**380 BREVARD ROAD** **ASHEVILLE, NC 28806**

(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 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 = 139 = 120 NF + 19 AC Total Certified Bed Count = 120 NF Census = 112 The deficiencies determined during the survey are as follows:	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on May 24, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is a hole in the rated roof/ceiling assembly beside pendent sprinkler - located in medication preparation room at central nurse's station. NFPA 101, 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012	Aston Park Health Care Center□s Response to this statement of Deficiencies and plan of correction Does not denote agreement with the statement of deficiencies not does it constitute an admission that any deficiency is accurate. Further, Aston Park Health care Center understands its right to refute any deficiency on this statement of deficiencies through informal dispute resolution, formal appeal and/or other administrative or legal procedures.	6/7/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/08/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 012	Continued From page 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 012	KO12: Corrective Action: The hole in the rated roof/ceiling assembly beside pendant sprinkler-located in medication preparation room at the central nurses station was repaired/filled with fire caulk Identification of other potential problems: Maintenance staff did a visual inspection of all the sprinkler pendants in the building to assure compliance. Systematic Changes: Periodic checks will be conducted by the Operations Manager to identify any areas of concern around the sprinkler pendants. Quality Assurance: QA Committee consisting of at least Administrator, DON, and Medical Director will monitor and follow through to assure that this issue has been resolved.	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. 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 a means suitable for keeping the	K 018		6/7/16

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K 018	Continued From page 2 door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on May 24, 2016 at approximately 8:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: Door to resident room 322 would not latch in the closed position. NFPA 101, 19.3.6.3 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 018	KO18: Corrective Action: Door to resident room 322 was repaired immediately upon surveyor□'s notification of it not latching properly. Identification of other potential problems: All resident room doors were check by maintenance staff to assure they latched properly when closed. Systematic Changes: Operations Manager will assure periodic checks of resident doors are made by Maintenance staff to assure they are latching properly when closed. Quality Assurance: QA Committee consisting of at least Administrator, DON, and Medical Director will monitor and follow through to assure that this issue has been resolved.	