

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345156	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2016
NAME OF PROVIDER OR SUPPLIER HARMONY HALL NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 312 WARREN AVENUE KINSTON, NC 28502	
(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 A 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. In the exit conference all deficiencies noted were discussed with administration. Stories: 3 Construction Type II (222) Constructed: 5/12/1976 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 182 Census - 111	K 000		
K 018 SS=E	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 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	K 018		6/15/16

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

TITLE

(X6) DATE

Electronically Signed

05/20/2016

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 018	<p>Continued From page 1</p> <p>CMS regulations in all health care facilities. 19.3.6.3</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Tuesday 5/3/2016 at approximately 9:00AM onward, the following deficiencies were noted: The corridor doors are non-compliant. Specific findings includes:</p> <ol style="list-style-type: none"> 1. Observation during the building inspection tour revealed the corridor door to Resident Rooms Door 2324 had a gap greater than a half (1/2) inch off of the door stop. The doors would not resist the passage of smoke. 2. Based on observation corridor doors 3421 and 3417 are damaged and not maintained in good condition. <p>NFPA 101, 19.3.6.3.1. 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 1-3/4 in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke.</p> <p>Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.</p> <p>S&C Letter 07-18- Permitted Gaps in Corridor Doors and Doors in Smoke Barriers</p> <p>This deficiency affected two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury</p>	K 018	<p>Harmony Hall Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Harmony Hall's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies, nor does it constitute an admission that any deficiency is accurate. Further, Harmony Hall reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceedings.</p> <p>The door to room 2324 that had a gap greater than > 1/2 inch off of door stop was repaired by support services on 5/18/2016. The door was repaired by placing a metal strip in the door facing to resist passage of smoke. Damaged doors to rooms 3421 and 3417 will be replaced to resist passage of smoke. One hundred percent audit of resident room doors will be inspected by the maintenance supervisor to ensure proper closure to resist passage of smoke. Results of audit will be reported to administrator if any doors are</p>	

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K 018	Continued From page 2 due to fire and/or smoke.	K 018	non-compliant. QI audits on doors will be done once monthly for three months to ensure resident room doors are closing properly to prevent passage of smoke. Doors that do not resist passage of smoke will be replaced or repaired by the maintenance supervisor or support services.		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: Based on observations, on Tuesday 5/3/2016 at approximately 9:00AM onward, the following deficiencies were noted: The smoke walls were non-compliant. Specific findings included. 1. The smoke walls located on 3rd floor at rooms 3519 and 3522 have holes and/or penetrations that were not sealed in accordance with an approved fire rated assemble in order to maintain the fire resistance rating of the wall. There are multiple cable and conduit penetrations in the walls that are not sealed in accordance with an approved and listed fire stop assembly and/or fire stop assembly method. 2000 NFPA 101 Section 5.7 Maintenance. Whenever or wherever any device, equipment,	K 025	Smoke walls located on third floor, at rooms 3519 and 3522 that had holes have been sealed by support services with mortar, brick, and approved fire rated caulking. Completed 5/13/16. The cable and conduit identified during survey has been sealed with approved fire rated caulking by support services. Completed 5/13/16. The maintenance supervisor will conduct a one hundred percent audit on any penetrations that have not been sealed with an approved fire stopping material. Findings of audit will be reported to administrator. Any smoke walls that have been penetrated will be repaired by the maintenance supervisor or support services.	6/15/16	

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K 025	<p>Continued From page 3</p> <p>system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance.</p> <p>2000 NFPA 101, 8.3.2* Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof. Such barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces.</p> <p>Exception: A smoke barrier required for an occupied space below an interstitial space shall not be required to extend through the interstitial space, provided that the construction assembly forming the bottom of the interstitial space provides resistance to the passage of smoke equal to that provided by the smoke barrier.</p> <p>2000 NFPA 101 Section 19.3.7.3, 8.3.6.1 NFPA 101, 8.3.6.1. Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows:</p> <p>1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>2) Where the penetrating item uses a sleeve to</p>	K 025	<p>QI audit will be done monthly to ensure any construction work done involving penetration of smoke walls will be inspected by maintenance supervisor to ensure compliance with Life Safety regulations.</p> <p>As result of the audit the administrator will be notified of any smoke walls that have been penetrated and will be repaired by the maintenance supervisor or support services.</p>		

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K 025	Continued From page 4 penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. 3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose. This deficiency affected 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 025			
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 0 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations, on Tuesday 5/3/2016 at approximately 9:00AM onward, the following	K 029	The wall in the milk storage room was repaired with mortar and cement board by	6/15/16	

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K 029	Continued From page 5 deficiencies were noted: The storage areas were non-compliant. Specific findings included. 1. The wall in the Milk Storage room located next to the around the HVAC unit was sealed in order to maintain the required rating of the wall. 2. The TV Room/Parkside Dining Room is used for storage and was not equipped with a self-closing device. NFPA 101, 19.3.2.1 Doors are self-closing. NFPA 101, 8.2.4.4.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through smoke partitions shall be protected as follows: (1) The space between the penetrating item and the smoke partition shall meet one of the following conditions: a. It shall be filled with a material that is capable of limiting the transfer of smoke. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the smoke partition, the sleeve shall be solidly set in the smoke partition, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of limiting the transfer of smoke. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibrations into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke partitions. b. It shall be made by an approved device that is designed for the specific purpose.	K 029	support services. Also sealed around HVAC unit with an approved fire stopping material. The maintenance supervisor will identify and seal with an approved fire stopping material any holes that penetrate smoke walls thru out the facility. QI audit will be done monthly for three months by Maintenance Supervisor to identify smoke walls that have been penetrated. If any are found he will repair with a approved fire stopping material and notify the Administrator. The tv room/park side dining room that is currently being used as storage has been equipped with a self-closing device on the door. Completed 05/05/2016. one hundred percent audit will be done by Maintenance Supervisor of all rooms in facility to determine if the room is being used as a storage room. If the room is being used as a storage room he will equip the door with a self closing device and notify the Administrator. QI audit will be done once monthly for three months by Maintenance Supervisor to insure all storage room doors have self closing devices. if audits identifies any storage room door without a self closing device one will be installed by Maintenance Supervisor and Administrator notified.	

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K 029	Continued From page 6 This deficiency affected 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 029			
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: Based on observations, on Tuesday 5/3/2016 at approximately 9:00AM onward, the following deficiencies were noted: 1. Staff when questioned about the magnetically locked exited doors they were not familiar on how to release the doors with the master override switch located at the nurse station and/or at the door in case of an emergency. NFPA 101: 7.2.1.6	K 038	One hundred percent of staff will be in-serviced on location and how to operate master override switch located at each nurses station and /or at the door in case of an emergency. In-servicing will be done by the SDC,DON and Supervisor. QI audits will be done on random shifts five times a week times two weeks then two times a week for two weeks. These audits will be done by SDC/QI nurse, DON or Supervisor. Employees that give an incorrect answer to audit questions will receive retraining by SDC/QI Nurse, DON or Supervisor. Administrator will be notified of audits.	5/25/16	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by:	K 052		5/4/16	

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K 052	<p>Continued From page 7</p> <p>Based on observations, on Tuesday 5/3/2016 at approximately 9:00AM onward, the following deficiencies were noted: The Fire alarm panel was non-compliant. Specific findings includes.</p> <p>1. When testing the sprinkler system tamper alarm supervisory signals the system sent a general fire alarm signal to the monitoring company and resulting in the Fire Department being dispatched. The Fire Alarm Control Panel (FACP) provided a supervisory signal at the panel but issued a general fire alarm to monitoring company.</p> <p>This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 052	<p>The fire panel has been reprogrammed by Williams Fire and Sprinkler company to provide a supervisory signal at the panel and to security central. date completed 05/04/2016. QI audit will be done by Maintenance Supervisor once monthly for three months on tamper switches to insure it is reporting supervisory alarm to facility fire panel and security central. if panel fails to report supervisory alarm Administrator will be notified.</p>		