

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345415	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2016
NAME OF PROVIDER OR SUPPLIER PINEVILLE REHABILITATION AND LIVING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	
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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. The facility is utilizing delayed egress locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: Constructed: II (111) Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 106 Census = 91	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 482.41(a) Based on the observations, and staff interviews on 7/13/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the smoke walls inside rooms was non-compliant and the specific items include: The facility had unsealed penetrations in the rated wall assembly in the West side medication room where a wall board containing several cables is installed near the door to the medication room.	K 012	The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be	8/27/16

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

TITLE

(X6) DATE

Electronically Signed

07/29/2016

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 012	Continued From page 1 This area of the wall is open and must be sealed to protect the smoke rating for the room. Ref: 2000 NFPA 101 Section 19.1.6.2, 8.2.3.2.4.2* This deficiency affected one of approximately six smoke zones in the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	corrected by the dates indicated. K012 On July 21, 2016, the facility sealed the penetrations in the rated wall assembly in the West side medication room, thereby protecting the smoke rating for the room on. From July 25, 2016 through July 29, 2016, the facility audited for penetrations in the rated wall assembly in non-hazardous rooms. The facility will complete corrections for the audit's findings by August 27, 2016. Beginning August 1, 2016, the Maintenance Director, or his designee, will audit 5 non-hazardous and/or ancillary rooms two times a week for one month, 5 non-hazardous and/or ancillary rooms one time a week for one month, 5 non-hazardous and/or ancillary rooms two times a month, and then 5 non-hazardous and/or ancillary rooms one time a month for 9 months or until substantial compliance has been met. The audits will be submitted and reviewed during monthly QAPI committee meetings for 12 months or until substantial compliance has been met. The QAPI committee will review trends and make recommendations for further training or systemic changes as needed. The QAPI committee meeting consists of Administrator, Director of Nursing, Medical Director, Pharmacy Consultant, Unit Managers, Maintenance Director,		

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K 012	Continued From page 2	K 012	Medical Record Coordinator, MDS nurses, Social Worker, Marketing Director, Admissions Director, Central Supply Coordinator, Dietary Manager, Housekeeping and Laundry Manager, and Human Resource Coordinator.		
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 482.41(a)</p> <p>Based on the observations, and staff interviews on 7/13/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the one hour rated ceilings in hazardous areas was non-compliant and the specific items include: The facility had unsealed penetrations in the rated ceiling assembly in the laundry department where piping went through the rated ceiling. This area of the ceiling was not protected in accordance with and approved fire rated assembly in order to maintain the fire resistance rating of the ceiling. Ref: 2000 NFPA 101 Section 19.3.2.1, 8.4.1 This deficiency affected one of approximately six smoke zones in the facility. Failure to comply with minimum standards as</p>	K 029	<p>K029</p> <p>On July 21, 2016, the facility sealed the penetrations in the rated ceiling assembly in the laundry department where piping went through the rated ceiling, thereby protecting the fire resistance rating of the ceiling.</p> <p>From July 25, 2016 through July 29, 2016, the facility audited for penetrations in the rated wall assembly in hazardous rooms. The facility will complete corrections for the audit's findings by August 27, 2016.</p> <p>Beginning August 1, 2016, the Maintenance Director, or his designee, will audit 5 hazardous rooms two times a week for one month, 5 hazardous and/or</p>	8/27/16	

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

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K 029	Continued From page 3 referenced increases the risk of death or injury due to fire and/or smoke.	K 029	ancillary rooms one time a week for one month, 5 hazardous rooms two times a month for one month, 5 hazardous rooms one time a month for 9 months or until substantial compliance has been met. The audits will be submitted and reviewed during monthly QAPI committee meetings for 12 months or until substantial compliance has been met. The QAPI committee will review trends and make recommendations for further training or systemic changes as needed. The QAPI committee meeting consists of Administrator, Director of Nursing, Medical Director, Pharmacy Consultant, Unit Managers, Maintenance Director, Medical Record Coordinator, MDS nurses, Social Worker, Marketing Director, Admissions Director, Central Supply Coordinator, Dietary Manager, Housekeeping and Laundry Manager, and Human Resource Coordinator.		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2	K 050		8/27/16	

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K 050	Continued From page 4 This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and documentation review on 7/13/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The facility fire drills being conducted at least quarterly on each shift was found to be non-compliant and the specific items include: During the review of the fire drill records for the past year the facility has less than the required number of fire drills fire drills recorded for the second quarter of 2016. Ref: 2000 NFPA 101 Section 19.7.1.2 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.	K 050	K050 From June 29, 2016 through July 7, 2016, the facility conducted fire alarm drills on all three shifts and in-serviced staff regarding fire safety protocols. On July 25, 2016, the facility audited the system in place for tracking fire drill compliance and maintaining required paperwork that can be accessible to the Administrator, Maintenance Director, and inspectors. The facility will complete corrections for the audit's findings by August 27, 2016. Beginning August 1, 2016, the Administrator, or her designee, will audit the fire drill records one time a week for one month, two times a month for one month, one time a month for 10 months or until substantial compliance has been met. The audits will be submitted and reviewed during monthly QAPI committee meetings for 12 months or until substantial compliance has been met. The QAPI committee will review trends and make recommendations for further training or systemic changes as needed. The QAPI committee meeting consists of Administrator, Director of Nursing, Medical Director, Pharmacy Consultant, Unit Managers, Maintenance Director, Medical Record Coordinator, MDS nurses, Social Worker, Marketing Director, Admissions Director, Central Supply Coordinator, Dietary Manager,	

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K 050	Continued From page 5	K 050	Housekeeping and Laundry Manager, and Human Resource Coordinator.	
K 052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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: 42 CFR 482.41(a)</p> <p>Based on the observations, and documentation review on 7/13/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the fire alarm control panel and its components was non-compliant the specific items include: The facility does not have documentation for a current smoke sensitivity test. The facility contracted vendor last conducted the smoke sensitivity test on 3/5/2014. This test must be conducted every two years after the original certification of the fire alarm system.</p> <p>Ref: 2000 NFPA 101 Section 19.3.4.2*; 9.6.1.7; NFPA 72 Section 10.4.3.2.1 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>K052 On July 18, 2016, the facility contractor conducted the required smoke sensitivity test and inspection. Recommended corrections from inspection report will be completed by August 27, 2016.</p> <p>On July 18, 2016, the facility audited the system in place for tracking smoke sensitive inspection compliance and maintaining required paperwork that can be accessible to the Administrator, Maintenance Director, and inspectors. The facility will complete corrections for the audit's findings by August 27, 2016.</p> <p>Beginning August 1, 2016, the Administrator, or her designee, will audit the smoke sensitivity test and inspection paperwork one time a month for 12 months or until substantial compliance has been met.</p> <p>The audits will be submitted and reviewed during monthly QAPI committee meetings</p>	8/27/16

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K 052	Continued From page 6	K 052	for 12 months or until substantial compliance has been met. The QAPI committee will review trends and make recommendations for further training or systemic changes as needed. The QAPI committee meeting consists of Administrator, Director of Nursing, Medical Director, Pharmacy Consultant, Unit Managers, Maintenance Director, Medical Record Coordinator, MDS nurses, Social Worker, Marketing Director, Admissions Director, Central Supply Coordinator, Dietary Manager, Housekeeping and Laundry Manager, and Human Resource Coordinator.		
K 061 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, and staff interviews on 7/13/2016, at approximately 9:00 AM onward, the following deficiencies were noted:</p> <p>The facility maintenance and inspection of the sprinkler system was non-compliant, specific findings include: The supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel (FACP) could be silenced permanently when the valve</p>	K 061	<p>K061</p> <p>On July 18, 2016, a facility designated contractor corrected the supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel, thereby complying with the requirement that automatic sprinkler supervisory signal shall not be silenced permanently except by reopening/restoration of the valve to the normal operating position.</p> <p>On July 25, 2016, the facility audited the</p>	8/27/16	

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K 061	<p>Continued From page 7</p> <p>was in the closed position in the sprinkler riser room. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve to the normal operating position.</p> <p>This deficiency affects the entire facility.</p> <p>Ref: 2000 NFPA 101 Section 19.7.6; 9.7.2.1</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 061	<p>system in place for complying with the requirement that automatic sprinkler supervisory signal shall not be silenced permanently except by reopening/restoration of the valve to the normal operating position. The facility will complete corrections for the audit's findings by August 27, 2016.</p> <p>Beginning August 1, 2016, the Maintenance Director, or his designee, will audit the supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel one time a week for one month, two times a month for one month, one time a month for 10 months or until substantial compliance has been met.</p> <p>The audits will be submitted and reviewed during monthly QAPI committee meetings for 12 months or until substantial compliance has been met. The QAPI committee will review trends and make recommendations for further training or systemic changes as needed. The QAPI committee meeting consists of Administrator, Director of Nursing, Medical Director, Pharmacy Consultant, Unit Managers, Maintenance Director, Medical Record Coordinator, MDS nurses, Social Worker, Marketing Director, Admissions Director, Central Supply Coordinator, Dietary Manager, Housekeeping and Laundry Manager, and Human Resource Coordinator.</p>		