| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345113 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **08/18/2016** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WILLOW CREEK NURSING AND REHABILITATION CENTER** | **2401 WAYNE MEMORIAL DRIVE**<br>**GOLDSBORO, NC 27534** |

| (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 |
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| K 000 | INITIAL COMMENTS<br><br>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 speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration.<br><br>Stories: One<br>Construction Type: V (111)<br>Constructed: 1974<br>Fully Sprinkled - Yes<br>At time of survey the:<br>Total Certified Bed Count = 200<br>Census = 186<br><br>The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: | K 000 | | |
| K 032<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Not less than one exit from each floor or fire section shall be a door leading outside, stair, smoke-proof enclosure, ramp, or exit passageway. Only one of these two exits may be a horizontal exit. Egress shall not return through the zone of fire origin. 18.2.4.1, 18.2.4.2, 19.2.4.1, 19.2.4.2<br>This STANDARD is not met as evidenced by:<br>42 CFR 483.70 (a)<br><br>Based on observations, and documentation review on 8/18/2016, at approximately 9:45 AM onward, the following deficiencies were noted: | K 032 | Willow Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules | 8/29/16 |

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

Electronically Signed | 09/02/2016

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 032 | Continued From page 1<br>The facility maintenance and inspection of egress doors was non-compliant, specific findings include:<br>The exit egress door at the end of the 100 hallway was sticking after the panic bar on the door was engaged. The door required a force exceeding that that 30 lbf (133N) to set the door in motion, and a force greater than 15lbf (67N) to open the door to the minimum required with for egress.<br><br>This deficiency affects 1 of approximately 12 smoke zones in the facility.<br><br>Ref: 2000 NFPA 101 Section 19.2.2.2; 7.2.1; 7.2.1.4.5<br><br>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke | K 032 | and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.<br><br>Willow Creek Nursing and Rehabilitation Center'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, Willow Creek Nursing And Rehabilitation Center 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 proceeding.<br><br>K032<br><br>The exit egress door at the end of 100 hall was repaired by Hillco Support Services on 8/23/16 to ensure the force to open exit door did not exceed the 15lbf minimum.<br><br>All egress doors were inspected for proper function by maintenance director on 8/18/16 to ensure the force to open egress doors did not exceed 15 lbf force. 100% audit of all egress exit doors was performed by the maintenance director on 8/18/16 to ensure the force to open exit doors did not exceed 15lbf. All other exit doors were found to be in compliance.<br><br>The Administrator initiated an exit door monitoring tool on 8/29/16 for the | |

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| K 032 | Continued From page 2 | K 032 | Maintenance Director, and Assistant Maintenance to utilize to ensure exit doors remain in proper function.<br><br>The Administrator educated the Maintenance Director, and Assistant Maintenance on monitoring tool on 8/29/16 and that in any event that an exit door is not properly opening with the proper force the administrator is to be notified immediately.<br><br>The Maintenance Director, and/or Assistant Maintenance will conduct the exit door checks utilizing the monitoring tool weekly for 4 weeks, then monthly for 12 months.<br>The Maintenance Director, and/or Assistant Maintenance will report monthly the results of the audits to the Quality Assurance Performance Improvement Committee. This committee will review the audits and recommend continued monitoring as necessary. | |