PRINTED: 04/20/2017 FORM APPROVED OMB NO. 0938-0391

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	
345355		B. WING _	3. WING		08/04/2016			
NAME OF PROVIDER OR SUPPLIER GRAHAM HEALTHCARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 811 SNOWBIRD ROAD ROBBINSVILLE, NC 28771				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS		K	000				
K 012 SS=E	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 = Total Certified Bed Count = 80 Census = 74 The deficiencies determined during the survey are as follows: 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 August 4, 2016 at approximately 9:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is a mechanical supply outlet that is not equipped with a ceiling fire damper - located in the kitchen pantry roof/ceiling assembly. Note: Ceiling fire damper shall be installed in accordance with the manufacturer's installation instructions.		K	K 012 K012 SS=E A ceiling fire damper will be installed mechanical supply outlet located in the kitchen pantry in accordance with the manufacturer's installation instruction or before Sept 11, 2016. An audit was performed by the Maintenance Supervisor and all fire dampers in the storage rooms, excepone mentioned above are working		on	9/11/16 the	
LABORATORY	DIRECTORIS OF PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE	1		TITI F		(X6) DATE	

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

Electronically Signed 08/22/2016

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.

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345355 B. ¹			B. WING _	NG			08/04/2016		
NAME OF PROVIDER OR SUPPLIER GRAHAM HEALTHCARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 811 SNOWBIRD ROAD ROBBINSVILLE, NC 28771					
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K 070 SS=E	Continued From page 5 Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.		К0		the Maintenance Supervisor or designe to ensure areas around facility are free sprinkler control valves. The results of the audit will be reviewed by the Administrator in the monthly QI committee meeting. K070 SS=E	of I	8/22/16		
	deficiencies were not non-compliant, specification of the compliant of the compliant of the compartments. There is an exposed portable space heate elements exceeding a located in medical reconstruction. This deficiency affect compartments. Failure to comply with	element, high temperature, r with temperature of heating 212 degrees Fahrenheit - cords office. s one of two smoke n minimum standards as the risk of death or injury			The portable space heater was remove from Medical Records Office on 8-4-16 and discarded. An audit was conducted by the Maintenance Supervisor to ensure no space heaters were in the facility. A weekly audit will be conducted by the Maintenance Supervisor or designee to ensure areas in the facility are free of space heaters weekly X 4 weeks, then monthly audit will be conducted by the Maintenance Supervisor or designee to ensure areas in the facility are free of space heaters. The results of the audit will be reviewed.	a			

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NAME OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE	•		
					1 SNOWBIRD ROAD			
GRAHAM	HEALTHCARE AND REF	IABILITATION CENTER		R	OBBINSVILLE, NC 28771			
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PREFIX TAG			PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			
K 070	Continued From page 6		K 0	K 070 by the Administrator in the monthly Committee Meeting.				
K 144 SS=E	NFPA 101 LIFE SAFE	ETY CODE STANDARD	K 14	44	Committee inteeting.		9/11/16	
	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) Based on observation approximately 9:00 A deficiencies were note non-compliant, specif 1. There is no emerge emergency generator fenced enclosure - ex located outside enclosillumination due to ob 2. There is no docume generator battery electronic gravity readings. NFPA 101, 9.1.2, NFF 110, Chapter 6 This deficiency potent compartments. Failure to comply with	ency task lighting covering access panels inside isting emergency light is sure and fails to provide structions by wood fence. entation of weekly checks of ctrolyte levels and specific PA 99, 3-4-4-1, 8-4.2, NFPA tially affects all smoke I minimum standards as the risk of death or injury			K144 SS=E 1. Emergency task lighting to be installed by S & S Electrical co. on or before Set 11, 2016 to cover the emergency generator area. A weekly audit will be conducted by the Maintenance Supervisor or designee to ensure task lighting at the emergency generator is working properly weekly X weeks, then a monthly audit will be conducted by the Maintenance Supervior of designee to ensure emergency task lighting is working properly to cover generator area. The results of the audit will be reviewed by the Administrator in the monthly QI committee meeting. K144 SS=E The Maintenance Supervisor will	ot. 4 isor		
					The Maintenance Supervisor will document generator battery testing on corrected form weekly on or before Sep			

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		345355	B. WING	 	08/0	08/04/2016	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
GRAHAM	HEALTHCARE AND REI	ABILITATION CENTER		811 SNOWBIRD ROAD			
GRAHAM HEALTHCARE AND REHABILITATION CENTER				ROBBINSVILLE, NC 28771			
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K 144	Continued From page	÷ 7	K 14	11, 2016 and documented correctly. Weekly audits will be conducted by the Maintenance Supervisor or designee the ensure generator battery testing has be done on a weekly basis. The results of the audit will be reviewed by the Administrator in the monthly QI committee meeting.	ed		