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

NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - CHARLOTTE SUMMARY STATEMENT OF DEFICIENCIES BUMMARY STATEMENT OF DEFICIENCIES BUMMARY STATEMENT OF DEFICIENCIES BUMMARY STATEMENT OF DEFICIENCIES BEACH DEPICENCY NUSS IB PRECEDE 98 YFULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 special locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: III (211) Construction Type:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
MANDER CARREST CARRE			345238	B. WING		08/04/2016	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DIFFICIENCY D				4009 CRAIG AVENUE			
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 special locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: III (211) Constructed: 1893 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 180 Census = 157 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: NPFA 101 LIFE SAFETY CODE STANDARD K 029 SS=E One hour fire rated construction (with o 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 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: 42 CFR 483.70 (a) Based on observations, and documentation review on 8/4/2016, at approximately 9:15 AM	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
as per The Čode 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 special locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: III (211) Constructed: 1983 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 180 Census = 157 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by: K 029 SS=E One hour fire rated construction (with o 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: 42 CFR 483.70 (a) Based on observations, and documentation review on 8/4/2016, at approximately 9:15 AM	K 000	INITIAL COMMENTS	;	K 00	00		
		as per The Code of F 483.70(a); using the section of the LSC ar publications. The faci systems. In the exit noted were discussed administration. Stories: One Construction Type: I Constructed: 1983 Fully Sprinkled - Yes At time of survey the Total Certified Bed Consus = 157 The requirement at 4 NOT MET as evident NFPA 101 LIFE SAFI One hour fire rated confire-rated doors) or an extinguishing system and/or 19.3.5.4 prote the approved automa option is used, the arrother spaces by smo doors. Doors are selfield-applied protective 48 inches from the begarmitted. 19.3.2.1 This STANDARD is 42 CFR 483.70 (a)	rederal Register at 42CFR 2000 Existing Health Care and its referenced lity is utilizing special locking conference all deficiencies d and acknowledged with a conference by: ETY CODE STANDARD construction (with o hour approved automatic fire in accordance with 8.4.1 cts hazardous areas. When a conference and serious and ficions	K 02	The dust and lint in the combustion Chamber of the gas fired dryers in the laundry department were cleaned and f	iree	
	LABORATORY				TITLE	(X6) DATE	

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.

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	
		345238	B. WING_			08/	04/2016
	ROVIDER OR SUPPLIER	E		STREET ADDRESS, CITY, STATE, ZIP CODE 4009 CRAIG AVENUE CHARLOTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 029	The facility maintena hazardous areas was findings include: The facility has a built combustion chamber laundry department. Ref: 2000 NFPA 101 This deficiency affect approximately 8 smol Failure to comply with	deficiencies were noted: nce and inspection of the non-compliant, specific d up of dust and lint in the of the gas fired dryers in the Section 19.3.2.1; 8.4.1.1* ed one smoke of the compartments. In minimum standards as the risk of death or injury	K	029	This was one of 8 smoke compartment All smoke compartments were inspected the day of the survey. The smoke compartments are on a daicleaning schedule Monday thru Friday by the Maintenanc Assistant. Smoke compartment in the Laundry arwill be monitored for cleanliness Monday Wednesday, and Friday for four weeks then Friday for four months to assure the smoke compartment in the Laundry is for flint and dust. The monitoring sheets will be reviewed daily during the M-F Meetings for 4 weethen Monthly for 4 months and concern will be addressed and recommendation needed as indicated. In addition, The smoke department cleaning schedules are incorporated in the Quarterly Safety Committee Meetin and The Committee with make ongoing recommendation as indicated.	ed ly e e ay, ne ree eks ns	
K 052 SS=E	A fire alarm system rebe, tested, and maintant NFPA 70 National Ele National Fire Alarm Cavailable. The system maintenance and test	equired for life safety shall ained in accordance with actric Code and NFPA 72 ode and records kept readily a shall have an approved sing program complying with at of NFPA 70 and 72.	K	052	The Maintenance Director is responsib for compliance with K029	le	8/31/16

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PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF	D BE COMPLETION
Based on observareview on 8/4/2016 onward, the follow The facility mainter fire alarm system findings include: The facility has a control strobes on the Sout to the Fire Alarm Control the testing of the Fire While running on both this portion of the fire combination did and did not activate. Ref: 2000 NFPA 10 NFPA 10 NFPA 72 Section 9 This deficiency affer approximately 8 strailure to comply with referenced increased due to fire and/or so the NFPA 101 LIFE SA SEE Automatic sprinkle attachments are in integrity in accordance a signal that sound continuously attendence facility whe impaired. 9.7.2.1, 10 on the following strends of the signal that sound continuously attendence facility whe impaired. 9.7.2.1, 10 on the following strends of the following strends	is not met as evidenced by:) tions, and documentation 6, at approximately 9:15 AM ing deficiencies were noted: enance and inspection of the was non-compliant, specific combination of horns and ath egress corridor connected control Panel (FACP). During fACP a test was conducted attery back-up power. During est the horn portion of the ctivate, but the strobe portion O1 Section 19.3.4.1; 9.6.1.7, 9.6.1.4 ected one smoke of noke compartments. with minimum standards as ses the risk of death or injury smoke AFETY CODE STANDARD or system supervisory stalled and monitored for ance with NFPA 72, and provide dis and is displayed at a ded location or approved on sprinkler operation is	K 05	An outside contractor has been sec and has inspected and ordered parts assure strobe light activate on the S unit AND throughout the building wh strobe lights are located. Once the system changes are made allow strobe lights to activate on bat power weekly monitoring for 4 week be conducted to assure strobe lights activate on battery power. Monitorin be reviewed during the Monday - Fri QI meetings with recommendations indicated. After the 4 weeks of monitoring the slight activation will be checked mont during routine fire drills. Strobe light activation under battery will be reviewed during the Quarterly Safety meeting for 4 months. The maintenance Director is respons for ongoing compliance to K 052	s to buth ere to ery s will g will day as

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K 061	8/4/2016, at approxim following deficiencies The facility maintena sprinkler system was findings include: The supervisory signal supervised tamper alla valve at the Fire Alarr could be silenced per was in the closed postroom. Supervisory signates in the valve to the normal Ref: 2000 NFPA 101. This deficiency affects	An outside of corrected the sed on observations, and staff interviews on electronically fix2016, at approximately 9:15 AM onward, the owing deficiencies were noted: e facility maintenance and inspection of the rinkler system was non-compliant, specific dings include: e supervisory signal for the electronically overvised tamper alarm on the sprinkler control over at the Fire Alarm Control Panel (FACP) uld be silenced permanently when the valve is in the closed position in the sprinkler riser of om. Supervisory signals shall not be silenced manently except by reopening/restoration of evalve to the normal operating position. An outside of corrected the entire facility. An outside of corrected the electronically the sprinkler onto the sprinkler in the sprinkler rise of the supervised tamper alarm on the sprinkler control or reopening/restoration of the supervisory signals shall not be silenced or manently except by reopening/restoration of the supervisory signals shall not be silenced or mormal operating position. Monitoring or conducted we morthly for 4 inspections. It is deficiency affected the entire facility.		An outside contractor was secured an corrected the supervisory signal for the electronically supervised tamper alarm the sprinkler control valve at the Fire Alarm Control Panel so that the alarm not be silenced permanently when the valve is in the closed position in the sprinkler riser room. The Supervisory signals cannot be silenced permanently except by reopening/restoration of the valve to the normal operating position. Other supervisory signals were review during the survey. Monitoring of the tamper alarm will be conducted weekly four weeks then monthly for 4 months and upon routine inspections. Monitoring will be reviewed by the Monday-Friday QI meeting for 4 weeks then monthly for 4 months with concerns addressed as indicated.	e ed		
K 076 SS=D	NFPA 101 LIFE SAFE Medical gas storage a shall be protected in a Standard for Health C (a) Oxygen storage lo 3,000 cu.ft. are enclos separation.	ETY CODE STANDARD and administration areas accordance with NFPA 99, care Facilities.	К)76	Quarterly Safety Committee meeting wateriew Supervisory signals. The Maintenance Director is responsible for ongoing compliance with K 061.		8/31/16

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 - MAIN BUILDING 01 345238 B. WING 08/04/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4009 CRAIG AVENUE** WHITE OAK MANOR - CHARLOTTE CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 4 K 076 3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: 42 CFR 482.41(a) The E tank oxygen cylinders are properly secured in new rack specifically designed Based on the observations, and staff interviews to hold E size cylinders securely. on 8/4/2016 at approximately 9:15 AM onward. the following deficiencies were noted: All areas where E tank cylinders are The facility inspection of the storage of oxygen stored in racks specifically to hold E size cylinders was non-compliant the specific items cylinders. include: 1. The E type oxygen cylinders in the medication All areas where E tank cylinders are room were not properly secured. The full stored and equipped with separate racks cylinders had two different type of racks to secure clearly labeled FULL and Empty. the cylinders, the smaller rack was not designed to hold E size cylinders securely. In addition, the empty E tanks will be 2. Full and empty oxygen cylinders were stored removed daily and replaced with full tanks by the 11-7 Supervisor. Nursing staff together. If stored within the same enclosure, empty cylinders shall be segregated and have been educated on not storing full and empty tanks together and assuring designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid they are in the proper containers. confusion and delay if a full cylinder is needed Monitoring of the E tank oxygen storage hurriedly. areas for proper storage will be conducted Ref: 2000 NFPA 101 Section 19.3.2.4; NFPA 99 for weekly for 4 weeks then monthly for 4 Section 4-3.5.2.1b (27); months thereafter. Nursing will observe NFPA 99 4-3.5.2.2b(2) for compliance during daily routine rounds. This deficiency affected one smoke of The monitoring will be reviewed during the approximately 8 smoke compartments. Monday- Friday QI meetings with interventions as indicated. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke Proper storage of E tanks will be discussed during the Quarterly Safety Meetings with recommendations as indicated. The Director of Nursing is responsible for

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K 076	Continued From page	. 5	K 07					