

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345553	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2016
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314	
(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 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type V (111) construction, one story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count = 90 Census = 76 The deficiencies determined during the survey are as follows:	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas shall be enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors shall be self-closing or automatic closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, 18.3.5.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 8/29/16 at approximately 1 PM onward, the following deficiencies were noted. The hazardous area was non-compliant, specific findings include: There was tape over the positive latching device to dirty side of laundry preventing the door from latching.	K 029	All laundry staff and dietary staff were educated on not placing tape over the door per Federal Regulation on 9/7/2016 by Maintenance Director. Door lock was changed on 9/1/2016. Administrator and/or Maintenance Director will monitor weekly for 4 weeks. Monitoring will be taking to monthly QAPI meeting to deem compliance.	9/16/16

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

TITLE

(X6) DATE

Electronically Signed

09/16/2016

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 029	Continued From page 1	K 029			
K 061 SS=F	<p>Reference NFPA 101, 18.3.2.1, 18.3.5.1 Doors shall be self-closing or automatic closing in accordance with 7.2.1.8.</p> <p>This deficiency affected one of approximately ten smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p> <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, on 8/29/16 at approximately 1 PM onward, the following deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings include: The sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve.</p> <p>Reference NFPA 101, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.2.1</p> <p>NFPA 13 "...distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system."</p> <p>NFPA 9.7.2.1 "...supervisory attachments shall be</p>	K 061	<p>Deficient practice fixed on 9/13/2016 as conrol moduled was installed.</p>	9/13/16	

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K 061	Continued From page 2 installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system...Supervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 061			
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 8/29/16 at approximately 1 PM onward, the following deficiencies were noted. The automatic sprinkler system was non-compliant, specific findings include: Documentation for a five year flush inspection was not available. Ref: 2000 NFPA 101 19.7.6, 4.6.12, 1999 NFPA 13, NFPA 25, 9.7.5 Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury	K 062	5 year flush is scheduled to be completed on 9/19/2016.	9/19/16	

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K 062	Continued From page 3 due to fire and/or smoke.	K 062			
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 8/29/16 at approximately 1 PM onward, the following deficiencies were noted. The emergency generator was non-compliant, specific findings include: The emergency generator located on the exterior of the building has no remote manual stop switch located outside and away from the generator set location for use in case of an emergency.</p> <p>Reference NFPA 101, 110, 3-5.5.6 All level 1 and level 2 installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building.</p> <p>This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 144	<p>Proposal for installion of electronic stop on generator has been received and approved. Waiting for installation date.</p>	9/19/16	