STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345268	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/03/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF MARSHVILLE	**311 W PHIFER STREET** **MARSHVILLE, NC 28103**

(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 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. Stories: One Construction Type: II (211) Constructed: 1987 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 120 Census = 97 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and staff interviews on 8/3/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The facility inspection of fire extinguishers in the dietary department was non-compliant the specific items include: The K type fire extinguisher in the Kitchen did not have the required placard/signage indicating the	K 064	The center has secured proper K class placards/signage for the two kitchen extinguishers cited. There are no additional K class extinguishers in the facility. The Administrator has been conducting audits to ensure the signage is still properly in place. This is occurring weekly for six weeks. Results will be taken to the Quality Improvement Committee once the audits are completed	9/17/16

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

Electronically Signed | 08/19/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345268	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/03/2016**

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AUTUMN CARE OF MARSHVILLE	**311 W PHIFER STREET** **MARSHVILLE, NC 28103**

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K 064	Continued From page 1 use order of the Ansul hood extinguishing system and K type fire extinguisher installed near it as required. A placard identifying the use of the extinguisher as a secondary backup means to the automatic fire suppression system shall be conspicuously placed near each portable fire extinguisher in the cooking area. Ref: 2000 NFPA 101 19.3.5.6, 9.7.4.1, 1998 NFPA 10 2-3.2.1, 1998 NFPA 96 7-2.1.1 This deficiency affected one smoke of approximately 8 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 064	for further recommendation.	
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and documentation review on 8/3/2016 at approximately 9:00 AM onward, the following deficiencies were noted: The facility documention for the inspection fire rated dampers in the rated ceiling was non-compliant the specific items include: Facility at the time of the survey could not provide documentation that the radiation dampers were checked as required. "At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be	K 067	The facility has contacted a vendor and did initiate a contract with the vendor to complete the work. Dampers found to be out of compliance will be repaired. Once the audit is completed and repairs made, the Maintenance Director/designee will audit five dampers a week at random for six weeks. Results of these audits will be taken to the Quality Improvement Committee for further recommendations.	9/17/16

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	345268	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/03/2016**

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K 067	Continued From page 2 checked; and moving parts shall be lubricated as necessary" Ref: 2000 NFPA 101 Section 19.5.2.1; 9.2.1, NFPA 90A Section 3-4.7 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 067		