STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345123	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/07/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA VILLAGE INC	**600 CAROLINA VILLAGE ROAD SUITE Z** **HENDERSONVILLE, NC 28792**

(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 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 = 58 NF Total Certified Bed Count 58 NF Census 54 The deficiencies determined during the survey are as follows:	K 000		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by	K 018		9/30/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/23/2016

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K 018	Continued From page 1 CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on September 7, 2016 at approximately 2:00 PM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. There is a wedge under door to resident room #125. 2. There are wedges under doors to therapy room. NFPA 101, 19.3.6.3 This deficiency affected one of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 018	1. Wedge under door in room #125 and therapy room were immediately removed. 2. A complete assessment for facility was performed to ensure no additional wedges were being used. 3. Associates will be in-serviced to ensure there is no impediment to the closing of the doors. 4. The Maintenance Director or his designee will check once per week for three weeks, then once per month for three months to verify compliance. The results will be reported to the QAPI committee.	
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on September 7, 2016 at	K 025	1. Hole in the smoke barrier in the staff development office was immediately sealed with fire caulking.	9/23/16

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K 025	Continued From page 2 approximately 2:00 PM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There are holes in the smoke barrier adjacent to staff development office - the holes are located above ceiling in staff development office. NFPA 101, 19.3.7.5, 19.3.7.3, 8.3 This deficiency affected two of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 025	2. An additional assessment will be performed of entire facility to ensure there are no holes in the smoke barrier. 3. Maintenance staff will be educated on the importance of following up with outside contractors to ensure all work in smoke barriers are sealed upon completion. 4. The Maintenance Director or his designee will monitor the smoke barriers once per month for the next three months to ensure there are no holes. The results will be reported monthly to the QAPI committee.	
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 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 483.70 (a) Based on observations, on September 7, 2016 at approximately 2:00 PM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:	K 076	1. The oxygen was immediately moved to a utility room away from combustible and flammable liquids. 2. Additional review of oxygen storage on Side #1 was found to be out of compliance as well, and the oxygen was	9/23/16

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K 076	Continued From page 3 There are oxygen cylinders stored less than five feet from combustible and flammable liquid supplies - located in Side #2 supply room behind nurse's station. NFPA 101, 19.3.2.4, 8-3.1.11.1, 4-3.1.1.2 This deficiency affected one of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 076	immediately removed and placed in an a utility room away from combustible and flammable liquids. 3. The administrator or his designee will perform audits weekly for three weeks and then monthly for three months to ensure that the oxygen cylinders are stored in compliance with Life Safety Code. The results of the audits will be reported to the QAPI committee.	