STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345014	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/21/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FISHER PARK HEALTH AND REHABILITATION CENTER	**1201 CAROLINA STREET** **GREENSBORO, NC 27401**

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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted utilizing the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC) and its referenced publications. The facility plan/construction approval occurred prior to July 5, 2016. The facility is utilizing special locking systems. In the exit conference all LSC deficiencies noted were discussed and acknowledged with Administration. Stories: One Construction Type: III (211) Constructed: 1964 Fully Sprinkled At time of survey the Licensed bed capacity =103 Total Certified Bed Count = 103 Census = 87	K 000		
K 223 SS=D	NFPA 101 Doors with Self-Closing Devices Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This STANDARD is not met as evidenced by:	K 223		3/31/17

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

Electronically Signed | 03/10/2017

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K 223	Continued From page 1 42 CFR 482.41(a) Based on the observations, and staff interviews on 2/21/2017 at approximately 9:00 AM onward, the following deficiencies were noted: The facility inspection of rooms used as storage was non-compliant the specific items include: The facility is utilizing patient room 132 as storage. The room does not have a door with a self-closing device installed on the door to keep the door in the closed position. Ref: 2012 NFPA 101 Sections 19.2.2.2.7 This deficiency affected one of seven smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 223	Preparation and, or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The self closing device was installed on the door of room 132 which is currently being used for storage on 2/24/17. All other rooms were audited to see if they are being used in a manner which would mandate a self closing door devise. The Maintenance director was in-serviced on NFPA 101 Doors with Self-Closing Devices. NFPA sections 19.2.2.2.7. Facility rooms will be audited, by the Maintenance Department or designee, for room usage changes and closures, 1 time weekly for 1 month, and 2 times monthly for 2 months and ongoing as required as part of the facility Preventive Maintenance Program. Audit results will be reviewed by the Maintenance Director and the Administrator and presented to the Quality Assurance and Performance Improvement Committee for monitoring and on-going compliance.	
K 341 SS=E	NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation	K 341		3/31/17

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K 341	Continued From page 2 A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and staff interviews on 2/21/2017 at approximately 9:00 AM onward, the following deficiencies were noted: The facility inspection of the fire alarm system speical locking system was non-compliant the specific items include: 1. The facility failed to have a wiring diagram, power diagram, and system components location map for the speical locking system that should adjacent to the fire alarm panel that is protected from being damaged. 2. The facility failed to have the circuit identified that supplies power to the magnetically locked doors. Ref: 2012 NFPA 101 Sections 19.3.4.1; 9.6;	K 341	As of 2/24/17, a Wiring Diagram / Power Diagram and System Components Location Map, which identifies the special locking system and the circuit source that supplies the power to the magnetically locked doors is available and located adjacent to the fire alarm panel, and is protected from damage. No other missing diagrams were noted when auditing facility postings related to the magnetically looked doors or their power source. The Director of Maintenance was in-serviced on NFPA 101 sections 19.3.4.1; 9.9; 9.6.1.3; 7.2.1.6*. The Maintenance Department or designee will audit the posting as to its placement 1 times weekly for 1 month and then 2 times monthly for 2 months and ongoing as	

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K 341	Continued From page 3 9.6.1.3; 7.2.1.6* This deficiency affected all required exits in the facility compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 341	required by the facility□s Preventive Maintenance Program. Audit results will be reviewed by the Maintenance Director and the Administrator and presented to the Quality Assurance and Performance Improvement Committee for monitoring and on-going compliance.	
K 372 SS=E	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and staff interviews on 2/21/2017 at approximately 9:00 AM onward, the following deficiencies were noted: The facility inspection of the smoke / fire barriers was non-compliant the specific items include: 1. The facility had unsealed penetrations in the rated smoke barrier wall at the following locations	K 372	The penetrations cited in the smoke barrier walls in the attic space have been repaired, sealed with fire stop sealant. A. In the private hallway leading to the south nurses station where the bundle of white cable to the bottom right of the walkway. B. At the admissions office leading to the private hallway at the metal conduit in the center of the wall.	3/31/17

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K 372	Continued From page 4 a. The smoke barrier wall in the attic space in the private hallway leading to the South nurses station at the bundle of white cable to the bottom right of the walk way. b. The smoke barrier wall in the attic space at the admissions office leading to the private hallway at the metal conduit in the center of the wall. 2. The facility failed to maintain the integrity attic access hatch doorway at the following locations: a. The attic access hatch door near the main dining room and kitchen b. The attic access hatch door near room 106 Ref: 2012 NFPA 101 Sections 19.3.7.3; 8.5.6.3 This deficiency affected three of seven smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 372	Both cited attic access hatch doorways have been replaced. A. Hatch door near the main dining room and kitchen. B. Hatch door near room 106. All fire walls in the attic have been checked for penetrations and the integrity of all of the attic hatched doorways have been checked to insure they comply with the minimum standards as referenced not to increase the risk of death or injury due to fire and or smoke. The Director of Maintenance was in-serviced on NFPA 101 sections 19.3.7.3; 8.5.6.3. The facility Maintenance Department or designee will audit the attic fire walls and door hatchways 1 time weekly for one month and 2 times monthly for 2 months and then ongoing as required by the facility□s Preventive Maintenance Program. Audit results will be reviewed by the Maintenance Director and the Administrator and presented to the Quality Assurance and Performance Improvement Committee for monitoring and on-going compliance.	
K 521 SS=D	NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.	K 521		3/31/17

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K 521	Continued From page 5 18.5.2.1, 19.5.2.1, 9.2 This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and staff interviews on 2/21/2017 at approximately 9:00 AM onward, the following deficiencies were noted: The facility inspection of the Heating Ventilation and Air Conditioning (HVAC) system was non-compliant the specific items include: The facility exhaust fan in the patient room bathroom 159 was not working when tested during the survey. Ref: 2012 NFPA 101 Sections 19.5.2.1; 9.2.1 This deficiency affected one of seven smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 521	The bathroom exhaust fan in room 159 affecting one in seven smoke compartments has been repaired. All of the bathroom exhaust fans will be checked to ensure they are properly functioning as required. The Director of Maintenance has been in-serviced on the importance of checking and maintaining the bathroom exhaust fans to ensure they are in working condition. NFPA 101 sections 19.5.2.1; 9.2.1. The Maintenance Department or designee will audit the facility□s bathroom fans 1 times weekly for 1 month and then 2 times a month for 2 months, and ongoing as required by the facility□s Preventive maintenance program. Audit results will be reviewed by the Maintenance Director and the Administrator and presented to the Quality Assurance and Performance Improvement Committee for monitoring and on-going compliance.	
K 912 SS=D	NFPA 101 Electrical Systems - Receptacles Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of	K 912		3/31/17

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K 912	Continued From page 6 maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.4.2 (NFPA 99) This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and staff interviews on 2/21/2017 at approximately 9:00 AM onward, the following deficiencies were noted: The facility inspection of the Ground Fault Circuit Interrupter (GFCI) receptacles was non-compliant the specific items include: The facility failed to have (GFCI) receptacles at the following locations: 1. The eye wash station near the South nurses station 2. The ice machine in the kitchen 3. The men's public bathroom near the dining room Ref: 2012 NFPA 101 Sections 19.5.1; 9.1.2 Ref: 2012 NFPA 99 Section 6.3.2.2.8.1* This deficiency affected two of seven smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 912	The Ground Fault Circuit Interrupter (GFCI) receptacles have been installed at the 1. Eye wash station near the South Nurses Station 2. The Ice machine in the kitchen 3. The men□s public bathroom near the dining room. The facility□s electrical outlets were audited for other areas in which a Ground Fault Circuit Interrupter would be required and the facility is in the process of replacing those needed to meet the requirements. The Director of Maintenance has been in-serviced on NFPA 101 Electrical Systems- Receptacles, NFPA 101 sections 19.5.1; 9.1.2., FPA 99 sections 6.3.2.2.8.1* and their requirements for safety. The Maintenance department or designee will audit the facility□s electrical receptacle outlets 1 times weekly for 1 month and then 2 times weekly for 2 month and then as required by the facility□s Preventive Maintenance Program. Audit results will be reviewed by the	

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K 912	Continued From page 7	K 912	Maintenance Director and the Administrator and presented to the Quality Assurance and Performance Improvement Committee for monitoring and on-going compliance.	
K 918 SS=E	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design	K 918		3/31/17

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K 918	Continued From page 8 consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and staff interviews on 2/21/2017 at approximately 9:00 AM onward, the following deficiencies were noted: The facility maintenance and inspection of emergency power systems was non-compliant the specific items include: The facility has an emergency generator to supply alternate power to the facility in the event of a power loss. The emergency generator not equipped with a remote manual stop station to prevent inadvertent or unintentional operation of the generators. The manual shutdown switch should be located external to the waterproof enclosure of the generator and should be appropriately identified. Ref: 2012 NFPA 101 Sections 19.2.9.1; 7.9.2.4 NFPA 110, Section 5.6.5.6.1 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 918	The facility will have installed a manual shut down switch located, external to the waterproof enclosure of the generator and it will be appropriately identified. The facility only has the 1 generator / emergency power system, which had been previously identified as to needing an external manual shut down switch. The Director of Maintenance has been in-serviced on NFPA 101 sections 19.2.9.1; 7.9.2.4 and NFPA 110, section 5.6.5.6.1. The maintenance department will audit the external generator switch to ensure it is working 1 times weekly for 1 month and 2 times monthly for 2 months and then as required by the facility□s Preventative Maintenance Program. Audit results will be reviewed by the Maintenance Director and the Administrator and presented to the Quality Assurance and Performance Improvement Committee for monitoring and on-going compliance.	