

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345252	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/29/2017
NAME OF PROVIDER OR SUPPLIER WARSAW HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 214 LANEFIELD ROAD WARSAW, NC 28398	
(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 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: V (111) Constructed: 1966 Fully Sprinkled At time of survey the Licensed bed capacity = 100 Total Certified Bed Count = 100 Census = 83	K 000		
K 222 SS=F	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available	K 222		12/13/17

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

TITLE

(X6) DATE

Electronically Signed

12/15/2017

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 222	<p>Continued From page 1</p> <p>to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout</p>	K 222			

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K 222	<p>Continued From page 2</p> <p>by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/29/2017 at 2:00 PM onward the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>1. The behavioral & mental health wing was equipped with two doors having delayed egress locking that would reset when a code was entered into a keypad, while already engaged in the irreversible process of release. The irreversible process should not be stopped by any means.</p> <p>Reference 2012 NFPA 101 Sections 19.2.2.2, 7.2.1.6.1 (3) An irreversible process shall release the lock in the direction of egress within 15 seconds, or 30 seconds where approved by the authority having jurisdiction, upon application of a force to the release device required in 7.2.1.5.10 under all of the following conditions: (a) The force shall not be required to exceed 15 lbf (67 N). (b) The force shall not be required to be continuously applied for more than 3 seconds. (c) The initiation of the release process shall activate an audible signal in the vicinity of the door opening. (d) Once the lock has been released by the application of force to the releasing device, relocking shall be by manual means only.</p> <p>This deficiency affected one of four smoke compartments. Failure to comply with minimum standards as</p>	K 222	<p>The 2 doors with delayed-egress locking system to the mental health wing have been programmed to ensure that the irreversible process is not stopped by any means.</p> <p>The maintenance director checked all egress doors for proper function.</p> <p>The maintenance director will record delayed-egress door function weekly for 1 month, then every 2 weeks for 1 month, then monthly.</p> <p>The delayed-egress door checks will be reviewed in QAPI monthly for 3 months then quarterly thereafter.</p>		

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K 222	Continued From page 3	K 222						
K 321 SS=D	<p>Hazardous Areas - Enclosure referenced increases the risk of death due to smoke and or fire.</p> <p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <table border="0"> <tr> <td>Area</td> <td>Automatic Sprinkler</td> </tr> <tr> <td>Separation</td> <td>N/A</td> </tr> </table> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/29/2017 at 2:00 PM onward</p>	Area	Automatic Sprinkler	Separation	N/A	K 321	A sleeve and closure was added to door to laundry room door on 1/5/2018.	1/11/18
Area	Automatic Sprinkler							
Separation	N/A							

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K 321	Continued From page 4 the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. Door to the laundry room did not properly latch when the door self-closed. The room was greater than 50 square feet and is used for storage of combustible materials. NFPA 101, 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.7.1. 19.3.2.1.3 The doors shall be self-closing or automatic-closing. This deficiency affected one of four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 321	The door to laundry room has been ordered and will be installed by outside contractor, Carolina Window and Doors. All doors to hazardous areas in facility were checked to ensure proper latch when the door self-closed. Maintenance director will check door to laundry room daily to ensure proper function until door is replaced. Any problems that exist will be handled immediately. Results of door checks will be reviewed in QAPI quarterly.		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/29/2017 at 2:00 PM onward	K 345	Smoke head sensitivity testing is scheduled to be completed on	12/22/17	

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K 345	Continued From page 5 the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. The facility at the time of the survey could not provide documentation that a smoke head sensitivity test was performed within the last two years. Reference 2010 NFPA 72: 14.4.5.3.2 Sensitivity shall be checked every alternate year thereafter unless permitted by compliance with compliance with 14.4.5.3.3 This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 345	12/22/2017. The maintenance director will schedule sensitivity testing every 2 years. The schedule for sensitivity testing will be monitored by Safety Committee. The Safety Committee will report findings from sensitivity training to QAPI Committee once completed .		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/29/2017 at 2:00 PM onward the following deficiencies were noted: The	K 712	Fire drills for each shift have been scheduled by maintenance director to be conducted at unexpected times under	12/15/17	

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K 712	Continued From page 6 standard is non-compliant, specific findings include: 1. Documentation indicated less than the required number of fire drills were held on 2nd and 3rd shifts of second quarter, and all shifts of first quarter 2017. Actual NFPA Standard: NFPA 101, (2012) Chapter 19, Existing Healthcare Occupancies, 19.7* Operating Features 19.7.1.4* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. 19.7.1.5 Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. 19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. 19.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 712	varying conditions at least quarterly each shift. Administrator will review the documentation of each fire drill once completed. A copy of the fire drill will be submitted monthly to Safety Committee. Results of the fire drills will be submitted to the QAPI Committee quarterly.		
K 918 SS=F	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing	K 918		12/15/17	

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K 918	<p>Continued From page 7</p> <p>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.</p> <p>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, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interview, and/or documentation on 11/29/2017 at 2:00 PM onward the following deficiencies were noted: The standard is non-compliant, specific findings include:</p>	K 918	<p>Documentation of generator has been modified to include weekly documentation of specific details to include specific gravity and monthly documentation includes generator is exercised under</p>		

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K 918	Continued From page 8 1. The facility at the time of the survey could not provide documentation that the generator was exercised under load monthly, and weekly documentation did not include specific details including specific gravity. Reference 2010 NFPA 110 8.4.1 EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. 2010 NFPA 110 8.4.2 Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes. 2010 NFPA 110 8.4.2.4 Spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized. 2010 NFPA 110 8.3.3 A written schedule for routine maintenance and operational testing of the EPPS shall be established. 2010 NFPA 110 8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 918	load. Maintenance director has developed schedule for weekly and monthly generator testing. Results of weekly and monthly testing will be reviewed in monthly Safety Committee meeting. Safety committee will submit reports to QAPI committee quarterly.		