

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345168	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - NEW 152 BED FACILITY - NEW SITE LOCATION B. WING _____		(X3) DATE SURVEY COMPLETED 11/16/2017
NAME OF PROVIDER OR SUPPLIER MACGREGOR DOWNS HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2910 MACGREGOR DOWNS DRIVE GREENVILLE, NC 27834		
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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: Constructed: 2009 Fully Sprinkled At time of survey the Licensed bed capacity =152 Total Certified Bed Count = 152 Census = 140	K 000			
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered	K 161		12/15/17	

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

TITLE

(X6) DATE

Electronically Signed

12/04/2017

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 161	<p>Continued From page 1</p> <p>Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, staff interview and/or documentation review on 11/16/2017, at approximately 9:00 AM to 1:00 PM, the following deficiencies were noted:</p> <p>The facility inspection of the rated walls was non-compliant the specific items include:</p> <p>The facility has unsealed penetrations in the rated wall in the laundry department.</p>	K 161	<p>Please accept this Plan of Correction as MacGregor Downs Health and Rehabilitation's Center's credible allegation of compliance for the alleged deficiency cited. Submission and implementation of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of correction is submitted to meet requirements established by Federal and State laws , which requires an acceptable Plan of Correction as a condition of continued certification.</p>		

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K 161	Continued From page 2 The rated wall behind the door on the clean side of the laundry department has a hole in the wall near the door closing device. Ref: 2012 NFPA 101 Sections 19.1.6.1; 8.4 This deficiency affected on of six smoke zones in 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 161	K 161 Criteria 1: This issue was corrected on November 16, 2017 Criteria 2: All wall areas of the facility have the potential to have unsealed penetrations. The Maintenance Director, Assistant Maintenance Director and Administrator conducted expensive rounds, to identify any additional unsealed penetrations, including non-wall areas, such as doors and ceilings. All areas identified have been corrected. Criteria 3: All Department Heads have been instructed by the Administrator and Maintenance Director to report any unsealed penetrations immediately to the Maintenance Director, Assistant Maintenance Director, or Administrator for correction. This is a daily expectation. Criteria 4: The Maintenance Director will report any findings to the QAPI Committee each month, for three months, or until this are is deemed compliant by the Maintenance Director and Administrator.		
K 918 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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	K 918		12/31/17	

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K 918	<p>Continued From page 3</p> <p>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: 42 CFR 483.70 (a)</p> <p>Based on observations, staff interview and/or documentation review on 11/16/2017, at approximately 9:00 AM to 1:00 PM, the following deficiencies were noted:</p> <p>The facility inspection of the generator annunciator was non-compliant the specific items</p>	K 918	<p>Please accept this Plan of Correction as MacGregor Downs Health and Rehabilitation's Center's credible allegation of compliance for the alleged deficiency cited. Submission and implementation of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of correction is submitted to meet</p>		

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K 918	<p>Continued From page 4 include:</p> <p>The remote generator annunciator located at the nurse's station did not provide a signal for loss of battery charger when tested.</p> <p>Ref: 2012 NFPA 101 Sections 19.2.9.1; 7.9.2.4 NFPA 99 Sections 6.4.1.1.16.2</p> <p>This deficiency affected the entire facility.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 918	<p>requirements established by Federal and State laws , which requires an acceptable Plan of Correction as a condition of continued certification.</p> <p>K 0918</p> <p>Criteria 1: The facility has contacted a Certified Electrician to install wire from the location of the generator to the location of the remote generator annunciator panel at the nurse station. Once complete, the Generator Provider, Nixon, has agreed to make the necessary connection to the battery charger and the annunciator panel, to assure compliance with the regulation.</p> <p>Criteria 2: At the completion of the work described in Criteria 1 above, the entire facility will have the proper alert at the annunciator panel activated, to assure a safe environment for all residents.</p> <p>Criteria 3: The Maintenance Director will unplug the battery charger once per month, for 3 months, to assure the proper alert is sounding at the Nursing Station. He will report those findings to the Administrator. In the event the alert does not function, the Generator provider will be contacted for immediate follow up service.</p> <p>Criteria 4: the Maintenance Director will report his results to the QAPI Committee each month for 3 months, or until deemed no longer necessary by the Committee.</p>	