STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345436	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/15/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON REHABILITATION AND HEALTHCARE	**1000 TANDAL PLACE** **KNIGHTDALE, NC 27545**

(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: III (211) Constructed: 1993 Fully Sprinkled At time of survey the Licensed bed capacity =100 Total Certified Bed Count = 80 Census = 76	K 000		
K 341 SS=D	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation 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	K 341		12/30/17

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

Electronically Signed | 12/08/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345436	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/15/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON REHABILITATION AND HEALTHCARE	**1000 TANDAL PLACE** **KNIGHTDALE, NC 27545**

(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 341	Continued From page 1 This REQUIREMENT is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, staff interview and/or documentation review on 11/15/2017, at approximately 9:00 AM to 1:00 PM, the following deficiencies were noted: The facility inspection of smoke detector location was non-compliant the specific items include: The facility has smoke detectors that are less than three feet from air registers at the following locations: 1. Egress corridor near room 114 2. Egress corridor near the sprinkler riser room Ref: 2012 NFPA 101 Sections 19.3.4.1; 9.6 NFPA 72 This deficiency two of five smoke zones in the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 341	Facility contracted with outside vendor to move the smoke detectors that were less than three feet from air registers at Egress corridor near room 114 and Egress corridor near the sprinkler riser room. The Maintenance Director reviewed the facility looking for additional smoke detectors less than three feet from an air register. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Alarm System-Installation, and will continue to monitor in accordance with NFPA standards. Any findings will be submitted to the monthly QAPI Committee for review.	
K 916 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the	K 916		12/30/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345436	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/15/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON REHABILITATION AND HEALTHCARE	**1000 TANDAL PLACE** **KNIGHTDALE, NC 27545**

(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 916	Continued From page 2 generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, staff interview and/or documentation review on 11/15/2017, at approximately 9:00 AM to 1:00 PM, the following deficiencies were noted: The facility inspection of the generator annunciator was non-compliant the specific items include: The remote generator annunciator located at the nurse's station did not provide a signal for loss of battery charger when tested. Ref: 2012 NFPA 101 Sections 19.2.9.1; 7.9.2.4 NFPA 99 Sections 6.4.1.1.16.2 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 916	Facility contracted with outside vendor to repair the remote generator annunciator located at the nurse's station. The Maintenance Director checked the annunciator at nurse's station is functioning as designed. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Essential Electric System Alarm Annunciator - and will continue to monitor in accordance with NFPA standards. Any findings will be submitted to the monthly QAPI Committee for review.	