

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: 345167	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/28/2017
NAME OF PROVIDER OR SUPPLIER YADKIN NURSING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 903 W MAIN STREET YADKINVILLE, NC 27055	
(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) Fully Sprinkled: yes Total Certified Bed Count = 147 Census = 111	K 000		
K 352 SS=F	Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/28/2017 at 9:30 AM the following deficiencies were noted: The standard is non-compliant, specific findings include:. The supervisory signal for the electronically	K 352	Standard Disclaimer: The plan of correction for this alleged deficient practice is provided as a necessary requirement of continued participation in the medicare/medicaid	1/12/18

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

TITLE

(X6) DATE

Electronically Signed

12/14/2017

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 352	Continued From page 1 supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel (FACP) could be silenced permanently when the valve was in the closed position in the sprinkler riser room. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve to the normal operating position. NFPA 101, 9.7.2.1 NFPA 72 This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 352	programs and does not in any manner constitute an admission to the validity of the alleged deficient practice. The alleged deficient practice will be corrected by installing an external audio speaker to the fire alarm system, which can not be silenced until the supervisory issue is resolved. This new equipment and the manner for which it is installed, is to be approved by the County Fire Marshal, Ricky Leonard. It is to be installed by Carolina Safety and Sound no later than January 12th 2018. Scheduled installation date is 01/03/2018. The functionality of this new device will be tested quarterly for one year and then annually thereafter with the annual fire alarm inspection. Inspections will be reported to the Quality Assurance Team.		
K 511 SS=E	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or	K 511	Standard Disclaimer:	12/1/17	

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K 511	Continued From page 2 documentation on 11/28/2017 at 9:30 AM the following deficiencies were noted: The standard is non-compliant, specific findings include: The exhaust in resident bathrooms 204 and 205 were not operating properly at time of survey. NFPA 101, 19.5.1.1/9.1.1 NFPA 70 This deficiency affected one smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 511	The plan of correction for this alleged deficient practice is provided as a necessary requirement of continued participation in the medicare/medicaid programs and does not in any manner constitute an admission to the validity of the alleged deficient practice. The alleged deficient practice was corrected by installing a new belt on the exhaust fan motor on 12/1/2017. The exhaust systems of the same type were inspected throughout the facility to assure they were operating within parameters. The exhaust systems of the same type will be inspected weekly for one month and then monthly thereafter to assure the alleged deficient practice does not occur. Inspections of all exhaust systems of the same type to be documented and reported to the Quality Assurance Team.		
K 521 SS=F	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or	K 521	Standard Disclaimer:	12/4/17	

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K 521	<p>Continued From page 3</p> <p>documentation on 11/28/2017 at 9:30 AM the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <ol style="list-style-type: none"> 1. facility could not provide documentation that a 4 year fire/smoke damper test had been performed. 2. HVAC unit on skilled side did not shut down on activation of fire alarm test. 3. the fire/smoke dampers on return vents through the facility have excess lent on them. <p>NFPA 101, 19.5.2.1/9.2</p> <p>This deficiency affected entire facility Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.</p>	K 521	<p>The plan of correction for this alleged deficient practice is provided as a necessary requirement of continued participation in the medicare/medicaid programs and does not in any manner constitute an admission to the validity of the alleged deficient practice.</p> <p>The alleged deficient practice of being non compliant with the HVAC standards were re-mediated by the following:</p> <ol style="list-style-type: none"> 1) For the alleged deficient practice of the facility not being able to provide documentation that a 4 year fire/smoke damper test had been performed: A four year fire/smoke damper inspection was performed by Sylvester and Cockrum INC. on 12/4/2017 All required inspections and paperwork to be stored in Director of Nursing's Office to assure that inspection paperwork is not misplaced. 2) For the alleged deficient practice of the HVAC unit on Skilled side not shutting down on activation of the fire alarm test: The HVAC unit on skilled unit was inspected by Sylvester and Cockrum INC. on 11/29/2017 and found it to be operating according to the manufactures design. The System does shut down upon activation of the fire alarm however it is done in stages to protect the integrity of the HVAC unit. The system shuts down in 2 minute stages requiring a total of six minutes to shut down. This unit meets the requirements of NFPA 90a according to the following code, 6.4. This unit serves only one smoke compartment and has an 	

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K 521	Continued From page 4	K 521	<p>inline duct smoke detector which will shut down the system and activate the fire alarm.</p> <p>3) For the alleged deficient practice of the fire/smoke dampers on the return vents throughout the facility having excess lent on them: The alleged deficient practice has been corrected by having all return vents vacuumed out and cleaned. This was completed on 12/4/2017. To assure that the alleged deficient practice does not occur all HVAC return vents will ne inspected quarterly and cleaned at minimum annually. The inspection and cleaning of vents will be documented and reported to the Quality Assurance Team.</p>		