

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

PRINTED: 07/01/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/29/2011
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST SHALLOTTE, NC 28459
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey) recertification and complaint investigation survey conducted on 06/29/11.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2011
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST SHALLOTTE, NC 28459
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K 056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: the accelerator lines to the dry side of the sprinkler system has valves that when closed will affect the operation of the system and is not equipped with an electronically supervised tamper alarm. Also, closet in Business office is not sprinkled.</p> <p>42 CFR 483.70(a)</p>	K 056	<p>On 7/21/11 Fire Technologies Inc was called {Sprinkler Co.} to add electronically supervised tamper alarms on both valves that when Closed will affect the operation of The accelerator. And also add a Sprinkler to the business office closet.</p> <p>To identify other areas having the potential for same deficient practice Fire Technologies will check all areas.</p> <p>To ensure that the deficient practice does not re-occur the Plant Operation Director will inspect any changes made in building.</p> <p>To monitor the corrective action the Plant Operation Director will inspect with Sprinkler Co. during Quarterly inspection of sprinkler system.</p> <p>Corrective action Completed by</p>	8/28/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jeri A. Cole* TITLE *Administrative* (X6) DATE *8-10-11*

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLDG 0202 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2011
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K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p>	K 045	<p>The lights in sunroom on 500 hall will be wired as to not leave the room in total darkness when lights are turned off.</p>	
K 050 SS=F	<p>42 CFR 483.70(a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p>		<p>To identify other areas having the potential for the same deficient practice the Plant Operation Director will inspect all like kind areas.</p> <p>To ensure that the deficient practice does not re-occur the Plant Operation Director will add check lights to daily inspection.</p> <p>To monitor the corrective action the Plant Operation Director will inspect any changes to lighting in all areas.</p> <p>Corrective action completed by</p>	8/28/11
	<p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: Sunroom on 500 hall will leave patient in total darkness when lights are turned off.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jenni A Cole</i>	TITLE <i>Administrator</i>	(X8) DATE 8-10-11
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K 050	Continued From page 1 Items were noncompliant, specific findings include: staff did not respond and show knowledge of procedures and responsibility of fire drill when conducted. 42.CFR 483.70(a)	K 050	The Plant Operation Director and Staff Development Director will inservice all staff on the proper procedures to follow when the Fire Alarm Rings. To Identify other areas having the potential for same deficient practice the Plant Operation Director and Staff Development Director will inservice staff on emergency procedures To ensure that the deficient practice does not re-occur. The Plant Operation Director will inservice at every fire drill the importance of the responsibility of staff. To monitor the corrective action the Plant Operation Director will continue to conduct monthly Fire Drill and inservice all new staff.	
			Corrective action completed by	8/31/11