

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

PRINTED: 09/13/2013
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/12/2013
NAME OF PROVIDER OR SUPPLIER YADKIN NURSING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 903 W MAIN ST BOX 879 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	
F 000	INITIAL COMMENTS The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).	F 000			

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:

345167

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

10/24/2013

NAME OF PROVIDER OR SUPPLIER

YADKIN NURSING CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

903 W MAIN ST BOX 879
YADKINVILLE, NC 27055

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

K 000

INITIAL COMMENTS

K 000

Surveyor: 27871
This Life Safety Code(LSC) survey was
conducted as per The Code of Federal Register
at 42 CFR 483.70(a); using the 2000 Existing
Health Care section of the LSC and its referenced
publications. This building is Type III
construction, one story, with a complete
automatic sprinkler system.

The deficiencies determined during the survey
are as follows:

K 012
SS=D
NFPA 101 LIFE SAFETY CODE STANDARD

Building construction type and height meets one
of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4,
19.3.5.1

K 012

K012
No residents were specifically identified as
having been affected by this alleged deficient practice.

For residents having the potential to be affected by this
deficient practice, the facility has completed the
following repair related to:

Opening in the fire barrier wall in rooms
(712 and 713) has been repaired by covering with
approved sheetrock and sealed with fire caulk.

The Maintenance Supervisor has inspected
all the fire rated walls and ceilings in the facility to
ensure there are no unsealed penetration. Any
penetration identified by the inspection will be
repaired.

To ensure compliance, the Maintenance
Supervisor shall inspect all fire rated walls and ceilings
monthly for three months and quarterly thereafter.

11/30/13

K 018
SS=E

42 CFR 483.70(a)
NFPA 101 LIFE SAFETY CODE STANDARD

Doors protecting corridor openings in other than
required enclosures of vertical openings, exits, or
hazardous areas are substantial doors, such as
those constructed of 1 1/2 inch solid-bonded core
wood, or capable of resisting fire for at least 20

K 018

TITLE:

(X6) DATE

11-8-13

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

Dale A. Reavis
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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: LTD021

Facility ID: 923574

If continuation sheet Page 1 of 4

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NAME OF PROVIDER OR SUPPLIER YADKIN NURSING CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 903 W MAIN ST BOX 879 YADKINVILLE, NC 27055
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K 018	<p>Continued From page 1 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3.</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</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: medical records door being held open with rubber wedge (500 Hall).</p>	K 018	<p>No residents were specifically identified as having been affected by this alleged deficient practice.</p> <p>Rubber door wedges have been removed. The Maintenance Supervisor shall perform weekly inspections to ensure that wedges are not used in the facility.</p> <p>To ensure compliance, the Maintenance Supervisor shall inspect all self closing and latching doors monthly for three months and quarterly thereafter to ensure they are closing properly and not wedged inappropriately.</p>	11/30/13
K 029 SS=E	<p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke-resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed</p>	K 029		

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Event ID: LTD921

Facility ID: 923574

If continuation sheet Page 2 of 4

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K 029	Continued From page 2 48 inches from the bottom of the door are permitted. 19.3.2.1 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: soiled linen door going into laundry not latching.	K 029	K029 No residents were specifically identified as having been affected by this alleged deficient practice. The door leading to the soiled linen room has been adjusted to close and latch properly. The Maintenance Supervisor will do weekly checks of all self-closing doors in the facility. Compliance will be monitored weekly for three weeks then on a monthly basis thereafter.	11/30/13
K 062 SS=E	42 CFR 483.70(a) NFFA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFFA 13, NFFA 25, 9.7.5 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: 1. sprinkler heads in kitchen are corroded. 2. sprinkler head by treatment room on 600 hall has paint on pendent. 3. sprinkler heads through out facility have excess lint buildup on pendent. 42 CFR 483.70(a)	K 062	K062 No residents were specifically identified as having been affected by this alleged deficient practice. (1) Sprinkler heads in the kitchen area are scheduled to be replaced by contractor Advanced Fire Designs the week of November 18, 2013. (2) Sprinkler head noted in the treatment room on 600 hall covered with paint is scheduled to be replaced by contractor Advanced Fire Designs the week of November 18, 2013. (3) Sprinkler heads noted to have excess lint buildup will be cleaned. Maintenance Supervisor will implement inspection of all sprinkler heads to be completed on a monthly basis. To ensure compliance, the Maintenance Supervisor shall inspect all sprinkler heads monthly for compliance and quarterly thereafter.	11/30/13

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