STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345333	A. BUILDING _____ B. WING _____	12/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBOTTS CREEK CARE AND REHABILITATION CENTER	877 HILL EVERHART ROAD LEXINGTON, NC 27295

(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.	F 000		

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

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

JAN 20 2012

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345333	A. BUILDING 01 - MAIN BUILDING 01 B. WING	01/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBOTTS CREEK CARE AND REHABILITATION CENTER	877 HILL EVERHART ROAD LEXINGTON, NC 27295

(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 Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following was noted; 1) Building one is under renovation at the time of the survey and the rear section is closed off from access.	K 000	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **Abbott's Creek Care & Rehabilitation Center** does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1, 19.2.1 This STANDARD is not met as evidenced by: Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following was noted: 1) The exit door in the vending room discharges out onto soil and not a hard surface to a public way. 2) Staff members when questioned at the main nurse station were not familiar with or were unsure about the master override switch for the mag lock equipped doors in the facility. 42 CFR 483.70(a)	K 038	K038 1. Secondary to ongoing construction in the center, a wall was erected on 01/13/12 in the corridor of less than 20 feet that eliminated the need for a temporary exit. 2. A comprehensive evaluation of exit doors was completed by the Maintenance Director on 01/13/12 to ensure doors were in compliance with current code with no further concerns identified. 3. The Maintenance Director was re-educated by the Administrator on 01/18/12 related to requirements of exit access. Staff was re-educated by the Maintenance Director and/or designee 01/18/12 related to of location and operation of the master override switch for the maglock equipped doors in the center. 4.Maintenance Director will observe exit access to ensure exits are arranged so that exits are readily accessible at all times in accordance with Life Safety Code. Findings	
K 211 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)	K 211		

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

Administrator | 01-20-12

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	345333	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/04/2012

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K 211	Continued From page 1 o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 The STANDARD is not met as evidenced by: Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following was noted: 1) Alcohol Based Hand Rub (ABHR)dispenser were located within six inches of the light switches throughout the facility. 42 CFR 483.70(a)	K 211	will be submitted to the Performance Improvement Committee monthly for 3 months, at which time the committee will reassess the need for further monitoring. Maintenance Director and/or designee will randomly interview three staff members weekly for 4 weeks and monthly for 2 months to ensure staff knows the location and function of the master override switch for the maglock equipped doors in the facility. Findings of the interviews will be submitted to Performance Improvement Committee monthly for 3 months, at which time the committee will reassess the need for further monitoring. K211 1. Hand sanitizer dispensers were relocated to a distance more than six inches from the light switches by the Maintenance Director on 01/17/12. 2. A comprehensive evaluation of hand sanitizer dispensers was completed by the Maintenance Director on 01/18/12 to ensure dispensers were in compliance with life safety code. 3. The Maintenance Director was re-educated by the Administrator on 01/18/12 related to the requirements of hand sanitizer dispensers. 4. Hand sanitizer dispensers will be observed during monthly Safety rounds by the Safety Committee members to ensure hand sanitizer dispensers remain in compliance with Life Safety Code. Findings will be submitted to the Performance Improvement Committee	01/20/12

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	345333	A. BUILDING 02 - BUILDING 02 B. WING _____	01/04/2012

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K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following was noted: 1) The smoke wall located in 200 hall has holes and/or penetrations that were not sealed in order to maintain the required rating of the wall. 42 CFR 483.70(a)	K 025	monthly for 3 months, at which time the committee will reassess the need for further monitoring. K025 1. Holes and/or penetrations in smoke wall on 200 Hall were sealed with fire caulk by the Maintenance Director on 01/18/12. 2. A comprehensive evaluation of smoke/fire walls throughout the facility was completed by the Maintenance Director, on 01/18/12 and was found to be in compliance with current code. 3. The Maintenance Director was re-educated by the Administrator on 01/18/12 related to the requirements of fire walls including sealing holes and/or penetrations. 4. Smoke/fire walls will be assessed by the Maintenance Director monthly for 3 months to ensure there are no holes or penetrations to the	01/20/12
K 062 SS=F	NFPA 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, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following	K 062	fire walls. Findings will be submitted to the Performance Improvement Committee monthly for 3 months, at which time the committee will reassess the need for further monitoring. K 062 1. K&S Sprinkler Company installed a new accelerator on dry valve for sprinkler system on 01/06/12.	01/20/12

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

Administrator — 01-20-12

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	345333	A. BUILDING 02 - BUILDING 02 B. WING _____	01/04/2012

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K 062	Continued From page 1 was noted: 1) Upon review of the sprinkler inspection report dated 9/19/11 stated that the sprinkler system required 92 seconds for water to reach the inspector test port. 42 CFR 483.70(a)	K 062	2. K&S Sprinkler Company retested trip out time on sprinkler system on 01/06/12. The results of the test were 45 seconds for water to reach the inspector test port. 3. The Maintenance Director was re-educated by the Administrator on 01/18/12 related to the requirements of the sprinkler system.	
K 211 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 486.623 This STANDARD is not met as evidenced by: Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following was noted: 1) Alcohol Based Hand Rub (ABHR)dispenser were located within six inches of the light switches throughout the facility. 42 CFR 483.70(a)	K 211	4. Accelerator will be checked by the Maintenance Director monthly for 3 months to ensure the sprinkler system meets Life Safety Code. A report will be submitted to the Performance Improvement Committee monthly for 3 months, at which time the committee will reassess the need for further monitoring. K211 1. Hand sanitizer dispensers were relocated to a distance more than six inches from the light switches by the Maintenance Director on 01/17/12. 2. A comprehensive evaluation of hand sanitizer dispensers was completed by the Maintenance Director on 01/18/12 to ensure dispensers were in compliance with life safety code. 3. The Maintenance Director was re-educated by the Administrator on 01/18/12 related to the requirements of Hand sanitizer dispensers. 4. Hand sanitizer dispensers will be observed during monthly Safety rounds by the Safety Committee members to ensure hand sanitizer	01/20/12

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			dispensers remain in compliance with Life Safety Code. Findings will be submitted to the Performance Improvement Committee monthly for 3 months, at which time the committee will reassess the need for further monitoring.	01/20/12