PRINTED: 07/05/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 06/29/2012				
		345143	B. Wil							
NAME OF PROVIDER OR SUPPLIER SILER CITY CARE AND REHABILITATION CENTER					STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST SILER CITY, NC 27344					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX)	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE			
F 000	INITIAL COMMENTS		F	000			1			
	of 42 CFR Part 483 Care Facilities. No	mpliance with the requirement B Subpart B for Long Term deficiencies were cited as a aint investigation. Event ID#								
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							:			

							and the state of t			
LABORATOR)	/ DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE		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.

PRINTED: 07/31/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION: (C) (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 AUG 0 9 2022 B. WING 345143 07/19/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN STORY OF THE CODE SILER CITY CARE AND REHABILITATION CENTER SILER CITY, NC 27344 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) "This Plan of Correction is prepared K 000 | INITIAL COMMENTS K 000 and submitted as required by law. By submitting this Plan of Correction, This Life Safety Code (LSC) survey was Siler City Care & Rehabilitation conducted as per The Code of Federal Register Center does not admit that the at 42 CFR 483.70(a); using the 2000 existing deficiency listed on this form exist, Health Care section of the LSC and its referenced nor does the Center admit to any publications. This building is Type II protected construction, and is utilizing North Carolina statements, findings, facts, or Special Locking arrangements. The facility is conclusions that form the basis for the equipped with an automatic sprinkler system. alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative CFR#: 42 CFR 483.70 (a) proceedings the deficiency. K 038 NFPA 101 LIFE SAFETY CODE STANDARD K 038 SS≃E statements, facts, and conclusions that Exit access is arranged so that exits are readily form the basis for the deficiency." accessible at all times in accordance with section 7.1. 19.2.1 K 038 1. The electric door locking hardware for the door leading to the service hall and the door leading to the 500 Hall This STANDARD is not met as evidenced by: has not been activated and is not in Based on the observations on 7/19/2012 and use and will not be in use until a staff interviews during the survey the following fire proposed 500 Hall Secure Unit alarm system item was observed as Upgrade receives approval from the noncompliant, specific findings include: During the testing of the fire alarm control panel to DHSR Construction Section at a later release the North Carolina Special Locking date. Systems doors. Upon DHSR Construction Section 1. The door leading from the service hall to the approval of the 500 Hall Secure Unit egress corridor had a momentary switch and not Upgrades, simple on and off switches a simple on and off switch at that location. will be installed at the door leading to the service hall and the door leading to 2. The door leading from the medical records area to the 500 hallway did not have a simple on the 500 Hall. and off switch at that location.

Any deficiently 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

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

Event ID: 4SP221

Facility ID: 923120

If continuation sheet Page 1-of

(X6) DATE

PRINTED: 07/31/2012 FORM APPROVED OMB NO. 0938-0391

CTATCMENT	OF DEFICIENCIES	WEDIONID GENVICES				OMB NO.	0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SU COMPLET	
	345143				- Miles	07/19/2012	
SILER CI	SUMMARY STA	ABILITATION CENTER	ID	9 S	EET ADDRESS, CITY, STATE, ZIP CODE 00 W DOLPHIN ST ILER CITY, NC 27344 PROVIDER'S PLAN OF CORREC	TION I	
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAC		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 052 SS=E	A fire alarm system installed, tested, ar with NFPA 70 Natio 72. The system had and testing prograr requirements of NF Based on the obseduring the survey the dindings include: I alarm control pane Special Locking Sy 1. The required exprecords area would control panel was so 2. There was no we components location.	is not met as evidenced by: ervations and staff Interviews he following fire alarm system as noncompliant, specific During the testing of the fire I to release the North Carolina estems doors. It door near the medical I relock after the fire alarm silenced. Viring diagram and system on map protected from adjacent to the fire alarm panel.		052	2. All facility doors with elect locking hardware were checked ensure that the proper door remechanisms were in place and operable by maintenance direct 7/20/12. 3. The maintenance staff we educated on checking the relemechanisms for facility door lock by the Administrator on will become a component of facility's regular monthly premaintenance program check 4. Monitoring of doors with door locking hardware will be performed monthly by the maintenance direcor. The restacility's monthly preventati maintenance check of all do lock will be presented at the monthly Performance Improcommittee meeting for revirecommendations. K 052 (1.) 1. The fire alarm system was configured by the facility's f system repair company on 7 that the required exit door not medical records area would lock after the fire control parsilenced.	ed to lease of the ctor on the re- ease of the state of the eventative of the very constant of the ewand of t	

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Event ID: 4SP221

Facility ID: 923120

If continuation sheet Page 2012



2 of 4



K 052 (1.) (continued)

- 2. The facility's fire alarm company checked all facility required exit doors to ensure that they would not re-lock after the fire alarm control panel was silenced on 7/25/12.
- 3. The maintenance staff was re educated on monitoring exit doors when the fire control panel is silenced to ensure that the doors do not re-lock after the fire control panel is silenced by the Administer on 8/1/12
- 4. Monitoring to be completed by the maintenance director monthly to ensure that doors are not re-locking after the fire control panel is silenced. The results of the facility's monthly preventative maintenance check of all required exit doors will be presented at the facility's monthly Performance Improvement Committee meeting for review and recommendations.

K 052 (2.)

1. The fire alarm company was notified by the Administrator on 7/25/12 to complete a wiring diagram and system components location map

kosa (a.) (continued)

to be placed adjacent to the facility's fire alarm panel. To be completed by 8/23/12

- 2. The facility's fire alarm system was checked to ensure that any required wiring diagrams and system components location maps were present by the maintenance director on 7/25/12
- 3. The maintenance director was reeducated on monitoring/verifying the presence of a fire alarm system component location map and fire alarm wiring diagram by the Administrator on 7/25/12.
- 4. A quarterly monitoring will be conducted to ensure the presence of a fire alarm system wiring diagram and system components location mapping by the maintenance director. The results of the quarterly facility fire alarm system inspection will be presented at the facility's Performance Improvement Committee quarterly for review and recommendations.

8/16/12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	}	(X2) MULTIPLE CONSTRUCTION (X3) DATE COMP		
		345143	B. WING	[07/19/2012	
		ABILITATION CENTER	9(EET ADDRESS, CITY, STATE, ZIP CODE 00 W DOLPHIN ST ILER CITY, NC 27344		72012
PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K 000	This Life Safety Conducted as per at 42 CFR 483.70 Health Care section publications. This construction, and Special Locking at equipped with an acceptable of the construction of the conduction of the construction of the constr	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 II protected construction, and is utilizing North Carolina Special Locking arrangements. The facility is equipped with an automatic sprinkler system. CFR#: 42 CFR 483.70 (a) 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 Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Siler City 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		
K 052 SS=E	Based on the obs staff interviews dualarm system item noncompliant, spethe testing of the frelease the North Systems doors, Thall to the 500 hall off switch at the document of the testing of the frelease the North Systems doors, Thall to the 500 hall off switch at the document of the testing of the testin		K 052	1. The electric door locking I for the door leading to the se and the door leading to the 5th has not been activated and is use and will not be in use unterproposed 500 Hall Secure Unungrade receives approval from DHSR Construction Section date. Upon DHSR Construction Section date.	rvice hall 00 Hall not in til a nit rom the at a later ection are Unit switches eading to	

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.

Event ID: 4SP221

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PRINTED: 07/31/2012 FORM APPROVED OMB NO. 0938-0391

l		IVAL PROMOTEDIAL PROMOTED				OMR NO.	<u>0938-0391</u>		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X2) MULTIPLE CONSTRI A. BUILDING 02 - BI			(X3) DATE SU COMPLET	
		345143 B. WING		NG_		į			
NAME OF F	PROVIDER OR SUPPLIER			CTC	FFT ADDRESS OF	07/19	/2012		
SILER C	ITY CARE AND REHA	BILITATION CENTER		9	REET ADDRESS, CITY, STATE, ZIP CODE 00 W DOLPHIN ST BILER CITY, NC 27344				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF	ix	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	HIDRE Ì	(X5) COMPLETION DATE		
					DEFICIENCY)	OFRIATE	Divic		
K 052	installed, tested, an with NFPA 70 Natio 72. The system has and testing progran	Continued From page 1 installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4		052	2. All facility doors with elect locking hardware were checked ensure that the proper door remechanisms were in place and operable by maintenance dire 7/20/12.	ed to lease d			
	This STANDARD is not met as evidenced by: Based on the observations and staff Interviews during the survey the following fire alarm system item was observed as noncompliant, specific findings include: During the testing of the fire alarm control panel to release the North Carolina Special Locking Systems doors. The required exit door near nurses station on the 500 hallway would relock after the fire alarm control panel was silenced. CFR#: 42 CFR 483.70 (a)				3. The maintenance staff were reeducated on checking the release mechanisms for facility doors that lock by the Administrator on 8/1/12 will become a component of the facility's regular monthly preventative maintenance program check. 4. Monitoring of doors with electric door locking hardware will be performed monthly by the maintenance direcor. The results of the facility's monthly preventative maintenance check of all doors that lock will be presented at the facility's monthly Performance Improvement Committee meeting for review and recommendations. K 052 (1.)				
					1. The fire alarm system was a configured by the facility's fire system repair company on 7/2 that the required exit door near medical records area would no lock after the fire control pane silenced.	e alarm 5/12 so r the ot re-			

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Event ID: 4SP221

Facility ID: 923120

If continuation sheet Page 2 of 2



K 052 (1.) (continued)

- 2. The facility's fire alarm company checked all facility required exit doors to ensure that they would not re-lock after the fire alarm control panel was silenced on 7/25/12.
- 3. The maintenance staff was re educated on monitoring exit doors when the fire control panel is silenced to ensure that the doors do not re-lock after the fire control panel is silenced by the Administer on 8/1/12
- 4. Monitoring to be completed by the maintenance director monthly to ensure that doors are not re-locking after the fire control panel is silenced. The results of the facility's monthly preventative maintenance check of all required exit doors will be presented at the facility's monthly Performance Improvement Committee meeting for review and recommendations.

K 052 (2.)

1. The fire alarm company was notified by the Administrator on 7/25/12 to complete a wiring diagram and system components location map

KOSZ (a.) (Continued)

to be placed adjacent to the facility's fire alarm panel. To be completed by 8/23/12

- 2. The facility's fire alarm system was checked to ensure that any required wiring diagrams and system components location maps were present by the maintenance director on 7/25/12
- 3. The maintenance director was reeducated on monitoring/verifying the presence of a fire alarm system component location map and fire alarm wiring diagram by the Administrator on 7/25/12.
- 4. A quarterly monitoring will be conducted to ensure the presence of a fire alarm system wiring diagram and system components location mapping by the maintenance director. The results of the quarterly facility fire alarm system inspection will be presented at the facility's Performance Improvement Committee quarterly for review and recommendations.

8/16/12