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

PRINTED: 06/24/20<sup>-</sup> FORM APPROVE OMB NO. 0938-03§

AND PLAN OF CORRECTION IDENTIFICAT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	TION NUMBER:  A. BUILDING				(X3) DATE SURVEY COMPLETED	
		345294				06/20/2013		
	ROVIDER OR SUPPLIER	TE		23	EET ADDRESS, CITY, STATE, ZIP CO 37 MULBERRY ST HALLOTTE, NC 28459			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETIO DATE	
F 000	INITIAL COMMENTS		F	000				
		CFR Part 483, Subpart B for acilities (General Health						
		re cited as a result of the ation. Event ID 0T3811	,					
				   	i	,		
			i ! !				; ;     	
LABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE		TITLE		(X6) DATE	

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CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEPICENCES AND PLAN OF CORRECTION  SA5284  D. WING  CONSTRUCTION SE  STATEMENT OF DEPICENCES A BUTLINING DI - MAIN BUILDING DI - 2 9 2013  NAME OF PROMOBER OR SUPPLIER  AUTUMN CARE OF SHALLOTTE  STREET ADDRESS, CITY, STATE ZIP CODE  227 MULBERRY BT  SHALLOTTE, NG 28469  PREFIX (EACH DEPICENCY MUST BE PRECEDED BY FULL TAGS  REGULATORY OR LSC IDENTIFYING INFORMATION)  K 000  INITIAL COMMENTS  SURVEYOR: 27871  This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register  By AUTUMN Care contacted  SIRVED AND MULBERRY BT  STREET ADDRESS, CITY, STATE ZIP CODE  227 MULBERRY BT  SHALLOTTE, NG 28469  PROVIDERS PLAN OF CORR  (EACH DEPICENCY)  PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  K 000  K 000  SURVEYOR: 27871  This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register  By AUTUMN Care contacted  Simplex Grinnell to have the	PRINTED: 07/10/2013 FORM APPROVED OMB NO. 0938-0391
AUTUMIN CARE OF SHALLOTTE  AUTUMIN CARE OF SHALLOTTE  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  KOOD  INITIAL COMMENTS  SURVEYOR: 27871 This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register  AUTUMIN CARE OF SHALLOTTE  STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY BT SHALLOTTE, NC 28459  PROVIDERS PLAN OF CORR. (EACH CORRECTIVE ACTION SI (EACH CORRECTIVE ACT	AND THE PORT OF
AUTUMIN CARE OF SHALLOTTE  C(A) BO SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LEC IDENTIFYING INFORMATION)  K 000 INITIAL COMMENTS  Surveyor: 27871 This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register  237 MULBERRY BT SHALLOTTE, NC 28459  PROVIDERS PLAN OF CORRECTIVE ACTION SI (EACH CORRECTIVE ACTION SI) (EACH CORRECTIVE	CTION 07/10/2018
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REGULATORY OR LISC IDENTIFYING INFORMATION)  K 000 INITIAL COMMENTS  Surveyor: 27871  This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG:  (EACH CORRECTIVE ACTION 8)	
Surveyor: 27871 This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register  • Autumn Care contacted	HOULD BE CONSTITUTED ON
This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register . Autumn Care contacted	
Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system.  Strobe Light repaired on the 300 hall. Simplex ordered the replacement chime and strope the system.	ie be
The deficiencies determined during the survey are as follows:  K 052  SS=D  A fire alarm system required for life safety is 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  and will replace the chime and between room 310 and 312.  K 052  K 052  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	Simplex d ig innell will
This STANDARD is not met as evidenced by:  Surveyor: 27871  Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliance, specific findings include: strobe was not working on hom/strobe device between rooms 310 and 312, when fire alarm system was tested.  **To ensure that the same define practice does not re-occur to plant operation director will chime and strobe inspection.  **To monitor the corrective act the Plant Operation Director inspect with Simplex Grinnel chimes and strobes on our quantum system was tested.  **ABORATORY ORIECTORS OR PROVIDED REPRESENTATIVES BRINATURE**  **To ensure that the same define practice does not re-occur to plant operation director will chime and strobe inspection.	he add to our tion will
TABORATORY OFFICETORS OF PROVIDED SUPPLIER REPRESENTATIVES EXCHATURE	. 7-23-13

Any deficiency statement ending with an exterisk (\*) denotes a deficiency which the institution may be soccused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for ruraing homes, the findings stated above are disclossable 30 days following the date of survey whether or not a plan of correction is provided. For horsing homes, the above findings and plans of correction are disclossable 14 days following the date these documents are made available to the facility. If deficiencies are effect, an approved plan of correction is requisite to condituted program participation.

PRINTED: 07/10/2013

DEPAPTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENTOF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERASUPPLIERACIJA 02) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING OF AMAIN BUILDING OF 345294 07/10/2013 NAME OF PROMOER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 MULBERRY ST AUTUMNCARE OF SHALLOTTE SHALLOTTE, NC 28459 SUMMARY BYATEVENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION DATE CXA)-ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LECTOENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY K 052 Continued From page 1 K 052 Autumn Care contacted 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Simplex Grinnell to have the K 056 K 056 SS=D Tamper switch repaired in If there is an automatic sprinkler system. It is the sprinkler riser room and installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to verified they will work in case provide complete coverage for all portions of the a valve is turned. Simplex building. The system is properly maintained in repaired switch by adjusting accordance with NFPA 25, Standard for the .. Inspection, Testing, and Maintenance of the existing tamper switch. Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water To identify other areas having supply for the system. Required sprinkler systems are equipped with water flow and tamper the potential for the same switches, which are electrically connected to the deficient practice Simplex Grinnell building fire alarm system. will inspect all tamper switches on the sprinkler system for the potential of having same issues and will repair as needed. This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at To ensure that the same deficient approximately:11:30 am onward, the following practice does not re-occur the items were noncompliance, specific findings include: tamper switch in itser room did not plant operation director will add activity alarm at fire alarm control panel when tamper switch testing to our tested(riser room in day room across laundry). Quarterly sprinkler inspection: 42 CFR 483.70(a) To monitor the corrective action the Plant Operation Director will Inspect with Simplex Grinnell all tamper switches on our quarterly sprinkler inspection, 08/15/2013

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING 02 - BLDG 0202				(X3) DATE SURVEY COMPLETED		
		345294				07/10/2013			
	NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SHALLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 297 MULBEARY ST SHALLOTTE, NC 28459					
_	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FUIL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BF	COMPLETIC DATE	
	к <i>0</i> 00	INITIAL COMMENT	'S	K	000		D		
	·	conducted as per 11 at 42 CFR 483,70(a) Health Care section	ystem. Cade Deficiencles						
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W.	ORATORY DI	RECTOR'S OR PROVIDERA	SUPPLIER REPRESENTATIVE'S SIGNAT	nio:		mile		AL DAYE	

Any deficiency statement entring 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 disclosuble 90 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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