K 022 NFPA 101 LIFE SAFETY CODE STANDARD

Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4

This STANDARD is not met as evidenced by:
42 CFR 483.70 (a)

Based on observations, on 1/28/15 at

Wilson Pines Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes

Electronically Signed
02/13/2015
<table>
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<tr>
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<th>Summary Statement of Deficiencies</th>
<th>ID</th>
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<th>Tag</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 022</td>
<td>Continued From page 1</td>
<td></td>
<td>approximately 11 AM onward, the following deficiencies were noted: The means of egress was non-compliant, specific findings include: The doors from the front entrance to the enclosed exterior courtyard did not have a sign reading &quot;NO EXIT&quot;. The doors have glass vision panels and appeared to lead to the exterior of the building; therefore it could be mistaken for an exit. Ref: 2000 NFPA 101 Sections 18.2.10, 10.8.1 Any door that is likely to be mistaken for an exit shall be identified by a sign reading &quot;NO EXIT&quot;. Such sign shall have the word NO in letters 2&quot; high with a stroke width of 3/8&quot; and the EXIT in letters 1&quot; high, with the word EXIT below the word NO. This deficiency affected one smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
<td>K 022</td>
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<td></td>
<td>this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Wilson Pines Nursing and Rehabilitation Center’s response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Wilson Pines Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. K-022 A not an exit sign was installed above the door to the courtyard on 2/3/15 by the Maintenance Supervisor. All doors that are not an exit were inspected to assure a not an exit sign was in place on each door on 1/29/15 by the Maintenance Supervisor. An in-service was conducted with the Maintenance Supervisor on 1/29/15 by the Administrator to ensure understanding that the doors to the courtyard must have a not an exit sign at all times. The Maintenance Supervisor will monitor</td>
</tr>
</tbody>
</table>
## NAME OF PROVIDER OR SUPPLIER

**WILSON PINES NURSING AND REHABILITATION CENTER**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

403 CRESTVIEW AVENUE
WILSON, NC  27893

### SUMMARY STATEMENT OF DEFICIENCIES

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<td></td>
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<td>the courtyard doors monthly times 3 months to ensure the not an exit sign is present using a QI monitoring tool.</td>
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<td></td>
<td>The Maintenance Supervisor will submit the QI monitoring tool to the Administrator for review upon completion. The Administrator will review the findings monthly with the QA Committee to determine if further monitoring is necessary to ensure compliance.</td>
<td>2/3/15</td>
</tr>
<tr>
<td>K 050</td>
<td>SS=F</td>
<td></td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
<td></td>
<td></td>
<td>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</td>
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<td>Based on observations, on 1/28/15 at approximately 11 AM onward, the following deficiencies were noted: The fire drills were non-compliant, specific findings include, documentation indicated less than the required number of drills were held on first and third shift of 1st quarter, second shift of 3rd quarter and third shift of 4th quarter 2014.</td>
<td></td>
</tr>
<tr>
<td>K-050</td>
<td></td>
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<td>An in-service was conducted with the Maintenance Supervisor on 1/29/15 by the Administrator to ensure understanding of conducting monthly fire drills per NFPA 101 section 19.7.1.2</td>
<td></td>
<td></td>
<td></td>
<td>A fire drill was conducted on 1/23/15 and 2/2/15 by the Maintenance Supervisor which illustrated compliance with NFPA</td>
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**Event ID:** 24XG21  
**Facility ID:** 923039  
**If continuation sheet Page:** 3 of 7
**Summary Statement of Deficiencies**

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<td>K 050</td>
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<td>Continued From page 3 Reference NFPA 101 section 19.7.1.2 This deficiency affected all smoke compartments and all residents. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
<td>K 050</td>
<td></td>
<td></td>
<td>101 section 19.7.1.2 The Maintenance Supervisor will conduct quarterly fire drills on each shift at unexpected times under varying conditions and document the outcome on the monthly fire drill report. The Maintenance Supervisor will submit the QI monitoring tool to the Administrator for review upon completion. The Administrator will review the findings monthly with the QA Committee to determine if further monitoring is necessary to ensure compliance.</td>
</tr>
<tr>
<td>K 062</td>
<td>SS=F</td>
<td></td>
<td>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: 42 CFR 483.70 (a) Based on observations, on 1/28/15 at approximately 11 AM onward, the following deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings include, documentation from certifications indicated facility was aware of the item that is in need of repair. There is no indication that this item has been corrected. Report from service on 11/3/14 indicated that the tamper switch on bleeder valve on low air switch was wired by the alarm technician from Williams Fire Sprinkler on 1/29/15. The tamper switch on bleeder valve on low air switch was wired by the alarm technician from Williams Fire Sprinkler on 1/29/15. An in-service was conducted with the Maintenance Supervisor on 1/29/15 by the</td>
<td>K 062</td>
<td></td>
<td></td>
<td>1/29/15</td>
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**Street Address, City, State, Zip Code**

403 CRESTVIEW AVENUE

WILSON, NC  27893
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| K 062     |     | Continued From page 4
bleeder valve on low air switch still needs to be wired into the fire alarm control panel.
Reference NFPA 101 section 19.7.6, 4.6.12, NFPA 13, NFPA 25 9.7.5 Required automatic sprinkler systems are continuously maintained in reliable operating condition.
This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke. |
| K 144     |     | NFPA 101 LIFE SAFETY CODE STANDARD
Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. |

**K 062**

Technician from Williams Fire Sprinkler and the Administrator to ensure understanding of following repair recommendation from the annual inspection of Williams Fire Sprinkler.

The Maintenance Supervisor and Administrator will review the annual fire sprinkler report from Williams Fire Sprinkler and will repair any negative findings from the report as soon as practical.

The Maintenance Supervisor will submit the QI monitoring tool to the Administrator for review upon completion. The Administrator will review the findings monthly with the QA Committee to determine if further monitoring is necessary to ensure compliance.

**K 144**

The low water temp light on the generator was repaired on 1/29/15 by Clarke Generators.
Continued From page 5
approximately 11 AM onward, the following
deficiencies were noted: The generator
annunciator panel and/or generator was
non-compliant, specific findings include, the
annunciator panel indicated that the generator
had a "Low water" temperature.

Reference NFPA 99 3-4.1.1.15, NFPA 70,
National Electrical Code, Section 700-12 A
remote annunciator, storage battery powered,
shall be provided to operate outside of the
generating room in a location readily observed by
operating personnel at a regular work station. The
annunciator shall indicate alarm conditions of the
emergency or auxiliary power source as follows:
(a) Individual visual signals shall indicate the
following:
1. When the emergency or auxiliary power
source is operating to supply power to load
2. When the battery charger is
malfunctioning
(b) Individual visual signals plus a common
audible signal to warn of an engine-generator
alarm condition shall indicate the following:
1. Low lubricating oil pressure
2. Low water temperature (below those
required in 3-4.1.1.9)
3. Excessive water temperature
4. Low fuel - when the main fuel storage tank
contains less than a 3-hour operating supply
5. Overcrank (failed to start)
6. Overspeed
Where a regular work station will be unattended
periodically, an audible and visual derangement
signal, appropriately labeled, shall be established
at a continuously monitored location. This
derangement signal shall activate when any of
the conditions in 3-4.1.1.15 (a) and (b) occur, but
need not display these conditions individually.

The low water temp light on the generator
was repaired on 1/29/15 by Clarke
Generators.

An in-service was conducted with the
Maintenance Supervisor on 1/29/15 by the
Administrator to ensure understanding of
monitoring generator lights as they come
on.

The Maintenance Supervisor will monitor
the generator per policy and procedure to
ensure the generator is operating normally
using the emergency generator report.

The Maintenance Supervisor will submit
the QI monitoring tool to the Administrator
for review upon completion. The
Administrator will review the findings
monthly with the QA Committee to
determine if further monitoring is
necessary to ensure compliance.
### Statement of Deficiencies and Plan of Correction

**A. BUILDING 01 - MAIN BUILDING 01**

**NAME OF PROVIDER OR SUPPLIER**

**WILSON PINES NURSING AND REHABILITATION CENTER**

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<td>K 144</td>
<td>Continued From page 6 [110: 3-5.5.2] This deficiency affected one smoke compartment where the generator annunciator was located, however the generator could affect the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
<td>K 144</td>
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