

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/13/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN CARE OF DREXEL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>307 OAKLAND AVENUE DREXEL, NC 28619</b>	
(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  This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III(211) construction, one story, with a complete automatic sprinkler system. In the exit conference all deficiencies noted were discussed with administration.  At time of survey the: Total Certified Bed Count = 100 Census = 96  The deficiencies determined during the survey are as follows:	K 000		
K 032 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations, on 02/13/2015 at approximately 10:00 am onward, the following deficiency is noted:  Exit discharge door , equipped with delayed egress lock, did not function and release with pressure applied to release device or door in	K 032	This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.	2/18/15

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

TITLE

(X6) DATE

Electronically Signed

02/27/2015

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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K 032	<p>Continued From page 1</p> <p>accordance with section 7-2.1.6 of the LSC. There was no audible signal to indicate that lock would release in accordance with signage posted on the door from the egress side. Door opens from lobby at lower level nursing unit located on southeast corner of facility.</p> <p>Note: The door lock did release with activation of fire alarm system and loss of power.</p> <p>This deficiency affected one of two smoke compartments occupants utilizing lower level exit during emergency situation.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 032	<p>It is the policy of this facility that exit discharge doors, equipped with delayed egress locks, function and release in accordance with life safety code standards. This has been achieved by having Modern Systems Inc perform service on the lower level unit lobby door on 2/18/2015.</p> <p>Because all residents are potentially affected by the cited deficiency, the upper level lobby door was also checked on 2/18/15 and no deficiency was noted. Effective 2/18/15, a quality assurance program was implemented under the direction of the Administrator to ensure continued compliance. The Maintenance Director/designee conducts an audit weekly to monitor the doors with delayed egress locks to ensure they function and release in accordance with life safety code. Any deficiencies are corrected immediately and the findings of the audits are reported to the quality assurance committee quarterly for further review and/or corrective action. The Maintenance Director is responsible for monitoring compliance.</p>		