

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2015
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF DREXEL			STREET ADDRESS, CITY, STATE, ZIP CODE 307 OAKLAND AVENUE DREXEL, NC 28619	
(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 NF Census = 96 NF The deficiencies determined during the survey are as follows:	K 000		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 02/13/2015 at	K 029	It is the policy of this facility to ensure there are no unsealed holes in the rated roof/ceiling assembly. This has been	2/23/15

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 029	Continued From page 1 approximately 8:30 am onward, the following deficiencies were noted: There are unsealed holes in the rated roof/ceiling assembly of laundry room - located near main nurse's station and main dining area. These deficiencies 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.	K 029	achieved in the laundry room by removing non-functional vent pipe and re-placing with drywall. Fire caulk has been placed in unsealed holes. This was completed by the Maintenance Director on 2/20/15. Because all areas are potentially affected by the cited deficiency, the Maintenance Director/designee checked all facility ceilings on 2/23/15 to ensure there were no holes in the rated roof/ceiling assembly. Any areas of concern were corrected immediately. Effective 2/23/15, a quality assurance program was implemented under the supervision of the Administrator to monitor for holes in the rated roof/ceiling assembly. The Maintenance Director/designee checks monthly for holes to monitor for any identified area which requires fire caulk/other required repair. Any identified areas are corrected immediately and the findings documented and submitted to the quality assurance committee quarterly for further review and/or corrective action. The Maintenance Director is responsible for monitoring compliance.		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067		2/23/15	

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K 067	Continued From page 2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 02/13/2015 at approximately 8:30 am onward, the following deficiencies were noted: 1. ceiling fire damper is held in the open position by wire that is not equipped with a fusible link in accordance with manufacturer's installation instructions - located in the lobby ceiling to the left of front entrance door and in front of south wall. 2. ceiling damper is held in the open position by metal brackets designed to hold fusible linkage for ceiling damper assembly; fusible link is missing at time of survey - located in the front entrance lobby adjacent to east wall. These deficiencies 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.	K 067	It is the policy of this facility that heating, ventilating, and air conditioning comply with life safety code standards. This includes ensuring ceiling fire dampers are equipped with a fusible link in accordance with manufacturer's installation instructions. This has been achieved by having Perkins Heating & Air correct the deficiencies noted by installing new fusible links to the two identified ceiling fire dampers in the front lobby. Because all areas are potentially affected by the cited deficiency, the Maintenance Director/designee as well as Perkins Heating & Air completed a 100 % audit on all facility fire dampers on 2/23/15. Any identified areas of concerns were immediately corrected by replacing new fusible links to fire dampers. Effective 2/23/15, a quality assurance program was implemented under the supervision of the Administrator to monitor ceiling fire dampers. The Maintenance Director/designee checks monthly to monitor dampers for any identified area which requires repair. Any identified areas are corrected immediately and the findings documented and submitted to the quality assurance committee quarterly for further review and/or corrective action. The Maintenance Director is responsible for monitoring compliance.		
K 147	NFPA 101 LIFE SAFETY CODE STANDARD	K 147		2/27/15	

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K 147 SS=D	<p>Continued From page 3</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 02/13/2015 at approximately 8:30 am onward, the following deficiency is noted:</p> <p>The low temperature visual indicator for generator annunciator panel is not functioning with test switch activation.</p> <p>This deficiency affected one smoke compartment.</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 147	<p>It is the policy of this facility that electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. This includes the low temperate visual indicator for generator annunciator panel.</p> <p>This has been achieved by replacing the bulb for the low temperature visual indicator for generator annunciator panel on 2/27/15. All other visual indicator bulbs have been checked by the Maintenance Director on 2/27/15 and are functioning properly.</p> <p>Effective 2/27/15, a quality assurance program was implemented under the supervision of the Administrator to monitor visual indicator lights for generator annunciator panel. The Maintenance Director/designee checks weekly to ensure all bulbs and functioning properly. Any identified areas are corrected immediately and the findings documented and submitted to the quality assurance committee quarterly for further review and/or corrective action. The Maintenance Director is responsible for monitoring compliance.</p>		