

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345473	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2015
NAME OF PROVIDER OR SUPPLIER WILORA LAKE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6001 WILORA LAKE ROAD CHARLOTTE, NC 28212	
(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 A 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. In the exit conference all deficiencies noted were discussed with administration. Stories: One Construction Type III (211) Constructed: 1995 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 90/70 Census - 63/17	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 2/11/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The facility has an unsealed penetration in the rated ceiling across from the central nurse's station.	K 012	The unsealed penetrations in the rated ceiling/expansion joint across from the central nurse's station has been sealed (completed 2.20.15). A tour of the facility has been conducted to ensure no other expansion joints were improperly sealed and had no penetrations (completed 2.11.15)	2/27/15

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

TITLE

(X6) DATE

Electronically Signed

03/12/2015

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 012	Continued From page 1 The expansion joint for the portion of the building was not sealed properly to maintain the integrity of the one hour ceiling at that location. This deficiency affected 1 of approximately 4 expansion joints in the facility Ref: 2000 NFPA 101 Section 8.2.3.2.4	K 012	To help ensure the deficiency does not reoccur, the facility director of maintenance will conduct weekly tours to ensure facility expansion joints are properly sealed and maintained. Findings will be reported to the facility administrator and QAPI committee monthly		
K 038 SS=D	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 STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 2/11/2015 at approximately 10:00 AM onward, the following deficiencies were noted: The special locking door release switch at the required exits in the 400 unit was mounted above 48 inches above the finished floor. The releasing mechanism for doors shall be installed between 34" and 48" AFF(Above Finish Floor). This deficiency affected 1 of approximately 2 special locking doors.	K 038	The special locking door release switch in the 400 wing has been reinstalled to comply with the required life safety code standard (3.11.15). The one other special locking door release switch was audited to ensure compliance with Life Safety Code Standards(2.11.15). There are no other special locking door release switches in the facility. To help ensure this deficient practice does not reoccur, any new construction involving installation of special door release mechanism, the facility director of	3/11/15	

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K 038	Continued From page 2 Ref: 2000 NFPA 101 Section 19.2.1, 7.1.10.1, 7.2.1.5.4	K 038	maintenance will ensure special door release mechanisms meet Life Safety Code Standard (between 34 -48 inches above finished floor).		
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations on 2/11/2015 at approximately 10:00 AM onward, the following deficiencies were noted:</p> <p>The facility has sprinklers that are dissimilar in the same room / smoke compartment.</p> <p>The sprinkler heads installed in the following compartments are to be of the same type so that the sprinkler system in these spaces can work in unison.</p> <ol style="list-style-type: none"> 1. Storage room next to the laundry. 2. Beauty shop 3. Activity directors office 4. Central supply <p>The mix of quick response heads and standard fused head may not work in unison for proper sprinkler protection in the above mentioned spaces.</p>	K 062	<p>Simplex Grinnell, the facility's sprinkler company as toured the facility (2.16.15).</p> <p>Based on the currently installed sprinkler system and sprinkler heads, the manufacture's specifications advise, while dissimilar, the sprinkler heads are compatible and will work in unison for proper sprinkler protection(see the attached).</p>	2/16/15	

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

PRINTED: 03/31/2015
FORM APPROVED
OMB NO. 0938-0391

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K 062	Continued From page 3 Ref: NFPA 13,5-3.1.5.2	K 062			