

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345500	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2015
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NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526
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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 (111) construction, 3 story, with a complete automatic sprinkler system.

At time of survey the:
Total Certified Bed Count = 45
Census = 24

The deficiencies determined during the survey are as follows:

**K 012 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D**

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 Friday 1/9/15 at approximately 9:00 AM onward, the following deficiencies were noted:

- 1) There are penetration and/or holes in the 4 hour fire wall located on the back hall to meet the required fire resistance rating. (The black foam insulation around pipe penetration in the fire wall is not fire rated

**K 018 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D**

Doors protecting corridor openings in other than

K 000 Windsor Point acknowledges the receipt of the Summary Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable release provisions of our residents. The Plan of Correction is submitted as a written allegation of compliance. Windsor Point's response to the Summary Statement of Deficiencies and Plan of Correction does not denote agreement with the deficiencies, nor does it constitute an admission that any deficiency is accurate.

K 012 Further, Windsor Point reserves the right to submit documentation to refute any of the stated deficiencies on the Summary Statement of Deficiencies through informal dispute resolution, formal appeal process, and/or any other administrative or legal proceeding.

K 012

Windsor Point Continuing Care will ensure that penetration and/or holes in the 4 hour wall located on the back hall will be repaired by the Maintenance Director to meet the required fire resistance rating.

K 018

2/23/15

CONSTRUCTION SECTION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE (X6) DATE JAN 26 2015
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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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NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526	

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K 018 Continued From page 1
 required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

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

Based on observations, on Friday 1/9/15 at approximately 9:00 AM onward, the following deficiencies were noted:
 1) The corridor doors to resident room 65 and 14 did not have positive latching.
 NFPA 101: 19.3.6.3

K 025
 SS=D NFPA 101 LIFE SAFETY CODE STANDARD

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass

K 018 The black foam insulation around the pipe penetration in the fire wall will be repaired by the Maintenance Director with the proper fire resistance rated foam/caulk. 2/23/15

An audit of all the fire walls will be conducted by the Maintenance Director to ensure that there are no halls penetrating the fire walls. 2/23/15

K 018
 The Maintenance Director for Windsor Point Continuing Care repaired the corridor doors to resident rooms 65 and 14 so that both properly latch. 2/23/15

The latching components for all corridor doors will be audited to ensure that there is positive latching between the door and the frame. 2/23/15

K 025
 The Maintenance Department will complete a monthly audit on all corridor doors to ensure proper latching. 2/23/15

The administrator, or designee, will complete random audits on doors ensure proper latching. 2/23/15

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K 025 Continued From page 2
panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

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

Based on observations, on Friday 1/9/15 at approximately 9:00 AM onward, the following deficiencies were noted:

1) The smoke walls located on the back hall next to Therapy room have holes and/or penetrations that were not sealed in order to maintain the fire resistance rating of the wall.

NFPA 101, 19.3.7.3

NFPA 101, 8.3.6.1

K 050 NFPA 101 LIFE SAFETY CODE STANDARD
SS=F

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

This STANDARD is not met as evidenced by:

K 025

K 025

The smoke walls located on the back hall next to the Therapy room will be repaired by the Maintenance Director.

2/23/15

Fire resistance caulk will be utilized by the Maintenance Director to seal the holes and/or penetrations in order to maintain the fire resistance rating of the wall.

2/23/15

An audit of all the fire walls will be conducted by the Maintenance Director to ensure that there are no halls penetrating the fire walls.

2/23/15

K 050

K 050

The Maintenance Director will continue to conduct quarterly fire drills on each shift.

2/23/15

The Maintenance Director will conduct another fire drill for the month of January 2015 at unexpected times under varying conditions on 1st shift.

2/23/15

The Maintenance Director will conduct another fire drill for the month of January 2015 at unexpected times under varying conditions on 3rd shift.

2/23/15

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K 050 Continued From page 3
42 CFR 483.70 (a)

Based on observations, on Friday 1/9/15 at approximately 9:00 AM onward, the following deficiencies were noted:
1) The fire drill conducted on 1st and 3rd shift were not conducted unexpected times under varying conditions. Fire drill were conducted within a 30 time frame of each other.

K 062 SS=F
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 Friday 1/9/15 at approximately 9:00 AM onward, the following deficiencies were noted:
1) The sprinkler heads in the laundry room, resident room 40, 41 and other areas throughout the building were not maintained clean and in good condition.
Actual NFPA Standard: NFPA 101, 4.6.12.1. Every required sprinkler system shall be continuously maintained in proper operating condition.

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

K 050 The fire drill form will be revised by the Administrator to prompt the requirement for unexpected fire drills under varying conditions. 2/23/15

An audit of the fire drills will be conducted randomly by the Administrator or designee to ensure that fire drills are held at unexpected times under varying conditions. 2/23/15

K 062

The Maintenance Director will inspect and clean the sprinkler heads in the laundry room, resident room 40 and resident room 41. 2/23/15

The Maintenance Director will inspect and clean the sprinkler heads throughout the building to ensure that the sprinkler heads are maintained clean and in good condition. 2/23/15

A monthly audit tool will be implemented by the Administrator to ensure that the sprinkler heads throughout the building are maintained clean and in good condition. 2/23/15

K 067

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K 067	Continued From page 4 specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	K 067 The Maintenance Director will contract the vendor to repair the Heating, Ventilating, and Air Conditioning system.	2/23/15
	This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)		The HVAC system will be repaired so that it will shut down with fire activation.	2/23/15
	Based on observations, on Friday 1/9/15 at approximately 9:00 AM onward, the following deficiencies were noted: 1) The following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include; A. The HVAC system did not shut down with fire alarm activation. (Back hall by Therapy) NFPA 90A, 4-2		K 104 The Maintenance Director will contract the vendor to repair the smoke damper located in the smoke wall on the back hall near the Therapy room and room 32.	2/23/15
K 104 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.	K 104	All smoke dampers will be audited to ensure that they down with fire alarm activation.	2/23/15
	This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)			
	Based on observations, on Friday 1/9/15 at approximately 9:00 AM onward, the following deficiencies were noted: 1) The smoke damper located in the smoke wall on the back hall near Therapy and room 32 did not close upon activation of the fire alarm system.			
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		

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K 144 Continued From page 5
Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

K 144

K 144

The Maintenance Director will continue to inspect the generator weekly and exercise under load for 30 minutes per month.

2/23/15

The Maintenance Director will contract the vendor to repair the Emergency Generator so that the Emergency Generator will crank and transfer load.

2/23/15

An audit tool will be implemented to ensure that the Emergency Generator is inspected weekly and exercised under load for 30 minutes per month.

2/23/15

The Administrator will review the implemented audit tools monthly to ensure compliance.

2/23/15

K 211

K 211

Alcohol Based Hand Rub dispensers will be removed from the vicinity of all ignition sources by the Maintenance Department designee.

2/23/15

An audit tool will ensure that there are no ABHR dispensers near the light switches throughout the building.

2/23/15

K 211
SS=F
NFPA 101 LIFE SAFETY CODE STANDARD

Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:
o The corridor is at least 6 feet wide
o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)
o The dispensers have a minimum spacing of 4 ft from each other
o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet.
o Dispensers are not installed over or adjacent to an ignition source.
o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623

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K 211 Continued From page 6

K 211

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

Based on observations, on Friday 1/9/15 at approximately 9:00 AM onward, the following deficiencies were noted:
1) Alcohol Based Hand Rub (ABHR) dispenser was noncompliant: specific findings include an alcohol based hand rub was located with six inches of the light switches throughout the facility.