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
Constructed: 1964
Fully Sprinkled - Yes
Certified Beds: Medicare/Medicaid - 58
Census -51

The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:

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 02/26/2015 at approximately 8:30 AM onward, the following deficiencies were noted:
1. resident bathroom doors 2 and 5, have barrel bolt latches on door. If latch is not released resident/or person could not get out of bathroom if an emergency was in other resident bedroom.

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's
K 038 Continued From page 1
2. a chain lock on door leading out of kitchen to the outside requires two motion of hand to open door.
NFPA 101, 19.2.1
Section 7.1, 7.2.1.5.4, 10.1
This deficiency affected two of two Resident bathrooms and two of three doors in kitchen. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.

K 038
allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.

K038
Corrective action will be taken by the facility to correct the alleged deficient practice by:
1. The barrel bolt locks on the bathroom doors of resident rooms 2 and 5 were removed on February 27, 2015.
2. The chain lock on the door leading out of the kitchen was removed on February 27, 2015.

Other Life Safety issues having the potential to affect residents by the same alleged deficient practice will be corrected by:

The Environmental Service Director examined the facility for further issues to determine compliance with NFPA 101 Life Safety Code Standard K038 Safe Exit Access on March 2, 2015. Any areas of concern were addressed at that time (Exhibit One).

Measures put into place or systemic changes made to ensure that the alleged deficient practice does not incur:

The Environmental Service Department will no longer use barrel or chocks with in
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 038</td>
<td>Continued From page 2</td>
<td>K 038</td>
<td>the facility or anywhere on the premises. In addition, a monthly check to ensure that there are no barrel or chain locks will be completed monthly through the TELS safety program (Exhibit Two). The facility has implemented a quality assurance monitor: The Environmental Service Director will complete the 2015 Life Safety Quality Assurance Monitor (Exhibit Three) monthly for three months and report to the Quality of Life Team at the Monthly Quality of Life Meeting. Corrective action will be taken by the Environmental Service Director upon discovery. For any month with less than 100% compliance, the Quality of Life Team will assess the systemic problem and address it as indicated and the 2015 Life Safety Quality Assurance Monitor will be extended for an additional month.</td>
<td></td>
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</tr>
<tr>
<td>K 062</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 062</td>
<td>3/6/15</td>
<td>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</td>
<td>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged</td>
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<td></td>
<td>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</td>
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</tbody>
</table>

Based on observations, on 02/26/2015 at approximately 8:30 AM onward, the following
### Statement of Deficiencies and Plan of Correction

**Golden Years Nursing Home**

**Address:**

- Street Address: 40 Post Office Box 40
- City: Falcon
- State: NC
- Zip Code: 28342

**Provider Identification Number:** 345367

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Deficiency Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 062</td>
<td>Continued From page 3</td>
<td>deficiencies were noted: all sprinkler heads in kitchen are not maintained in good condition (grease and excess lint on head). NFPA 101, 19.7.6, 4.6.12 NFPA 13 NFPA 25, 9.7.5</td>
<td></td>
</tr>
</tbody>
</table>

This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.

### Provider’s Plan of Correction

**K 062**

deficiencies. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility’s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.

**K038**

Corrective action will be taken by the facility to correct the alleged deficient practice by:

1. The barrel bolt locks on the bathroom doors of resident rooms 2 and 5 were removed on February 27, 2015.
2. The chain lock on the door leading out of the kitchen was removed on February 27, 2015.

Other Life Safety issues having the potential to affect residents by the same alleged deficient practice will be corrected by:

The Environmental Service Director examined the facility for further issues to determine compliance with NFPA 101 Life Safety Code Standard K038 Safe Exit Access on March 2, 2015. Any areas of concern were addressed at that time (Exhibit One).

Measures put into place or systemic changes made to ensure that the alleged deficient practice does not incur:

The Environmental Service Department
K 062 Continued From page 4  K 062

will no longer use barrel or chocks with in the facility or anywhere on the premises. In addition, a monthly check to ensure that there are no barrel or chain locks will be completed monthly through the TELS safety program (Exhibit Two).

The facility has implemented a quality assurance monitor:

The Environmental Service Director will complete the 2015 Life Safety Quality Assurance Monitor (Exhibit Three) monthly for three months and report to the Quality of Life Team at the Monthly Quality of Life Meeting. Corrective action will be taken by the Environmental Service Director upon discovery. For any month with less than 100% compliance, the Quality of Life Team will assess the systemic problem and address it as indicated and the 2015 Life Safety Quality Assurance Monitor will be extended for an additional month.