

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

PRINTED: 04/24/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345283	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/05/2015
NAME OF PROVIDER OR SUPPLIER MOORESVILLE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 550 GLENWOOD DRIVE MOORESVILLE, NC 28115		
(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 =130 NF Census = 122 NF The deficiencies determined during the survey are as follows:	K 000			
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ 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.	K 018		3/21/15	

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

TITLE

(X6) DATE

Electronically Signed

02/13/2015

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 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, on February 5, 2015 at approximately 8:00 am onward, the following deficiency is noted: 1. Door to shower room will not latch in the closed position - located in the Adult Care unit. The referenced deficiency affected one of one smoke compartment, resident rooms, and means of egress within smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 018	K018 shower room door will not latch in closed position on ALF Resident affected: Shower door was repaired and is latching when closed. repair was made on 2/9/15 Residents with the Potential to be affected: Maintenance Director completed an audit of all doors to assure they latch when closed, repairs were made as indicated. Systemic changes/monitoring: Maintenance Director or designee will audit doors to assure doors latch when closed. Audit forms will be complete on 10 doors weekly times 4 weeks, monthly time 3 months and quarterly there after. Quality Assurance: Maintenance Director or designee will report findings of audits monthly times three months then quarterly thereafter.		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour	K 029		3/21/15	

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K 029	<p>Continued From page 2</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on February 5, 2015 at approximately 8:00 am onward, the following deficiencies were noted:</p> <p>Fire door to soiled utility room will not self close and latch - located across from main nurse's station near 100 hall.</p> <p>The referenced deficiencies affected one of one smoke compartment, resident rooms, and means of egress within 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 029	<p>K029 Fire door across From 100 hall soiled Utility will not self close And latch Affected residents: Maintenance Director repaired door and door self closes and latches. repairs occurred on 2/9/15. Potential to be affected: Maintenance Director repaired door and the door self closes and latches, maintenance Director will complete audits weekly times 4 weeks, monthly times 3 months, then quarterly times 3 quarters. Systemic changes/monitoring: Maintenance Director will complete audit form of soiled utility weekly times 4 weeks, monthly</p>		

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K 029	Continued From page 3	K 029	times 3 months then quarterly time 3 quarters Quality Assurance: Results of audits will be presented in monthly QA meetings by Maintenance director or designee.		
K 062 SS=D	<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: Based on observations, on February 5, 2015 at approximately 8:00 am onward, the following deficiency is noted:</p> <p>1. Lack of sprinkler coverage for recessed space in corridor adjacent to the Cardinal Lounge - located in Adult Care Unit.</p> <p>The referenced deficiency affected one of one smoke compartment, resident rooms, and means of egress within both 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 062	<p>KO62 Sprinkler head Coverage for recessed space in corridor adjacent to the cardinal lounge located on the assisted living unit Residents affected: Sprinkler head was installed in corridor adjacent to the cardinal lounge located on the assisted living unit on March 22, 2015 Residents potentially affected: Sprinkler head was installed in corridor adjacent to the cardinal lounge located on the assisted living unit on</p>	3/21/15	

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K 062	Continued From page 4	K 062	March 22, 2015 Systemic changes/monitoring Sprinkler head was installed in corridor adjacent to the cardinal lounge located on the assisted living unit on March 22, 2015. Sprinkler head will be assessed with biannual inspections of system. Quality assurance Sprinkler head will be assessed with Biannual sprinkler inspections and results of inspections will be reported in QA meeting following the inspection.		
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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on February 5, 2015 at approximately 8:00 am onward, the following deficiencies were noted: 1. Duct connected to portable air conditioning unit is penetrating the rated roof/ceiling assembly without a ceiling fire damper as required by	K 067	K067 portable air conditioner Residents affected: The portable AC unit was removed from the facility. Potential residents affected: The portable AC unit was removed from the facility. Systemic changes/monitoring: Maintenance Director or	3/21/15	

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K 067	Continued From page 5 referenced standard. Fire damper is required to maintain the roof/ceiling assembly rating in accordance with the construction type specified at time of construction - located in nurse manager office near room 210. The referenced deficiencies affected one of one smoke compartment, resident rooms, and means of egress within 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	designee will assure no portable AC units are in use in the facility. Maintenance or designee will audit facility every 6 months to assure compliance. Quality Assurance: Results of audits will be reported in QA meeting following audit.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on February 5, 2015 at approximately 8:00 am onward, the following deficiencies were noted: 1. Visual indicator for automatic transfer switch, on riser #1, is not functioning for emergency power connected to load - located in main electrical equipment room. 2. Portable air conditioning unit, in nurse manager office near room 210, is not connected to a dedicated branch circuit in accordance with unit listing. Unit is connected to relocatable power tap serving other electronic equipment.	K 147	K147 (1) Visual indicator for Automatic transfer switch, On riser 1, is not functioning For emergency power connected to load-main electrical equipment room (2) Portable AC unit not connected to a dedicated branch circuit. Residents affected: (1) Visual indicator light was replaced on 2/5/15 (2) Portable AC unit was removed from the facility Potential residents affected: (1) Visual indicator light was replaced on 2/5/15. The other	2/21/15

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K 147	Continued From page 6 The referenced deficiencies affected one of one smoke compartment, resident rooms, and means of egress within smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	risers were assessed and found to be 100% compliant (2) Portable AC unit was removed from facility Systemic changes: (1) Maintenance Director or designee will audit indicator lights to assure they operate appropriately. Audits will be conducted weekly times 1 month, monthly times 3 months and quarterly times 3 quarters (2) Maintenance Director or designee will audit visual indicator light Maintenance Director or designee will assure no portable AC units are in use in the facility. Maintenance or designee will audit facility every 6 months to assure compliance. Quality Assurance: (1) Results of audits will be reported in QA meeting monthly then quarterly for 3 quarters. (2) Results of audits will be reported in QA meeting every 6 months.		