

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345356	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - NEW BUILDING /NEW LOCATION B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2015
NAME OF PROVIDER OR SUPPLIER RICH SQUARE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH MAIN STREET RICH SQUARE, NC 27869	
(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 New Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system. The facility is using special locking. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count =69 Census =65 The deficiencies determined during the survey are as follows:	K 000		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 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 03/11/2015 at approximately 8:30 AM onward, the following deficiencies were noted: The sprinkler heads was non-compliant, specific findings include: Sprinkler heads installed in the laundry room smoke compartment were a mixture of quick response heads(red) and one green head. Sprinkler heads must be of the same type in	K 062	1. Johnson's Automatic Sprinkler, Inc was contacted on March 12, 2015 regarding replacement of the non-compliant sprinkler head. 2. Any resident could be affected by this finding, therefore the Administrator spoke with Don Fleenor with Johnson's Automatic Sprinkler Inc. on March 13, 2015 to educate him on the Life Safety 0062 code.	4/15/15

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

TITLE

(X6) DATE

Electronically Signed

03/26/2015

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 062	Continued From page 1 same compartment or compatible to each other. NFPA 101, 4.6.12.1 Every required sprinkler system shall be continuously maintained improper operating condition. NFPA 13, 5-3.1.5.2 This deficiency affected one of four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	3. The Maintenance Director was educated on K tag 0062 to be aware of any future sprinkler head changes and to maintain the life safety standard. 4. The non-compliant sprinkler head will be changed to a quick response head on April 1, 2015.		
K 067 SS=E	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. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 03/11/2015 at approximately 8:30 AM onward, the following deficiencies were noted: The return fire/smoke dampers were non-compliant, specific findings include: all return fire/smoke damper in facility were not maintained in good working condition(excess lent build up on link and damper). NFPA 101,19.5.2.2,9.2 NFPA 90A	K 067	1. The Maintenance Director cleaned all return fire/smoke dampers in the center. This was completed on March 17, 2015. 2. Any resident could be affected by this non-compliance, therefore, the return fire/smoke dampers cleaning will be maintained by the housekeeping and maintenance staff. 3. An audit tool listing the locations of the centers return fire/smoke dampers was developed. The housekeeping and maintenance staff were inserviced on this	4/15/15	

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K 067	Continued From page 2 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.	K 067	tool and staff accountablity on March 23, 2015. The return fire/smoke dampers will be inspected weekly starting March 23, 2015 and cleaned monthly or sooner if indicated. 4. The results of this audit will be taken by the Maintenance Director to the monthly Safety Committee Meeting. The Safety Committee Meeting minutes will be taken by the Maintenance Director to the monthly Quality Assurance Process Improvement meeting for review for 4 months.	
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 03/11/2015 at approximately 8:30 AM onward, the following deficiencies were noted: The smoke damper was non-compliant, specific findings include: smoke damper in attic on 100 hall, did not close on activation of fire alarm test. Also,electrical wires taped to duct at same area. Wires were not in electrical box. NFPA 101, 8.2.44.3 NFPA 70, 9.1.2 This deficiency affected one of four smoke compartments. Failure to comply with minimum standards as	K 147	1. Cooke Electric was contacted on March 12, 2015 for repairs of the smoke damper in the attic on the 100 hall. 2. Any resident could be afected by this non-compliant smoke damper, therefore the Maintenance Director will be accountable to be present when Apex does our annual inspection of our sytem to ensure the smoke dampers in attic and electrical wires are in the electrical box and are in compliance with Life Safety 0147. 3.Cooke Electric will repair the smoke damper and corrected the electric wiring in the 100 hall attic bu April 14, 2015.The Maintenance Director, during the next 3 months of fire drills will inspect the 100	4/15/15

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

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K 147	Continued From page 3 referenced increases the risk of death or injury due to fire and/or smoke.	K 147	hall attic smoke damper for closer upon activation of the fire alarm test and secured wiring. 4. The results of the fire alarm test and smoke damper will be taken by the Maintenance Director to the monthly Safety Committee Meeting. The Maintenance Director will take the Safety Meeting minutes to the monthly Quality Assurance Process Improvement for committee review for 3 months.		