STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345244	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/24/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORVIEW HEALTH CARE CENTER	**812 SHEPARD STREET** **MOREHEAD CITY, NC 28557**

(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: 3 Construction Type III (211) Constructed: 5/1/1969 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 122 Census - 78 Facility does utilize special locking on exit doors. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour 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 This STANDARD is not met as evidenced by:	K 029		4/8/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/12/2015

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K 029	Continued From page 1 42 CFR 483.70 (a) Based on observations, on Tuesday 3/24/2015 at approximately 10:00 AM onward, the following deficiencies were noted: 1) The oxygen storage room located next to the beauty shop corridor door was not equipped with a self-closing device. 2) The conduit penetration above the door between the kitchen and corridor was not sealed in order to maintain the required fire resistance rating of room. This deficiency affected one of approximately six smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	1) A self-closing device was installed on the oxygen storage room door located next to the beauty shop corridor. The conduit penetration above the door between the kitchen and corridor was sealed with fire caulking. 2) Maintenance staff will inspect all storage room doors to ensure proper installation of self-closing devices; penetrations through firewalls will also be inspected for proper sealing. Any areas found to be deficient will be corrected. 3) Maintenance staff, on a quarterly basis, will inspect all storage room doors to ensure proper operation of self-closing devices. Maintenance staff will also inspect quarterly any firewall penetrations to ensure proper sealing. Maintenance Director or designee will report findings of quarterly inspections and any corrective actions taken to the QAPI Committee. The QAPI Committee will review and evaluate the effectiveness of the program and make any adjustments as needed. The Plan of Correction will be integrated in the Quality Assurance system of the facility as to ensure ongoing compliance.	
K 038 SS=F	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	K 038		5/8/15

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K 038	Continued From page 2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on Tuesday 3/24/2015 at approximately 10:00 AM onward, the following deficiencies were noted: 1) Staff when questioned about the magnetically locked exited doors were not familiar on how to release the doors with the switch at the door and/or with the master override switch located at the nurse station in case of an emergency. This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke. NFPA 101: 7.1	K 038	1) Facility staff will be educated as to the location and the proper operation of magnetic door lock overrides. 2) Facility staff will be questioned about their knowledge of the location and proper operation of magnetic door lock overrides. If staff members are unaware, they will be educated as to the location and proper operation of magnetic door lock overrides. 3) The Maintenance Director or designee will educate staff upon hire and annually as to the location and proper operation of magnetic door lock overrides. On a quarterly basis, the Maintenance Director or designee will question a random selection of staff members as to their knowledge of the location and proper operation of magnetic door lock overrides. 4) Maintenance Director or designee will report educational compliance and retained knowledge of staff to the QAPI Committee. The QAPI Committee will review and evaluate the effectiveness of the program and make any adjustments as needed. The Plan of Correction will be integrated into the Quality Assurance system of the facility as to ensure ongoing compliance.	
K 072 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free	K 072		4/3/15

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K 072	Continued From page 3 of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on Tuesday 3/24/2015 at approximately 10:00 AM onward, the following deficiencies were noted: 1) The mirrors located in the intersection of two halls located on third floor are nor provided with a minimum of 6' 8" clearance above finished floor NFPA 101 7.1.5 This deficiency affected two of five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 072	1) The mirrors located in the intersection of two halls located on third floor were removed. 2) Facility will remove mirrors that are not provided with a minimum of 6□ 8 above finished floor. 3) Any mirrors installed in the facility will meet requirement of a minimum of 6□ 8 clearance above finished floor per NFPA code. 4) Maintenance Director or designee will inform QAPI Committee of any new mirror installations and provide documentation of compliance with the minimum clearance of 6□ 8 above finished floor. The QAPI Committee will review and evaluate the effectiveness of the program and make any adjustments as needed. The Plan of Correction will be integrated into the Quality Assurance system of the facility as to ensure ongoing compliance.	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in	K 144		5/8/15

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K 144	Continued From page 4 accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on Tuesday 3/24/2015 at approximately 10:00 AM onward, the following deficiencies were noted: 1) A remote generator annunciator panel was not provided for the temporary emergency generator. 2) The Emergency Generator when tested did not crank and transfer load from normal to emergency power in 10 seconds. Time to transfer from normal to emergency connected load was greater than 20 seconds. NFPA 110: 3-4.1 NFPA 99 3-4.1.1.8 This deficiency affected the entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144	1) The remote generator annunciator panel will be wired into the temporary emergency generator. The Emergency Generator will be reprogrammed to transfer load from normal to emergency power within 10 seconds. 2) The facility generator will be tested to ensure proper function of annunciator panel and proper transfer time of 10 seconds. Any issues will be reported to generator specialist for immediate corrective action. 3) Maintenance staff will perform weekly generator inspections to ensure proper function of annunciator panel and monthly load tests to ensure load is transferred from normal to emergency power within 10 seconds. 4) Maintenance Director or designee will report findings of weekly and monthly generator testing and any corrective action taken to the QAPI Committee. The QAPI Committee will review and evaluate the effectiveness of the inspection and make any adjustments as needed. The	

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K 144	Continued From page 5	K 144	Plan of Correction will be integrated into Quality Assurance system of the facility as to ensure ongoing compliance.	
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 Tuesday 3/24/2015 at approximately 10:00 AM onward, the following deficiencies were noted: 1) The exhaust fan for the bathroom for resident rooms 304 and 305 was not operational at the time of the survey. NFPA 70 This deficiency affected one of six smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	1) The exhaust fan for rooms 304 and 305 will be repaired by replacing faulty fan motor. 2) Maintenance staff will inspect resident room bathrooms to ensure proper function of exhaust fans. Any fans that are found to be nonfunctional will be repaired. 3) Maintenance staff will inspect resident rooms quarterly to ensure proper function of exhaust fans. 4) Maintenance Director or designee will report findings of quarterly inspections and any corrective action taken to the QAPI Committee. The QAPI Committee will review and evaluate the effectiveness of the inspections and make any adjustments as needed. The Plan of Correction will be integrated into the Quality Assurance system of the facility as to ensure ongoing compliance.	5/8/15