

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345562</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - CLEAR CREEK NURSING AND REHAB CENTER</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/15/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEAR CREEK NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>10506 CLEAR CREEK COMMERCE DRIVE MINT HILL, NC 28227</b>	
(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 New Health Care section of the LSC and its referenced publications. The facility is utilizing special locking systems. In the exit conference all deficiencies noted were discussed with administration.  Stories: One Construction Type V (111) Constructed: 2013 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 120 Census - 76	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 4/15/2015 at approximately 9:00 AM onward, the following deficiencies were noted:  The facility failed to have a complete and maintained sprinkler system.  The sprinkler in the walk in freezer in the dietary	K 062	Clear Creek Nursing and Rehabilitation Center acknowledges receipt of the 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 applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.	4/21/15

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

TITLE

(X6) DATE

Electronically Signed

05/11/2015

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.

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

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OMB NO. 0938-0391

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K 062	Continued From page 1 department has an ice sickle on it.  This deficiency affected the only sprinkler head in the walk in freezer.  Ref: NFPA 13, NFPA 25, 9.7.5	K 062	Clear Creek Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Clear Creek Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.  0062. 04/15/2015 Engineered Construction company was made aware of sprinkler. 04/21/15 They came in an re-caulked the sprinkler heads in the freezer unit and added deflectors to keep the fans from blowing directly on the sprinkler heads and causing condensation and freezing.		