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. The facility is utilizing special locking systems. In the exit conference all deficiencies noted were discussed with administration.

Stories: One
Construction Type III (211)
Constructed: 1976
Fully Sprinkled - Yes
At time of survey the:
Certified Beds: Medicare/Medicaid - 96
Census - 75

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

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 029</td>
<td>SS=E</td>
<td>K 029</td>
<td>Preparation and submission of this plan</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:
42 CFR 483.70 (a)
### Statement of Deficiencies and Plan of Correction

**Autumn Care of Mocksville**

**Address:** 1007 Howard Street, Mocksville, NC 27028

<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>
</tr>
</thead>
<tbody>
<tr>
<td>K 029</td>
<td>Continued From page 1</td>
<td>K 029</td>
<td>Based on observations and document review on 5/28/2015 at approximately 9:30 AM onward, the following deficiencies were noted: The facility failed to have properly protection for currently used storage rooms. 1. Resident room 108 2. Resident room 112 3. Resident room 122 The facility has converted resident room into storage rooms on the Maple Hallway. This condition changes the room from a ordinary hazard and requires a self closing or automatic-closing device installed to keep the door closed. This deficiency affected one smoke zone on the Maple Hallway. Ref: 2000 NFPA 101 Sections 19.3.2.1</td>
<td>K 038</td>
<td></td>
<td>SS=D</td>
<td>NFPA 101 Life Safety Code Standard</td>
</tr>
<tr>
<td>K 038</td>
<td>6/19/15</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</td>
<td></td>
<td></td>
<td></td>
<td>The crush and run at the end of Maple Hallway is being added 6/19/2015 has been added and is in proper condition. An audit of the other exits has been</td>
</tr>
<tr>
<td>ID</td>
<td>PREFIX</td>
<td>TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td>ID</td>
<td>PREFIX</td>
<td>TAG</td>
<td>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
</tr>
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</tr>
<tr>
<td>K 038</td>
<td>Continued From page 2</td>
<td>Following deficiencies were noted:</td>
<td>K 038 completed and all exits are properly maintained. All ramps are audited monthly by the Maintenance Director or Administrator to ensure that they are maintained properly. Results of these monthly audits will be presented to the QA Committee monthly for three months by the Maintenance Director or Administrator.</td>
<td></td>
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</tr>
<tr>
<td>K 067</td>
<td>SS=D</td>
<td>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</td>
<td>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

Based on observations and document review on 5/28/2015 at approximately 9:30 AM onward, the following deficiencies were noted:

The facility failed to have properly working fire/ radiation dampers at the following location in building 0102.

1. Resident room 108
## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**Autumn Care of Mocksville**

**Address:**

1007 Howard Street, Autumn Care of Mocksville, NC 27028

### Identification Number

**Provider/Supplier/CLIA Identification Number:**

345129

### Date Survey Completed

05/27/2015

### Multiple Construction

A. Building 01 - Main Building 01

B. Wing ____________________________

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
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<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 067</td>
<td>Continued From page 3</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

The facility could not verify that the integrity of the radiation damper fusible link was maintained to deploy at the proper temperature as the damper was fully deployed in the closed position.

This deficiency affected one resident room on the Maple Hallway.

Ref: 2000 NFPA 101 Sections 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2