# Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** Manor Care Health Svcs Pinehurst  
**Street Address, City, State, Zip Code:** 205 Rattlesnake Trail, Pinehurst, NC 28374

## Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>(X4) ID Prefix Tag</th>
<th>(X4) ID Prefix Tag</th>
<th>(X5) Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 000</td>
<td>K 025</td>
<td>7/17/15</td>
</tr>
</tbody>
</table>

### 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 construction, one story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed with administration.

At time of survey the:
- Total Certified Bed Count = 120
- Census = 89

The deficiencies determined during the survey are as follows:

<table>
<thead>
<tr>
<th>SS=E</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 025</td>
<td>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:
- 42 CFR 483.70(a)

Based on observations, on 06/30/2015 at

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the

### Laboratory Director's or Provider/Supplier Representative's Signature

**Signature:** Electronically Signed  
**Title:**  
**Date:** 07/16/2015

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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.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 025</td>
<td></td>
<td></td>
<td>Approximately 8:30 AM onward, the following deficiencies were noted: The smoke wall located by Social Worker office, (front and back smoke walls) have holes and/or penetrations that were not sealed in order to maintain the fire resistance rating of the wall.</td>
<td></td>
<td></td>
<td></td>
<td>This deficiency affected two of eight smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
<td></td>
</tr>
<tr>
<td>K 067</td>
<td>SS=D</td>
<td></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></td>
<td></td>
<td></td>
<td></td>
<td>7/17/15</td>
</tr>
</tbody>
</table>
This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)

Based on observations, on 06/30/2015 at approximately 8:30 AM onward, the following deficiencies were noted: return vent damper in residents bathrooms 119 and 120 are not maintained in good condition (excess lent build up).

NFPA 101, 19.5.2.1
NFPA 90A

This deficiency affected one of eight smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.

Criteria One:
Return vent dampers in rooms 119 and 120 were cleaned immediately on 6/30/2015.

Criteria Two:
Audit of all return vent dampers throughout facility was completed on 6/30/2015 and no concerns noted.

Criteria Three:
A biannual audit will be completed by Maintenance Director and/or designee of all return vent dampers in facility.

Criteria Four:
Audits will be brought to QAPI committee to ensure compliance.

This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)

Based on observations, on 06/30/2015 at approximately 8:30 AM onward, the following deficiencies were noted: The exhaust system for resident bathrooms 119 and 120 was not operational at time of survey.

Criteria One:
Exhaust systems in resident bathrooms 119 and 120 were fixed immediately as belts were replaced on 6/30/2015.

Criteria Two:
<table>
<thead>
<tr>
<th>K 147</th>
<th>Continued From page 3</th>
<th>K 147</th>
<th>Audit of all exhaust systems in facility was completed on 6/30/2015 to ensure compliance. Criteria Three: A quarterly audit will be completed by maintenance director and/or designee. Criteria Four: Audits will be reviewed by QAPI committee to ensure compliance.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This deficiency affected one of eight smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
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