

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345507	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2015
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MYRTLE GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 5725 CAROLINA BEACH ROAD WILMINGTON, NC 28408	
(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 Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system and utilizing special locking. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count =110 Census =101 The deficiencies determined during the survey are as follows:	K 000		
K 038 SS=D	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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 06/16/2015 at approximately 1:00 PM onward, the following deficiencies were noted: Exit door on 700 hall opening to outside, required more than 15 lb(67 N) to release the latch, 30 lb (133 N) to set the door in motion, and 15 lb (67 N) to open the door to the minimum required width. Opening forces for interior side-hinged or	K 038	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. Preparation and submission of the Plan is in response to CMS 2567 and is not an admission by Autumn Care of Myrtle Grove that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by federal and state law.	7/3/15

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

TITLE

(X6) DATE

Electronically Signed

06/29/2015

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 038	Continued From page 1 pivoted-swinging doors without closer's shall not exceed 5 lb (22 N). These forces shall be applied at the latch stile. NFPA 101, 7.2.1.4.5 This deficiency affected all Resident rooms on 700 hall. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	1. Corrective Action Taken The exit door on 700 hall was repaired on 6/25/15. 2. Potential to Affect Residents by the Same Deficient Practice All facility exit accesses were inspected by the Maintenance Supervisor and Maintenance Assistant on 6/29/15 to determine that all exits are readily accessible. 3. Systematic Changes A door lock inspection audit will be conducted weekly by the Maintenance Supervisor and/or Maintenance Assistant for 2 months to ensure all exits are readily accessible. 4. Performance Monitoring Findings of the above stated inspection will be reviewed monthly for two months by a special QA committee for recommendations and further follow up as indicated. If substantial compliance has been met and no areas of concerns are identified, review of the inspections will be discontinued.		
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA	K 052		6/29/15	

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K 052	<p>Continued From page 2</p> <p>72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 06/16/2015 at approximately 1:00 PM onward, the following deficiencies were noted: tamper switch #160 on wet sprinkler system, did not send signal to fire alarm panel when tested(riser room #1).</p> <p>NFPA 101, 9.7.2.1 NFPA 72,</p> <p>This deficiency affected entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 052	<p>1. Corrective Action Taken</p> <p>Tamper switch #160 was repaired on 6/17/2015.</p> <p>2. Potential to Affect Residents by the Same Deficient Practice</p> <p>All facility tamper switches were tested on 6/26/2015 by Fire Technologies, Inc. to ensure they were working properly.</p> <p>3. Systematic Changes</p> <p>Facility tamper switches will be tested monthly for two months by the Maintenance Director and/or Maintenance Assistant to ensure they are working properly.</p> <p>4. Performance Monitoring</p> <p>Findings of the above stated inspections will be reviewed monthly for two months by a special QA committee for recommendations and further follow up as</p>		

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K 052	Continued From page 3	K 052	indicated. If substantial compliance has been met and no areas of concerns are identified, review of the inspections will be discontinued.		
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 06/16/2015 at approximately 1:00 PM onward, the following deficiencies were noted: The following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include</p> <p>A. The HVAC system did not shut down with fire alarm activation on 600 hall.</p> <p>B. The emergency shut down switch located at nurse station did not shut down HVAC system.</p> <p>NFPA 90A, 4-2</p> <p>This deficiency affected all Resident rooms on 600 hall.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 067	<p>1. Corrective Action Taken</p> <p>The HVAC system on 600 hall was repaired on 6/17/2015. The emergency shut down switch located at the nursing station was repaired on 6/17/2015.</p> <p>2. Potential to Affect Residents by the Same Deficient Practice</p> <p>Facility HVAC systems were tested on 6/29/2015 to ensure they all shut down with fire alarm activation by the Maintenance Director and Maintenance Assistant. Facility emergency shut down switches were tested on 6/26/2015 by the Maintenance Director to ensure the HVAC systems were shutting down properly.</p> <p>3. Systematic Changes</p> <p>An HVAC audit will be conducted monthly</p>	7/10/15	

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K 067	Continued From page 4	K 067	x 2 months by the Maintenance Director and/or Maintenance Assistant to ensure that the HVAC system shuts down with fire alarm activation and that the emergency shut down switch shuts down the HVAC system.	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 06/16/2015 at approximately 1:00 PM onward, the following deficiencies were noted: exhaust not working in areas listed below:</p> <ol style="list-style-type: none"> 1. janitors closet on south side. 2. resident bathroom 508. <p>NFPA 70, 9.1.2</p> <p>This deficiency affected janitor closet on 500 hall and resident room on 508 hall.</p>	K 147	<p>4. Performance Monitoring</p> <p>Findings of the above stated inspection will be reviewed monthly for two months by a special QA committee for recommendations and further follow up as indicated. If substantial compliance has been met and no areas of concerns are identified, review of the inspections will be discontinued.</p> <p>1. Corrective Action Taken</p> <p>The exhaust system was repaired in the janitors closet on south side on 6/23/2015 by the Maintenance Director. The exhaust system in room 508 bathroom was repaired on 6/23/2015 by the Maintenance Director.</p> <p>2. Potential to Affect Residents by the Same Deficient Practice</p> <p>All facility exhaust systems will be</p>	7/10/15

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K 147	Continued From page 5 Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	checked on 6/30/2015 to ensure they are working by the Maintenance Director and/or Maintenance Assistant. 3. Systematic Changes The exhausts systems in the building will be checked monthly x 2 months to ensure they are working properly by the Maintenance Director and/or Maintenance Assistant. 4. Performance Monitoring Findings of the above stated inspections will be reviewed monthly for two months by a special QA committee for recommendations and further follow up as indicated. If substantial compliance has been met and no areas of concerns are identified, review of the inspections will be discontinued.		