

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

PRINTED: 02/27/2017
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345425 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 05/12/2016 |
|--|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER FAIR HAVEN HOME INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 149 FAIR HAVEN DRIVE BOSTIC, NC 28018 | |
| (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 II(222) construction, one story, with a complete automatic sprinkler system. The facility utilizes special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the licensed bed capacity = 67 = 30 NF + 37 AC Total Certified Bed Count 30 NF Census 27 | K 000 | | |
| K 032 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Not less than one exit from each floor or fire section shall be a door leading outside, stair, smoke-proof enclosure, ramp, or exit passageway. Only one of these two exits may be a horizontal exit. Egress shall not return through the zone of fire origin. 18.2.4.1, 18.2.4.2, 19.2.4.1, 19.2.4.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on May 12, 2016 at approximately 10:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: | K 032 | The battery to the electromagnetic locks was disconnected at the time of survey to accomplish the corrective action for this deficient practice. Other systems were evaluated that could have the same potential for deficient | 5/24/16 |

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

TITLE

(X6) DATE

Electronically Signed

05/25/2016

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

PRINTED: 02/27/2017
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345425 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/12/2016 |
|--|---|---|--|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER FAIR HAVEN HOME INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 149 FAIR HAVEN DRIVE BOSTIC, NC 28018 | | |
| (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 032 | <p>Continued From page 1</p> <p>The electromagnetic locks did not release with loss of utility power to the building. The system utilizes a battery back-up system to energize the special locking arrangement during loss of normal power - locks are not permitted to be energized during loss of normal power.</p> <p>Note: Locks did release with activation of fire alarm system by detection devices and activation of release switches at each door and at the nurse's station.</p> <p>NFPA 101, 19.2.4.1, 19.2.4.2, 7-2.1.6</p> <p>This deficiency affected all smoke compartments.</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 032 | <p>practice. The batteries to the internal smoke compartment doors will be removed by 5/24/2016.</p> <p>The wiring and battery harnesses will removed in order to prevent batteries from being reconnected so the deficient practice does not reoccur.</p> <p>With the accomplishment of the proceeding steps, no monitoring will be necessary to ensure that the corrective action is appropriate.</p> <p>This corrective action was completed on 5/24/2016</p> | | |