

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345036	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - W.R WINSLOW MEMORIAL HOME INC. B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2016
NAME OF PROVIDER OR SUPPLIER ELIZABETH CITY HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909	
(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 New 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 delayed egress locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count = 146 Census = 130 The deficiencies determined during the survey are as follows:	K 000		
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 7/19/16 at approximately 11 AM onward, the following deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings include: The sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve.	K 061	Preparation and or execution of this plan does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth on the statement of deficiencies. The plan is prepared and or executed solely because it is required by the provisions of the State and Federal law. K061	9/2/16

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

TITLE

(X6) DATE

Electronically Signed

08/02/2016

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.

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K 061	Continued From page 1 Reference NFPA 101, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.2.1 NFPA 13 "...distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system." NFPA 9.7.2.1 "...supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system...Supervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 061	On July 19, 2016 the company contracted to install and maintain the FACP was contacted to report the need for making the sprinkler tamper supervisory signal so it shall not be silenced permanently except by reopening/restoration of the valve. The company will retrofit the FACP to comply with this regulation by August 26, 2016. The Tamper Switch will be monitored monthly for 3 months by the facility Maintenance Department with the results of the monitoring documented. The Assistant Administrator will monitor the inspection and documenting of the Tamper Switch each month for 3 months. This documentation will be reviewed by the Administrator once a month. The results of the monitoring will be reported to the facility QA Committee at each monthly meeting. The Committee will then determine the need and frequency of further monitoring.		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 7/19/2016 at approximately 11 AM onward, the following	K 144	K144 On July 27, 2016, a remote manual stop switch was installed on outside and away	9/2/16	

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K 144	<p>Continued From page 2</p> <p>deficiencies were noted: The emergency generator was non-compliant, specific findings include:</p> <p>A. The emergency generator located on the exterior of the building has no remote manual stop switch located outside and away from the generator set location for use in case of an emergency.</p> <p>B. Weekly fuel/oil levels were not documented.</p> <p>Reference NFPA 101, 110, 3-5.5.6 All level 1 and level 2 installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building.</p> <p>NFPA 99 3-4.4.2 Record keeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>NFPA 110, 6-4.1 At a minimum weekly inspections should be conducted.</p> <p>This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 144	<p>from the generator set location. This was installed by the company contracted to perform generator work and maintenance.</p> <p>After installation of the stop switch, it was tested and operated as designed.</p> <p>On July 19, 2016 the oil and fuel level of the generator was performed and documented as being ok.</p> <p>The Maintenance Department will check and document fuel/oil levels in the generator once a week every week.</p> <p>The Assistant Administrator will monitor the inspection and documenting of fuel/oil levels once a week for 4 weeks. The monitoring will then be done once a month for 2 months. This documentation will be reviewed by the Administrator once a month.</p> <p>The results of the monitoring will be reported to the facility QA Committee. The Committee will then determine the need and frequency of further monitoring.</p>		