STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345539	A. BUILDING **01 - MAIN** B. WING _____	**08/10/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARBOR	**300 CLYNELISH CLOSE** **PITTSBORO, NC 27312**

(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 A 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. The facility is utilizing speical locking systems. In the exit conference all deficiencies noted were discussed with administration. Stories: two Construction Type II (111) Constructed: 2006 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 16 Census - 10	K 000		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels in approved frames. 8.3, 18.3.7.3, 18.3.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and documentation review on 8/10/2016, at approximately 1:00 PM onward, the following deficiencies were noted: The facility maintenance and inspection of smoke / fire barriers was non-compliant, specific findings include: The facility has unsealed penetrations in the rated smoke wall above the ceiling tile in the charting room on the corridor side that is not smoke tight.	K 025	Residents found to have been affected by the deficient practice and for residents having the potential to be affected: The Director of Facility Operations will ensure that the unsealed penetrations in the rated smoke wall above the ceiling tile in the charting room are sealed smoke tight according to Life Safety Code. A smoke damper will be installed in the duct work penetrating the smoke wall. The above corrections will be installed no later	9/24/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/31/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345539	A. BUILDING **01 - MAIN** B. WING _____	**08/10/2016**

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K 025	Continued From page 1 There is duct work penetrating the rated smoke wall that does not have smoke dampers installed. Ref: 2000 NFPA 101 Section 19.3.7.3; 8.3.2 This deficiency affected one smoke of approximately four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 025	than September 24, 2016. Systemic changes and how the facility plans to monitor: An ongoing visual check will be completed during quarterly preventative maintenance rounds conducted by the facility operations staff and recorded in the electronic work order system if concerns and/or repairs are needed to smoke walls and dampers. The installed dampers will also be placed onto the checklist maintained by the Director of Facility Operations that monitors all smoke dampers. Any issues or concerns will also be brought to the Quarterly Quality Assurance and Performance Improvement Committee on an on-going basis.	
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors in smoke barriers have at least a 20 minute fire protection rating or are at least 1 3/4 inch thick solid bonded core wood. Non- rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors shall be arranged so that each door swings in an opposite direction. Doors shall be self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and documentation	K 027	Residents found to have been affected by the deficient practice and for residents having the potential to be affected:	9/24/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 027	Continued From page 2 review on 8/10/2016, at approximately 1:00 PM onward, the following deficiencies were noted: The facility maintenance and inspection of smoke/fire doors was non-compliant, specific findings include: The facility has cross corridor door near room 126 that one of the leafs did not close and latch as required. The cross corridor door on the left hand side of the corridor looking back at the nurses station was connected the wood base board when in the oened positin and did not close with activation of the fire alarm system. Ref: 2000 NFPA 101 Section 19.3.7.6*; 8.3.4.3*; 7.2.8.1* This deficiency affected two smoke of approximately four smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 027	The Director of Facility Operations will ensure that the cross corridor door near room 126 will close and latch as required by Life Safety Code. The wood base board will be cut down to ensure adequate clearance is maintained so the door closes flush to the wall to ensure closure during activation of the fire alarm system. The above corrections will be completed no later than September 24, 2016. Systemic changes and how the facility plans to monitor: An ongoing quarterly visual check of the fire doors to ensure closure during fire system activation will be completed during the facility□s scheduled quarterly fire drills. Issues and/or concerns will be recorded in the electronic work order system for timely repair. The smoke doors will also be monitored on a quarterly basis during county fire inspections. Any issues and/or concerns will be recorded in the electronic work order system for timely repair. Issues and/or concerns will also be brought to the Quarterly Quality Assurance and Performance Improvement Committee on an on-going basis.	