

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345219	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2016
NAME OF PROVIDER OR SUPPLIER MAGNOLIA LANE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 107 MAGNOLIA DRIVE MORGANTON, NC 28655	
(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 III(211) construction, one story, with a complete automatic sprinkler system and using special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the licensed bed capacity = 121 = 121 NF + 0 AC Total Certified Bed Count 121 Census 51 The deficiencies determined during the survey are as follows:	K 000		
K 020 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5, 8.2.5.6, 19.3.1.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on August 16, 2016 at approximately 11:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There is a hole in the rated roof/ceiling assembly of communicating stair from laundry to upper level.	K 020	On 8/17/16, the Maintenance Director repaired the hole in the rated roof/ceiling assembly of communicating stair from laundry to the upper level. On 8/18/16, the Maintenance Director completed an inspection of the roof/ceilings throughout the facility to ensure that there were no holes in the rated roof/ceilings. Any identified holes	9/9/16

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

TITLE

(X6) DATE

Electronically Signed

09/01/2016

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 020	Continued From page 1 NFPA 101, 19.3.1.1, 8.2.5, 8.2.5.6 This deficiency affected two of two smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 020	were repaired by the Maintenance Director. Using an audit tool, the Maintenance Director will make monthly rounds throughout the facility to ensure no holes are in the roof/ceilings. Any holes identified will be repaired by the Maintenance Director. The Executive Committee will review the audit tools at the quarterly QAPI meetings for potential trends and the need for continued monitoring.	
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 0 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on August 16, 2016 at approximately 11:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There are holes in the rated roof/ceiling assembly of mechanical/electrical room - located beside kitchen exit near loading dock.	K 029	On 8/17/16, the Maintenance Director repaired holes in the rated roof/ceiling assembly of the mechanical/electrical room-located beside the kitchen exit near the loading dock. On 8/17/16, the Maintenance Director inspected the roof/ceilings of all mechanical/electrical rooms to ensure that there were no holes. Any identified	9/9/16

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K 029	Continued From page 2 NFPA 101, 19.3.2.1 This deficiency affected one of one smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	holes were repaired by the Maintenance Director on 8/17/16. Using an audit tool, the Maintenance Director will make monthly rounds of all the mechanical/electrical rooms to ensure there are no holes in the rated roof/ceiling. Any holes identified will be repaired immediately by the Maintenance Director. The Executive Committee will review the audit tools at the quarterly QAPI meetings for potential trends and the need for continued monitoring.		
K 069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on August 16, 2016 at approximately 11:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: The blow-off caps are missing from some range hood fire protection nozzles - located in kitchen. NFPA 101, 19.3.2.6, 9.2.3, NFPA 96 This deficiency affected one of one smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 069	On 8/16/16, the Maintenance Director replaced the blow off caps to the range hood fire protection nozzles-located in the kitchen. Using an audit tool, the Dietary Manager will inspect the range hood fire protection nozzles to ensure the caps are in place. The Maintenance Director will be notified immediately if the caps are not in place for replacement. The inspection of the range hood fire protection nozzles will continue indefinitely by the Dietary Manager.	9/9/16	
K 072	NFPA 101 LIFE SAFETY CODE STANDARD	K 072		9/9/16	

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K 072 SS=E	Continued From page 3 Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof shall be in accordance with 7.1.10. 18.2.1, 19.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on August 16, 2016 at approximately 11:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: There are soiled linen carts stored on landing in front of exit discharge door - located near resident room 112. NFPA 101, 19.2.1, 7.1.10 This deficiency affected one of one smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 072	On 8/16/16, the Maintenance Director removed the soiled linen cart from the landing in front of the exit discharge door-located near resident room 112. The Maintenance Director inspected all exit discharge doors of the facility on 8/16/16 to ensure that no items were identified as blocking the discharge exits. Using an audit tool, the Maintenance Director or Manager on Duty will make rounds to ensure that no items are blocking the discharge exits at any fire exit doors. The Executive Committee will review the audit tools at the quarterly QAPI meetings for potential trends and the need for continued monitoring.		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on August 16, 2016 at	K 147	On 8/16/16, the Maintenance Director removed the unlisted, not hospital grade, receptacle adaptors from resident rooms	9/9/16	

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K 147	<p>Continued From page 4</p> <p>approximately 11:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>There are unlisted, not hospital grade, receptacle adapters used in resident rooms 5, 10, 11, and 12. The original wiring in this old structure uses the metal raceway as a ground path - the receptacle adapters provided do not bond to the metal junction box of existing receptacle.</p> <p>NFPA 101, 19.9.1, 9-1.2</p> <p>This deficiency affected two of two 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 147	<p>5,10,11 and 12.</p> <p>On 8/18/16, the Maintenance Director completed an inspection of all receptacles to ensure that there were no unlisted, not hospital grade, receptacle adaptors in the facility.</p> <p>An in-service with all Department Managers was completed on 8/19/16, showing them the unlisted, not hospital grade, receptacle adaptor so when they make rounds, they know to remove them and notify the Maintenance Director for the appropriate receptacle adaptor. This task was added to the rounding sheets for all Department Managers and these rounds will continue indefinitely.</p>		