A 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. The facility is utilizing special locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration.

Stories: One
Construction Type: III (211)
Constructed: 1983
Fully Sprinkled - Yes
At time of survey the:
Total Certified Bed Count = 180
Census = 157

The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:

<table>
<thead>
<tr>
<th>K 029</th>
<th>SS=E</th>
</tr>
</thead>
</table>

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, and documentation review on 8/4/2016, at approximately 9:15 AM

The dust and lint in the combustion Chamber of the gas fired dryers in the laundry department were cleaned and free of dust and lint on the day of the survey.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 029</td>
<td></td>
<td></td>
<td>Continued From page 1 onward, the following deficiencies were noted:</td>
<td></td>
<td></td>
<td></td>
<td>This one of 8 smoke compartments. All smoke compartments were inspected the day of the survey.</td>
<td>8/31/16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The facility maintenance and inspection of the hazardous areas was non-compliant, specific findings include:</td>
<td></td>
<td></td>
<td></td>
<td>The smoke compartments are on a daily cleaning schedule Monday thru Friday by the Maintenance Assistant.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The facility has a build up of dust and lint in the combustion chamber of the gas fired dryers in the laundry department.</td>
<td></td>
<td></td>
<td></td>
<td>Smoke compartment in the Laundry are will be monitored for cleanliness Monday, Wednesday, and Friday for four weeks then Friday for four months to assure the smoke compartment in the Laundry is free of lint and dust.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ref: 2000 NFPA 101 Section 19.3.2.1; 8.4.1.1*</td>
<td></td>
<td></td>
<td></td>
<td>The monitoring sheets will be reviewed daily during the M-F Meetings for 4 weeks then Monthly for 4 months and concerns will be addressed and recommendations needed as indicated.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This deficiency affected one smoke of approximately 8 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
<td></td>
<td></td>
<td></td>
<td>In addition, The smoke department cleaning schedules are incorporated into the Quarterly Safety Committee Meeting and The Committee with make ongoing recommendation as indicated.</td>
<td></td>
</tr>
<tr>
<td>K 052</td>
<td>SS=E</td>
<td></td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
<td></td>
<td></td>
<td>The Maintenance Director is responsible for compliance with K029.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Statement of Deficiencies

**Provider/Supplier/CLIA Identification Number:** 345238

**Name of Provider or Supplier:** WHITE OAK MANOR - CHARLOTTE

**Street Address, City, State, Zip Code:** 4009 CRAIG AVENUE, CHARLOTTE, NC 28211

**Date Survey Completed:** 08/04/2016

#### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 052</td>
<td></td>
<td></td>
<td>Continued From page 2 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, and documentation review on 8/4/2016, at approximately 9:15 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the fire alarm system was non-compliant, specific findings include: The facility has a combination of horns and strobes on the South egress corridor connected to the Fire Alarm Control Panel (FACP). During the testing of the FACP a test was conducted while running on battery back-up power. During this portion of the test the horn portion of the combination did activate, but the strobe portion did not activate. Ref: 2000 NFPA 101 Section 19.3.4.1; 9.6.1.7, NFPA 72 Section 9.6.1.4 This deficiency affected one smoke of approximately 8 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke</td>
<td>K 052</td>
<td></td>
<td></td>
<td>An outside contractor has been secured and has inspected and ordered parts to assure strobe light activate on the South unit AND throughout the building where strobe lights are located. Once the system changes are made to allow strobe lights to activate on battery power weekly monitoring for 4 weeks will be conducted to assure strobe lights activate on battery power. Monitoring will be reviewed during the Monday - Friday QI meetings with recommendations as indicated. After the 4 weeks of monitoring the strobe light activation will be checked monthly during routine fire drills. Strobe light activation under battery power will be reviewed during the Quarterly Safety meeting for 4 months. The maintenance Director is responsible for ongoing compliance to K 052</td>
</tr>
<tr>
<td>K 061</td>
<td>SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 061</td>
<td></td>
<td></td>
<td></td>
<td>8/22/16</td>
</tr>
</tbody>
</table>

**Event ID:** MHJD21

**Facility ID:** 923554

**If continuation sheet Page:** 3 of 6
### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 061</td>
<td>Continued From page 3</td>
<td>42 CFR 483.70 (a)</td>
<td>An outside contractor was secured and corrected the supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel so that the alarm can not be silenced permanently when the valve is in the closed position in the sprinkler riser room. The Supervisory signals cannot be silenced permanently except by reopening/restoration of the valve to the normal operating position. Other supervisory signals were reviewed during the survey. Monitoring of the tamper alarm will be conducted weekly four weeks then monthly for 4 months and upon routine inspections. Monitoring will be reviewed by the Monday-Friday QI meeting for 4 weeks then monthly for 4 months with concerns addressed as indicated. Quarterly Safety Committee meeting will review Supervisory signals. The Maintenance Director is responsible for ongoing compliance with K 061.</td>
</tr>
<tr>
<td>K 076</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than</td>
</tr>
</tbody>
</table>
K 076 Continued From page 4

3,000 cu.ft. are vented to the outside.
4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99),
18.3.2.4, 19.3.2.4
This STANDARD is not met as evidenced by:
42 CFR 482.41(a)

Based on the observations, and staff interviews
on 8/4/2016 at approximately 9:15 AM onward,
the following deficiencies were noted:
The facility inspection of the storage of oxygen
cylinders was non-compliant the specific items
include:
1. The E type oxygen cylinders in the medication
room were not properly secured. The full
cylinders had two different type of racks to secure
the cylinders, the smaller rack was not designed
to hold E size cylinders securely.
2. Full and empty oxygen cylinders were stored
together. If stored within the same enclosure,
empty cylinders shall be segregated and
designated (with signage) from full cylinders.
Empty cylinders shall be marked to avoid
confusion and delay if a full cylinder is needed
hurriedly.

Ref: 2000 NFPA 101 Section 19.3.2.4; NFPA 99
Section 4-3.5.2.1b (27);
NFPA 99 4-3.5.2.2b(2)

This deficiency affected one smoke of
approximately 8 smoke compartments.
Failure to comply with minimum standards as
referredenced increases the risk of death or injury
due to fire and/or smoke

The E tank oxygen cylinders are properly
secured in new rack specifically designed
to hold E size cylinders securely.

All areas where E tank cylinders are
stored in racks specifically to hold E size
cylinders.

All areas where E tank cylinders are
stored and equipped with separate racks
clearly labeled FULL and Empty.

In addition, the empty E tanks will be
removed daily and replaced with full tanks
by the 11-7 Supervisor. Nursing staff
have been educated on not storing full
and empty tanks together and assuring
they are in the proper containers.

Monitoring of the E tank oxygen storage
areas for proper storage will be conducted
for weekly for 4 weeks then monthly for 4
months thereafter. Nursing will observe
for compliance during daily routine
rounds.
The monitoring will be reviewed during the
Monday- Friday QI meetings with
interventions as indicated.

Proper storage of E tanks will be
discussed during the Quarterly Safety
Meetings with recommendations as
indicated.

The Director of Nursing is responsible for
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 076</td>
<td>Continued From page 5</td>
<td>K 076</td>
<td>ongoing compliance to K 076.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>