STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345216

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 03 - WESTFIELD - NEW REPLACEMENT FACILITY
B. WING _____________________________

(X3) DATE SURVEY COMPLETED

03/23/2017

NAME OF PROVIDER OR SUPPLIER
WESTFIELD REHABILITATION AND HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
3100 TRAMWAY ROAD
SANFORD, NC 27332

(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 utilizing the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC) and its referenced publications. The facility plan/construction approval occurred prior to July 5, 2016. The facility is utilizing special locking systems. In the exit conference all LSC deficiencies noted were discussed and acknowledged with Administration.

Stories: one
Construction Type: V(211)
Constructed: 2012
Fully Sprinkled: yes
Total Certified Bed Count = 100
Census = 62

K 345

Fire Alarm System - Testing and Maintenance

A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.

9.7.5, 9.7.7, 9.7.8, and NFPA 25

This STANDARD is not met as evidenced by:
Based on observations, on 03/23/2017 at approximately 8:30AM onward, the following

K 345 Corrective action has been accomplished by providing a printout of...
K 345 Continued From page 1

deficiencies were noted: The standard is non-compliant, specific findings include: Facility at the time of the survey could not provide documentation that a smoke head sensitivity test was performed within the last two years as required by 2010 NFPA 72: 14.4.5.3.2. "Sensitivity shall be checked every alternate year thereafter unless permitted by compliance with 14.4.5.3.3"

This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.

K 363 SS=D

NFPA 101 Corridor - Doors

Corridor - Doors 2012 EXISTING

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors
This STANDARD is not met as evidenced by:

Based on observations, on 03/23/2017 at approximately 8:30AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: cross corridor door on 300 hall, did not close for smoke tight seal when fire alarm was tested.

NFPA 101, 19.3.6.3

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

K 363 Corrective action has been accomplished by adjusting the closure speed on the cross corridor door on 300 hall, giving a smoke tight seal when fire alarm was tested. Measure to ensure reoccurrence will be by weekly checks by the Maintenance Director and verify closure. Monitoring will be done through quarterly fire protection inspections.