A 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: ***

**Construction Type:** V(111)

**Construction:** 8/17/2011

**Fully Sprinkled**

At time of survey the Licensed bed capacity = 114

**Total Certified Bed Count = 114**

**Census = 104**

---

**Means of Egress - General**

**CFR(s): NFPA 101**

This **Requirement** is not met as evidenced by:

Based on observations, staff interview, and/or documentation on Wednesday 11/29/2017 at 8:30 AM onward the following deficiencies were noted: The standard is non-compliant, specific findings include:

**The plan for correcting the specific deficiency. Staff have been educated on how to release the magnetically locked exit doors with a master override switch at the nurses station and/or switch at the...**
K 211 Continued From page 1

1. Staff when questioned in the rehab area and staff on the North Hall did not know how to release the magnetically locked exit doors with the master override switch at the nurse station and/or switch at the door. As specified according to 2012 NFPA 101: 19.7.3.2 "Health care occupancies that find it necessary to lock means of egress doors shall, at all times, maintain adequate staff qualified to release locks and direct occupants from the immediate danger area to a place of safety in case of fire or other emergency."

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

K 211

door.

There were no other areas of the facility that would be affected by this deficient practice. The Maintenance Director will educate new employees during orientation and existing employees yearly to ensure that the employee fully understands how to release the magnetically locked exit doors with a master override switch at the nurses station and/or switch at the door. A fire drill was conducted and staff were educated again at that time to 1. Check the exit doors to ensure they will open during a fire and 2. Ask if staff were aware of the method to release the magnetically locked exit doors with a master override switch at the nurses station and/or switch at the door. Instructions on the master override switch has been added to the employee orientation package.

The Maintenance Director will educate new employees during orientation and existing employees yearly to ensure that the employee fully understands how to release the magnetically locked exit doors with a master override switch at the nurses station and/or switch at the door. Instructions on the master override switch has been added to the employee orientation package.

The education records will be brought to the monthly QAPI meeting by the Maintenance Director for review and recommendations during next QAPI Meeting and as needed.
K 324 Continued From page 2

Cooking Facilities
Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:
* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2
* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or
* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.
Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.
18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2

This REQUIREMENT is not met as evidenced by:
Based on observations, staff interview, and/or documentation on Wednesday 11/29/2017 at 8:30 AM onward the following deficiencies were noted: The standard is non-compliant, specific findings include:

1. Staff when questioned were not familiar on how to activate the manual pull for the kitchen anssl system.
NFPA 96: 10.5.7

The plan for correcting the specific deficiency. Dietary staff have been educated on how to activate the manual pull for the kitchen anssl system.

There are no other areas in the facility that would be affected by this deficient practice.

Dietary staff have been educated on how
**K 324** Continued From page 3

2012 NFPA 101: 19.3.2.5;

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

K 352 Sprinkler System - Supervisory Signals

Sprinkler System - Supervisory Signals
Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, 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 REQUIREMENT is not met as evidenced by:

Based on observations, staff interview, and/or documentation on Wednesday 11/29/2017 at 8:30 AM onward the following deficiencies were noted: The standard is non-compliant, specific findings include:

1. The supervisory signal for the electronically supervised tamper alarm on the sprinkler control

The supervisory signal for the electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel alarms after five minutes and cannot be silenced permanently.

There are no other areas of the facility
## Statement of Deficiencies and Plan of Correction

### A. Building 03 - Maggie Valley Replace NH

<table>
<thead>
<tr>
<th>(X4) ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>ID Prefix Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>(X5) Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 352</td>
<td>Continued From page 4 valve at the Fire Alarm Control Panel (FACP) could be silenced permanently when the valve was in the closed position in the sprinkler riser room. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve to the normal operating position. Reference 2012 NFPA 101 Section 9.7.2.1 Where supervised automatic sprinkler systems are required by another section of this code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, 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 at a location within the protected building that is constantly attended by qualified personnel. NFPA 101 Section 9.7.2.1, 9.7.2.1 NFPA 25: 13.3.3.5 NFPA 72: 17.16.1.1 This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.</td>
<td>K 352</td>
<td>affected by this deficient practice. We have contacted Southern Sound Fire Safety and they will inspect the Fire Alarm Control Panel 12/18/17 to ensure that electronically supervised tamper alarm on the sprinkler control valve at the Fire Alarm Control Panel cannot be silenced permanently. The report from Southern Sound's inspection of the Fire Alarm Control Panel will be given to the Maintenance Director and the Administrator as well as being placed on the TELS System.</td>
<td>1/13/18</td>
</tr>
</tbody>
</table>

### K 353 Sprinkler System - Maintenance and Testing

**CFR(s):** NFPA 101

Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are
## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**MAGGIE VALLEY NURSING AND REHABILITATION**

### Street Address, City, State, Zip Code

**75 FISHER LOOP**

**MAGGIE VALLEY, NC 28751**

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
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<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 353</td>
<td>Continued From page 5 maintained in a secure location and readily available.</td>
<td>K 353</td>
<td>VSC Fire &amp; Security inspected the sprinkler system on 11/30/2017 to ensure that the water flow time at the inspector test pipe was not in excess of 60 seconds.</td>
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<tr>
<td></td>
<td>a) Date sprinkler system last checked</td>
<td></td>
<td>A full trip test was performed by VSC Fire &amp; Security on 11/30/17 on System #2 with no other issues identified. The pressure was adjusted to a pressure of 46 seconds to comply with Life Safety Standards.</td>
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<td>b) Who provided system test</td>
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<td>VSC Fire &amp; Security will continue to service and maintain the sprinkler system on a quarterly basis and will report any discrepancies in flow time to the Maintenance Director. The maintenance director will monitor VSC to ensure the inspector test pipe was not in excess of 60 seconds by reviewing the inspection tag placed on the equipment by VSC before VSC leaves the premises.</td>
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<td>c) Water system supply source</td>
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<td>The Maintenance Director will provide documentation of the VSC Fire &amp; Security inspections to the Administrator who will</td>
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<td>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</td>
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<td>9.7.5, 9.7.7, 9.7.8, and NFPA 25</td>
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<td>This REQUIREMENT is not met as evidenced by:</td>
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<td></td>
<td>Based on observations, staff interview, and/or documentation on Wednesday 11/29/2017 at 8:30 AM onward the following deficiencies were noted: The standard is non-compliant, specific findings include:</td>
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<tr>
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<td>1. Upon reiew of the sprinkler inspection documentation dated 3/29/2017 the water flow time at the inspector test pipe was in excess of 60 seconds. Recorded time documented was 1-min. 47-seconds.</td>
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<td>Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, or other features shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction.</td>
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<td>2012 NFPA 101: 19.7.6; 4.6.12.1</td>
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<td>K 353</td>
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<td>K 353</td>
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<tr>
<td>Continued From page 6</td>
<td>Building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. This deficiency affected 8 of 8 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.</td>
<td>also place these inspections on the TELS System that is used by the facility for preventative maintenance.</td>
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<tr>
<td>K 521</td>
<td>HVAC</td>
<td>CFR(s): NFPA 101</td>
<td>HVAC</td>
<td>Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2</td>
</tr>
<tr>
<td>SS=D</td>
<td>HVAC</td>
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</tbody>
</table>

1. Facility could not provide documentation that the fire/smoke dampers assemblies have been tested to see if they will close as specified according to 2010 NFPA 80: 19.4; and 2010 NFPA 105: 6.5.2 smoke detector. NFPA 101: 19.5.2.1; 9.2
**K 521** Continued From page 7

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

K 712 Fire Drills

Fire Drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of auditory alarms.

This REQUIREMENT is not met as evidenced by:

Based on observations, staff interview, and/or documentation on Wednesday 11/29/2017 at 8:30 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:

1. The facility failed to conduct fire drills at least quarterly per shift. A review of the facility’s fire drill records for the 12 month revealed the facility...
K 712  Continued From page 8

acknowledged was unable to provide documented fire drill reports for all of the shifts. 3rd shift for September 2017 and 1st shift for October 2017 were missing.

NFPA 101, (2012) Chapter 19, Existing Healthcare Occupancies,
19.7* Operating Features
19.7.1.4* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.
19.7.1.5 Infirn or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.
19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.
19.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.

This deficiency affected two out of twelve fire drills. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.

K 918  Electrical Systems - Essential Electric Syste
CFR(s): NFPA 101

Electrical Systems - Essential Electric System Maintenance and Testing
The generator or other alternate power source and associated equipment is capable of supplying

K 712  May-Evening Shift
       June-Night Shift
       July-Day Shift
       August-Evening Shift
       September-Night Shift
       October-Day Shift
       November-Evening Shift
       December-Night Shift

There are no other areas of the facility affected by this deficient practice.

The Maintenance Director has been educated and understands that he will follow the above schedule to perform fire drills. The fire drill schedule has been sent to TELS to be placed on the task schedule to alert the maintenance director when the fire drill is due and what shift.

The Fire Drill reports will be uploaded to the TELS System monthly and will be taken to the monthly QAPI Meeting for review and recommendations for 3 months and as needed. The Administrator will upload the Fire Drills to the TELS Program.
K 918 Continued From page 9

service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled tests under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.

6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)

This REQUIREMENT is not met as evidenced by:

Based on observations, staff interview, and/or documentation on Wednesday 11/29/2017 at 8:30 AM onward the following deficiencies were noted: The standard is non-compliant, specific findings include:

1. The remote generator annunciator located at Nixon Power the facility’s contracted generator company corrected the issue of the generator annunciator located at the nurse station that did not provide a signal for the battery charger AC and the battery charger is now providing that signal to the nurses station. 11/30/2017.
### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier

**Maggie Valley Nursing and Rehabilitation**

<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>K918</td>
<td>Continued From page 10</td>
<td></td>
<td>the nurse station did not provide a signal for battery charger AC failure when checked. 2012 NFPA 99: 6.4.1.16.2 (Table item O), 2. The specific gravity for open cell batteries or a conductance test for closed cell batteries for the emergency generator had not been recorded in the documentation. Reference 2012 NFPA 101, 2010 NFPA 110 8.3.7 Storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.</td>
<td>K918</td>
<td></td>
<td></td>
<td>There are no other areas of the facility affected by this deficient practice. When the Maintenance Director does the monthly generator test, he will drop the battery charger fuse and then go and check the annunciator panel to ensure that the signal for the battery charger AC is provided and document the results on the TELS Generator test task. The Maintenance Director will document on the generator test task that he has dropped the battery charger fuse and checked the annunciator panel to ensure that the signal for the battery charger AC is provided. The results of this test will be taken to QAPI for review and recommendations for 3 months and as needed.</td>
<td>1/13/18</td>
</tr>
<tr>
<td>K923</td>
<td>SS=D</td>
<td>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</td>
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<td></td>
<td>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.2 and 5.1.3.3.3. &gt;300 but &lt;3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited-combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if</td>
<td></td>
<td>1/13/18</td>
</tr>
</tbody>
</table>
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

#### NAME OF PROVIDER OR SUPPLIER
MAGGIE VALLEY NURSING AND REHABILITATION

#### STREET ADDRESS, CITY, STATE, ZIP CODE
75 FISHER LOOP
MAGGIE VALLEY, NC  28751

#### SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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<tr>
<td>K 923</td>
<td>Continued From page 11</td>
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</tbody>
</table>

1. In the South Hall nurse station oxygen storage room and unsecured oxygen cylinder was found in the room.

FPA 99 11.6.2.3 (11) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.

The staff have been educated that oxygen cylinders must be secured with a chain, or proper cylinder stand or cart.

Oxygen cylinders were audited and no other cylinders were found to be stored improperly.

Staff have been educated on the proper storage of oxygen cylinders. The Staff Development Coordinator educates new hires during orientation and twice yearly that oxygen cylinders will be secured in...
### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>K 923</td>
<td>Continued From page 12</td>
<td></td>
<td>K 923</td>
<td></td>
<td>the provided cylinder stand.</td>
</tr>
</tbody>
</table>

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

The Administrative Nurses are auditing the oxygen storage room 5 x a week to ensure the oxygen cylinders are properly stored and educating as needed. The audit results will be taken to QAPI monthly x 3 months for review and recommendations.