### Statement of Deficiencies and Plan of Correction

#### A. Building 03 - New 152 Bed Facility - New Site Location

**Provider/Supplier/CLIA Identification Number:**
345168

**Date Survey Completed:**
11/16/2017

#### Name of Provider or Supplier

MACGREGOR DOWNS HEALTH AND REHABILITATION

**Address:** 2910 MACGREGOR DOWNS DRIVE
MACGREGOR DOWNS HEALTH AND REHABILITATION
GREENVILLE, NC 27834

#### Summary Statement of Deficiencies

**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:**
**Construction:** 2009
**Fully Sprinkled**
At time of survey the Licensed bed capacity =152
Total Certified Bed Count = 152
Census = 140

**K 161 Building Construction Type and Height**
**CFR(s): NFPA 101**

Building Construction Type and Height
2012 EXISTING
Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7
19.1.6.4, 19.1.6.5

**Construction Type**
1. I (442), I (332), II (222) Any number of stories
   - non-sprinklered and sprinklered
2. II (111) One story
   - non-sprinklered

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.

**Laboratory Director's or Provider/Supplier Representative's Signature**
Electronically Signed
12/04/2017

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**Event ID:** V7VS21
**Facility ID:** 923204

If continuation sheet Page 1 of 5

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**Event ID:** V7VS21
**Facility ID:** 923204
The facility inspection of the rated walls was non-compliant the specific items include:

The facility has unsealed penetrations in the rated wall in the laundry department.

Please accept this Plan of Correction as MacGregor Downs Health and Rehabilitation’s Center’s credible allegation of compliance for the alleged deficiency cited. Submission and implementation of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of correction is submitted to meet requirements established by Federal and State laws, which requires an acceptable Plan of Correction as a condition of continued certification.
K 161 Continued From page 2
The rated wall behind the door on the clean side of the laundry department has a hole in the wall near the door closing device.
Ref: 2012 NFPA 101 Sections 19.1.6.1; 8.4
This deficiency affected one of six smoke zones in the entire facility.
Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.

K 918 SS=E Electrical Systems - Essential Electric System
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 service within 10 seconds. If the 10-second criterion is not met during the monthly test, a
K 918 Continued From page 3

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 test 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:

42 CFR 483.70 (a)

Based on observations, staff interview and/or documentation review on 11/16/2017, at approximately 9:00 AM to 1:00 PM, the following deficiencies were noted:

The facility inspection of the generator annunciator was non-compliant the specific items

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### Statement of Deficiencies and Plan of Correction

**NAME OF PROVIDER OR SUPPLIER:** MACGREGOR DOWNS HEALTH AND REHABILITATION  
**STREET ADDRESS, CITY, STATE, ZIP CODE:** 2910 MACGREGOR DOWNS DRIVE, GREENVILLE, NC 27834  
**DATE SURVEY COMPLETED:** 11/16/2017

<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-REFERENCE TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
</table>
| K918 | Continued From page 4 | | The remote generator annunciator located at the nurse's station did not provide a signal for loss of battery charger when tested.  
Ref: 2012 NFPA 101 Sections 19.2.9.1; 7.9.2.4  
NFPA 99 Sections 6.4.1.1.16.2  
This deficiency affected the entire facility.  
Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke. | K918 | | | | |

**Criteria 1:** The facility has contacted a Certified Electrician to install wire from the location of the generator to the location of the remote generator annunciator panel at the nurse station. Once complete, the Generator Provider, Nixon, has agreed to make the necessary connection to the battery charger and the annunciator panel, to assure compliance with the regulation.

**Criteria 2:** At the completion of the work described in Criteria 1 above, the entire facility will have the proper alert at the annunciator panel activated, to assure a safe environment for all residents.

**Criteria 3:** The Maintenance Director will unplug the battery charger once per month, for 3 months, to assure the proper alert is sounding at the Nursing Station. He will report those findings to the Administrator. In the event the alert does not function, the Generator provider will be contacted for immediate follow up service.

**Criteria 4:** The Maintenance Director will report his results to the QAPI Committee each month for 3 months, or until deemed no longer necessary by the Committee.

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