

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345545	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2011
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NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3810 HERITAGE DRIVE BURLINGTON, NC 27215
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(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
F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care facilities (General Health Survey).</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345545	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - TWIN LAKES MEMORY C/ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2011
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NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3810 HERITAGE DRIVE BURLINGTON, NC 27215
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K 045 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 18.2.8</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/15/2011 following exit discharge illumination was observed as noncompliant: The specific findings include the following:</p> <p>No exit discharge lighting on the emergency power system the entire way to the public way from the "Woods Landing" exit.</p>	K 045	<p><u>Corrective action:</u> Exit discharge lighting on the emergency power system will be added to the public way from the Ward's Landing exit to the parking lot of the Wittenberg Apartments (which is the nearest public way). We are requesting an additional time until 1/31/2012 to complete the design and installation of the additional lighting to the public way.</p> <p><u>Other potential life safety issues:</u> All other exits have appropriate exit discharge lighting on the emergency power system which lead to public ways.</p> <p><u>Systemic changes:</u> Maintenance has checked to make sure lighting is functioning properly.</p> <p><u>Monitoring:</u> Maintenance will check the lighting to the public ways on a quarterly basis to make sure lighting is working properly.</p>	1/31/12
K 047 SS=D	<p>CFR#: 42 CFR 483.70 (a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system in accordance with section 7.10, 18.2.10.1.</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/15/2011 the facility had exit directional signs at required exits including the Woods Landing exit location that were turned in the wrong direction. The current location of this particular sign can give the impression of continuing into the service hallway and not the</p>	K 047	<p><u>Corrective Action:</u> The exit and directional signs at the Ward's Landing exit have been turned in the correct direction.</p> <p><u>Other potential life safety issues:</u> We have checked the entire building and made sure that all exit and directional signs are turned properly.</p> <p><u>Systemic changes:</u> Maintenance staff have been trained on the proper position for the signs.</p> <p><u>Monitoring:</u> The administrator will visually inspect the building on a regular basis to ensure the signs remain in the proper position.</p>	11/28/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Connie R. Bowey TITLE: Memory Care Administrator (X6) DATE: 12/5/12

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NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3810 HERITAGE DRIVE BURLINGTON, NC 27215		
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K 047	Continued From page 1 actual exit in the case of an emergency.	K 047			
K 060 SS=F	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Initiation of the required fire alarm system is by manual means in accordance with 9.6.2 and by means of any required sprinkler system water flow alarms, detection devices, or detection systems. 18.3.4.2, 9.6.2.1 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/15/2011 during the inspection and testing of the facility's fire alarm system that consisted of multiple components the manual pull stations were tested. . During this test the staff noted that the manual pull stations at the required exits that included the "Wood Landing" exit were removed. This condition does not meet the minimum requirement for the location of manual pull stations as noted in NFPA 72.	K 060	<u>Corrective action:</u> The fire alarm system pull stations will be re-installed at the Ward's Landing exit (and all other required exits). The pull stations will be programmed to activate the fire alarm system when pulled, but will not deactivate the magnetic door lock system, thus preventing elopement by our dementia residents. All other automatic fire alarm system devices will remain programmed to release the magnetic door lock system upon activation. <u>Other potential life safety issues:</u> All manual pull stations at exits throughout the building will be re-installed as required (again, not being tied into the mag lock system). Should residents continue to activate the pull stations, we will research other ways to deter this action and submit it for approval before any changes are made. <u>Systemic changes:</u> Staff have been made aware of the ruling, and will not remove these pull stations again. The fire alarm system is inspected annually for proper operation.	12/30/11	
K 061 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: Based on the observations and staff interview	K 061	<u>Monitoring:</u> The administrator and/or staff member will check the pull stations for proper operation during scheduled fire drills and report any problems to maintenance for immediate correction.		

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K 061	Continued From page 2 during the tour on 11/15/2011 the post indicator valve located in the front of the facility near the FDC location failed to give an indication at the fire alarm control panel that it was in the closed position. CFR#: 42 CFR 483.70 (a)	K 061	<u>Corrective action:</u> The post indicator valve has been fixed to ensure it will give an indication at the fire alarm control panel if it is in the closed position. <u>Other potential life safety issues:</u> The annual sprinkler inspection was conducted on 11/16/11 to make sure all other alarms to indicate problems with valves are working properly. No other problems were detected. <u>Systemic changes:</u> The post indicator valve and all other valves will be checked on a quarterly basis to ensure they are working properly and give an indication at the fire alarm control panel if they are in the closed position. <u>Monitoring:</u> The administrator will be given a copy of the reports from the inspection and will monitor to ensure that all problems are resolved in a timely manner.	11/29/11	