**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**ID IDENTIFICATION NUMBER:** 345333

**MULTIPLE CONSTRUCTION**

<table>
<thead>
<tr>
<th>A. BUILDING</th>
<th>B. WING</th>
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**DATE SURVEY COMPLETED:** 12/07/2011

**NAME OF PROVIDER OR SUPPLIER:** ABBOTTS CREEK CARE AND REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

<table>
<thead>
<tr>
<th>877 HILL EVERHART ROAD</th>
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<tbody>
<tr>
<td>LEXINGTON, NC 27295</td>
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**ID PREFIX TAG**

<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>
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<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
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The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities.

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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.
**K 000 INITIAL COMMENTS**

Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following was noted:

1. Building one is under renovation at the time of the survey and the rear section is closed off from access.

**K 038**  
NFPA 101 LIFE SAFETY CODE STANDARD  
Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1

This STANDARD is not met as evidenced by:

Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following was noted:

1. The exit door in the vending room discharges out onto soil and not a hard surface to a public way.
2. Staff members when questioned at the main nurse station were not familiar with or were unsure about the master override switch for the maglock equipped doors in the facility.

**K 211**  
NFPA 101 LIFE SAFETY CODE STANDARD  
Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:

- The corridor is at least 6 feet wide
- The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)

**K 000**  
This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Abbott's Creek Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.
K 211 Continued from page 1
- The dispensers have a minimum spacing of 4 ft from each other
- Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet
- Dispensers are not installed over or adjacent to an ignition source
- If the floor is carpeted, the building is fully sprinklered

Th- STANDARD is not met as evidenced by:
Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following was noted:
1) Alcohol Based Hand Rub (ABHR)dispenser were located within six inches of the light switches throughout the facility.

42 CFR 483.70(a)

K 211 will be submitted to the Performance Improvement Committee monthly for 3 months, at which time the committee will reassess the need for further monitoring.

Maintenance Director and/or designee will randomly interview three staff members weekly for 4 weeks and monthly for 2 months to ensure staff knows the location and function of the master override switch for the maglock equipped doors in the facility.

Findings of the interviews will be submitted to Performance Improvement Committee monthly for 3 months, at which time the committee will reassess the need for further monitoring.

1. Hand sanitizer dispensers were relocated to a distance more than six inches from the light switches by the Maintenance Director on 01/17/12.

2. A comprehensive evaluation of hand sanitizer dispensers was completed by the Maintenance Director on 01/18/12 to ensure dispensers were in compliance with life safety code.

3. The Maintenance Director was re-educated by the Administrator on 01/18/12 related to the requirements of hand sanitizer dispensers.

4. Hand sanitizer dispensers will be observed during monthly Safety rounds by the Safety Committee members to ensure hand sanitizer dispensers remain in compliance with Life Safety Code. Findings will be submitted to the Performance Improvement Committee.
K025  NFPA 101 LIFE SAFETY CODE STANDARD  SS=E
Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

K025 Monthly for 3 months, at which time the committee will reassess the need for further monitoring. 01/20/12.

K025
1. Holes and/or penetrations in smoke wall on 200 Hall were sealed with fire caulk by the Maintenance Director on 01/18/12.

2. A comprehensive evaluation of smoke/fire walls throughout the facility was completed by the Maintenance Director, on 01/18/12 and was found to be in compliance with current code.

3. The Maintenance Director was re-educated by the Administrator on 01/18/12 related to the requirements of fire walls including sealing holes and/or penetrations.

4. Smoke/fire walls will be assessed by the Maintenance Director monthly for 3 months to ensure there are no holes or penetrations to the smoke walls. Findings will be submitted to the Performance Improvement Committee monthly for 3 months, at which time the committee will reassess the need for further monitoring. 01/20/12.

K062  NFPA 101 LIFE SAFETY CODE STANDARD  SS=F
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:
Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following was noted:
1) The smoke wall located in 200 hall has holes and/or penetrations that were not sealed in order to maintain the required rating of the wall.

42 CFR 483.70(a) K062

K062  K&S Sprinkler Company installed a new accelerator on dry valve for sprinkler system on 01/06/12.
K 062. Continued from page 1

1) Upon review of the sprinkler inspection report dated 9/19/11 stated that the sprinkler system required 82 seconds for water to reach the inspector test port.

42 CFR 483.70(a)

K 211 NFPA 101 LIFE SAFETY CODE STANDARD

SS = F

Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:
- The corridor is at least 6 feet wide
- The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)
- The dispensers have a minimum spacing of 4 ft. from each other
- No more than 10 gallons are used in a single smoke compartment outside a storage cabinet.
- Dispensers are not installed over or adjacent to an ignition source.
- If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 416.100, 460.72, 482.41, 483.70, 483.623, 486.623

This STANDARD is not met as evidenced by:

Based on observation on January 4th, 1/4/2012 between 8:30 AM and 11:30 AM the following was noted:
1) Alcohol Based Hand Rub (ABHR) dispensers were located within six inches of the light switches throughout the facility.

42 CFR 483.70(a)

K 062. K&S Sprinkler Company restested trip out time on sprinkler system on 01/06/12. The results of the test were 45 seconds for water to reach the inspector test port.

3. The Maintenance Director was re-educated by the Administrator on 01/18/12 related to the requirements of the sprinkler system.

K 211
4. Accelerator will be checked by the Maintenance Director monthly for 3 months to ensure the sprinkler system meets Life Safety Code. A report will be submitted to the Performance Improvement Committee monthly for 3 months, at which time the committee will reassess the need for further monitoring. 01/20/12

K 211
1. Hand sanitizer dispensers were relocated to a distance more than six inches from the light switches by the Maintenance Director on 01/17/12.

2. A comprehensive evaluation of hand sanitizer dispensers was completed by the Maintenance Director on 01/18/12 to ensure dispensers were in compliance with life safety code.

3. The Maintenance Director was re-educated by the Administrator on 01/18/12 related to the requirements of Hand sanitizer dispensers.

4. Hand sanitizer dispensers will be observed during monthly safety rounds by the Safety Committee members to ensure hand sanitizer...
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<tr>
<th>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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<tbody>
<tr>
<td>34533</td>
<td>A. BUILDING 02 - BUILDING 02</td>
<td>01/04/2012</td>
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NAME OF PROVIDER OR SUPPLIER: ABBOTTS CREEK CARE AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 617 HILL EVERHART ROAD, LEXINGTON, NC 27295

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*dispensers remain in compliance with Life Safety Code. Findings will be submitted to the Performance Improvement Committee monthly for 3 months, at which time the committee will reassess the need for further monitoring.*

01/20/12