## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/Clinic Identification Number:** 345390

**Multiple Construction**

**Date Survey Completed:** 02/15/2012

**Name of Provider or Supplier:** Countryside Manor

**Street Address, City, State, Zip Code:**

7700 US 158 East

Stokesdale, NC 27357

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### Initial Comments

The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).

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### Provider's Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency.

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**Laboratory Director's or Provider/Supplier Representative's Signature:**

**Title:**

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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**

Surveyor: 27871

This Life Safety Code (LSC) survey was conducted as per the Code of Federal Register at 42 CFR 408.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type III (211) construction, one story. Building is not sprinkled.

The deficiencies determined during the survey are as follows:

**K 012**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1

This STANDARD is not met as evidenced by:

Surveyor: 27871

Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: the 2 hour fire barrier that separates the nursing home from HA side, that has unsealed penetration in the construction/fire rating of wall (at medical records office). Also 2 hour wall that leads to independent living section.

**K 018**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/2 inch solid-bonded core.

The following plan of correction is required by rules found in Title 42, Code of Federal Regulations and is submitted in order to remain in compliance with these rules and regulations, thus allowing residents who depend upon Medicare and Medicaid to continue to receive care here. This plan of correction is not an admission of lack of compliance with Federal requirements. Countryside Manor may not agree with all statements of fact or observations stated by the survey agency and reserves the right to appeal these findings and submits the plan of correction prior to any appeals or review of facts, as required by regulation.

**K 012**

Facility sealed to two areas discovered during the inspection with triple S firestop sealant. Large areas in the brick and Block wall were sealed with mortar mix. Fire and Smoke barriers were put on a quarterly inspection schedule to be conducted by the plant operations manager or his designee. The facility quality assurance committee will review inspection reports quarterly and adjust facility procedures to remain in compliance.

**K 018**

ongoing
<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix/Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be preceded by Full Regulatory or ICG Identifying Information)</th>
</tr>
</thead>
</table>
| K018 | Continued From page 1 | wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3.6

Roller latches are prohibited by CMS regulations in all health care facilities.

| K018 | | The facility adjusted and lubricated the door latch for room 10 to ensure proper latching upon opening and closing. The facility inspected all other doors and found all other doors to be latching properly. Door latches were set on a quarterly inspection schedule to be conducted by the plant operations manager or his designee. The facility quality assurance committee will review inspection reports quarterly and adjust facility procedures to remain in compliance. |

| K025 | SS=E | NFPA 101 LIFE SAFETY CODE STANDARD

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 attic 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

| K025 | | The smoke wall penetration was sealed with Triple S Firestop sealant approved for Class A Fire. The facility inspected smoke walls for any other unscaled penetration. Fire and Smoke barriers were put on a quarterly inspection schedule to be conducted by the plant operations manager or his designee. The facility quality assurance committee will review inspection reports quarterly and adjust facility procedures to remain in compliance. |
| K025 | Continued From page 2  
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 |
| K038 | Distributor of the alarm system (SouthMed) changed out 3 Advantage 1000 DE panels to meet the life safety code standard for irreversible process when door alarm is activated. Alarms and locks were tested at each door for proper operation. Tests were compliant with irreversible process in code.

Facility tests each door nightly for proper operation along with transmitters and receivers. The plant operations manager or his designee will review each door quarterly to ensure that each operates according to life safety code standards and manufacturer's specifications. | 3/9/2012 |

| K038 | 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. 19.2.1 | K038 |

<p>| (K) COMPLETION DATE |</p>
<table>
<thead>
<tr>
<th>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</th>
<th>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTRYSIDE MANOR</td>
<td>345390</td>
<td>A. BUILDING 02 - BUILDING 02</td>
<td>02/29/2012</td>
</tr>
<tr>
<td>STREET ADDRESS, CITY, STATE, ZIP CODE</td>
<td>STOKESDALE, NC 27357</td>
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<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>K 000</td>
<td>INITIAL COMMENTS</td>
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Surveyor: 21960
There were no Life Safety Code Deficiencies noted at time of survey.

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COUNTRYSIDE MANOR

K 000 INITIAL COMMENTS

Based on observations and staff interview at approximately 8:30 am onward, no LSC deficiencies were noted at time of survey.

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting provided 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.