

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

PRINTED: 12/21/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/20/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE/KING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 WHITE ROAD KING, NC 27021</b>		
(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	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).	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.

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PRINTED: 02/05/2013  
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345449	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  02/01/2013
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NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/KING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 WHITE ROAD KING, NC 27021
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K 000	INITIAL COMMENTS  This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III (211) construction, one story, with a complete automatic sprinkler system.	K 000	K-12 1. 1) The Day Room ceiling will be repaired as quickly as possible. 2) The walls and ceiling in the kitchen HVAC room were repaired. 3, 4) The fire collar was re-installed against the ceiling and two ceiling radiation dampers were installed (E-Hall electric room and C-Hall electric room). 5) All Resident bathroom radiation dampers were cleaned.	2/3/2013
K 012 SS=D	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: Based on observation on Friday 2/1/13 at approximately 9:30 AM onward the following was noted: 1) The stucco texture ceiling in the Day Room is peeling off and not maintained in good condition. 2) The walls in the kitchen HVAC room are not maintained in good condition. There is mold growth on the ceiling and walls the HVAC room. 3) The electrical room located on E-hall did not have a radiation damper in the ceiling at the HVAC register and the UL rated fire collar for the PVC pipe for the cable penetrations was not installed against the ceiling. 4) The air conditioning unit located in the Electrical Room C-Hall did not have a radiation damper installed at the ceiling. 6) The radiation dampers located in the resident	K 012	2. 1) All ceilings have the potential to be effected. An audit was conducted on 02/01/2013 to ensure that all ceilings were maintained in good condition and the results recorded on the Ceiling / Hallway HVAC / Tamper Alarm Audit form. 2) All HVAC walls and ceilings have the potential to be effected. An audit was conducted on 02/06/2013 to ensure that all ceilings were maintained in good condition and the results recorded on the Ceiling / Hallway HVAC / Tamper Alarm Audit form. 3, 4) All ceiling penetrations and ceiling radiation units have the potential to be effected. An audit was performed on 02/06/2013 to ensure that all ceiling penetrations were closed appropriately and all radiation units had the required dampers installed and the results recorded on the Ceiling / Hallway HVAC / Tamper Alarm Audit form. 5) All radiation dampers have the potential to be effected. On 02/06/2013, an audit was conducted to ensure that all radiation dampers were cleaned of excessive lint and the results recorded on the Radiation Damper / Sprinkler Head Audit form.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE ADMINISTRATOR (X6) DATE 02/15/2013

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.

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NAME OF PROVIDER OR SUPPLIER  UNIVERSAL HEALTH CARE/KING			STREET ADDRESS, CITY, STATE, ZIP CODE 116 WHITE ROAD KING, NC 27021	
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K 012	Continued From page 1 bathrooms were not maintained clean and in good condition. Units had excessive amount of lint on the units.	K 012	K-12 3. 1-4)The Maintenance Director will audit the ceilings, hallway HVAC rooms, ceiling penetration areas and ceiling registers weekly for three weeks and then monthly for three months and record his observations on the Ceiling / Hallway HVAC / Tamper Alarm Audit form.	
K 025 SS=D	42 CFR 482.41(a) 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 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	K 025	5) The Housekeeping Director will audit all radiation dampers weekly for three weeks and then monthly for three months and record his findings on the Radiation Damper / Sprinkler Head Audit form. 4. The audits will be reviewed in the Monthly QA&A Meeting / Monthly Safety Meeting for three months to assure proper compliance. The Administrator will be responsible to ensure compliance of all audits.	
K 029 SS=F	This STANDARD is not met as evidenced by: Based on observation on Friday 2/1/13 at approximately 9:30 AM onward the following was noted: 1) The smoke wall located on F Hall in the attic has holes and/or penetration that were not sealed in order to maintain the required rating of the walls.  42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¼ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1	K 029		

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K 012	Continued From page 1 bathrooms were not maintained clean and in good condition. Unlts had excessive amount of lint on the units.	K 012		
K 025 SS=D	42 CFR 482.41(a) 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 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  This STANDARD is not met as evidenced by: Based on observation on Friday 2/1/13 at approximately 9:30 AM onward the following was noted: 1) The smoke wall located on F Hall in the attic has holes and/or penetration that were not sealed in order to maintain the required rating of the walls.	K 025	K-25  1. The attic smoke wall on F-Hall was assessed and all holes were sealed. 2. All attic smoke walls have the potential to be effected. An audit was conducted on 02/12/2013 to ensure that all attic smoke walls were sealed to maintain the required rating and the results recorded on the Attic Smoke Wall / Exhaust Vent Audit form. 3. The Maintenance Director will audit the attic smoke walls monthly for three months and then quarterly, and will assess the smoke walls if any outside vendor/contractor is allowed in the attic; and record his observations on the Attic Smoke Wall / Exhaust Vent Audit form. 4. The audit will be reviewed in the Monthly QA&A Meeting / Monthly Safety Meeting for three months to assure proper compliance. The Administrator will be responsible to ensure compliance of all audits.	02/12/2013
K 029 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1	K 029	K-29  1. 1) The clean linen door striker plate was immediately un-taped. 2) The dry storage room door latch was adjusted to ensure proper working condition. 3) The boiler room self-closing mechanism and ceiling exhaust vent were repaired.	02/12/2013

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K 029	Continued From page 2 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation on Friday 2/1/13 at approximately 9:30 AM onward the following was noted: 1) The clean linen corridor door on E-Hall had the strike plate tapped over preventing the door from latching. 2) The dry storage room in the kitchen did not not close latch and seal. 3) The door to the boiler room for the kitchen was not self closing and the exhaust vent at the ceiling was not sealed in order to maintain the required rating of the ceiling.	K 029	2. 1, 2) All door latch striker plates and self closing doors have the potential to be effected. An audit was conducted on 02/12/2013 to ensure that all door striker plates and self-closing doors were in proper working condition and the results recorded on the Door Latch / Closure Audit form. 2) All boiler room exhaust vents have the potential to be effected. An audit was performed on 02/06/2013 to ensure all exhaust vents were maintained properly and the results recorded on the Ceiling / Hallway HVAC / Exhaust Vent Audit form. 3. The Maintenance Director will audit 1, 2) all door latch striker plates and self-closing door mechanisms weekly for 3 weeks, monthly for three months, and then quarterly and record his observations on the Door Latch / Closure Audit form; 3) all boiler room exhaust vents weekly for 3 weeks, monthly for 3 months, and then quarterly and record his observations on the Ceiling / Hallway HVAC / Exhaust Vent Audit form. 4. The audit will be reviewed in the Monthly QA&A Meeting / Monthly Safety Meeting for three months to assure proper compliance. The Administrator will be responsible to ensure compliance of all audits.	
K 056 SS=E	42 CFR 483.70(a) NFPA-101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water	K 056	K-56  1. The two identified sprinkler heads were cleaned to ensure proper functioning.	02/06/2013

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K 056	Continued From page 3 supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This STANDARD is not met as evidenced by: Based on observation on Friday 2/1/13 at approximately 9:30 AM onward the following was noted: 1) The sprinkler heads in the kitchen and in the laundry room were not maintained clean and in good condition. The sprinkler heads had excessive amount of lint and grime on the heat sensitive element.	K 056	<sup>K-56</sup> <del>2013</del> 2. All sprinkler heads have the potential to be affected. An audit was conducted on 02/06/2013 and all sprinkler heads were cleaned to ensure proper working condition and the findings were recorded on the Radiation Damper / Sprinkler Head Audit form. 3. The Housekeeping Director will audit all sprinkler heads weekly for 3 weeks and then monthly and record his findings on the Radiation Damper / Sprinkler Head Audit form. 4. The audits will be reviewed monthly in the Monthly QA&A Meeting / Monthly Safety Meeting to assure proper compliance. The Administrator will be responsible to ensure compliance of all audits.		
K 061 SS=D	42 CFR 482.41(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 observation on Friday 2/1/13 at approximately 9:30 AM onward the following was noted: 1) The tamper alarm in the pit on the backflow preventor did not provide an alarm visual/audible at the fire alarm panel.	K 061	K-61 1. The identified tamper alarm units were inspected and repaired to ensure proper functioning. 2. All tamper alarm units have the potential to be affected. An audit was conducted on 02/06/2013 to ensure that all tamper alarm units worked properly when activated and the findings were recorded on the Ceiling / Hallway HVAC / Tamper Alarm Audit form. 3. The Maintenance Director will audit all tamper alarm units monthly for 3 months and then quarterly when the fire system is inspected and record the findings on the Ceiling / Hallway HVAC / Tamper Alarm Audit form.	02/04/2013	

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K 061 K 062 SS=D	Continued From page 4 42 CFR 482.41(a) NFPA 101 LIFE SAFETY CODE STANDARD 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 Friday 2/1/13 at approximately 9:30 AM onward the following was noted: 1) Upon review of sprinkler document the facilities sprinkler system was not being inspected quarterly but semi-annually. 2) Upon review of documentation and staff interview facility could not provide documentation on the last 5-year internal inspection of the sprinkler system.	K 061 K 062	K-61 4. The audits will be reviewed quarterly in the Monthly QA&A Meeting / Safety Meeting to assure proper compliance. The Administrator will be responsible to ensure compliance of all audits.  K-62 1. The identified 5-year internal inspection was scheduled immediately and completed; the sprinkler system inspection schedule was changed to Quarterly. 2. The entire sprinkler system has the potential to be effected. Future inspections were scheduled and recorded on the Sprinkler System Inspection Audit form. 3. The Maintenance Director will ensure all inspections are performed as scheduled and record his findings on the Sprinkler Inspection Audit form. 4. The audits will be reviewed quarterly in the Monthly QA&A Meeting / Safety Meeting to assure proper compliance. The Administrator will be responsible to ensure compliance of all audits.	02/08/2013	
K 067 SS=F	42 CFR 482.41(a) NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: Based on observation on Friday 2/1/13 at approximately 9:30 AM onward the following was	K 067	K-67 1. The identified hallway HVAC units were inspected and repaired to ensure proper functioning. 2. All hallway HVAC Units have the potential to be affected. An audit was conducted and repairs made on 02/06/2013 to ensure that all hallway HVAC units shut down properly when the fire alarm system was activated and the findings were recorded on the Ceiling / Hallway HVAC / Tamper Alarm Audit form.	02/01/2013	

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K 067	Continued From page 5 noted: 1) The HVAC units on C and F Hall did not shut down with activation of the fire alarm by smoke detector.  42 CFR 482.41(a)	K 067	<p><sup>K-67</sup> <del>067</del> 3. The Maintenance Director will audit all hallway HVAC units monthly during the regularly scheduled fire drill and quarterly when the fire system is inspected and record his findings on the Ceiling / Hallway HVAC / Tamper Alarm Audit form.</p> <p>4. The audits will be reviewed quarterly in the Monthly QA&amp;A Meeting / Safety Meeting to assure proper compliance. The Administrator will be responsible to ensure compliance of all audits.</p> <p>“Submission of this response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed and/or were correctly cited and/or require correction”.</p>		