<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX 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 TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities recertification and complaint investigation survey conducted on 01/30/13.</td>
<td>F 000</td>
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</tbody>
</table>
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CPA
IDENTIFICATION NUMBER:
345085

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01
B. WING

(X3) DATE SURVEY COMPLETED
02/22/2013

NAME OF PROVIDER OR SUPPLIER
EDWIN MORGAN CTR OF SCOTLAND M

STREET ADDRESS, CITY, STATE, ZIP CODE
617 PEDEN ST
LAURINBURG, NC 28352

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

K 000
INITIAL COMMENTS

This Life Safety Code (LSC) survey was
conducted as per The Code of Federal Register
at 42 CFR 483.70(a); using the 2000 Existing
Health Care section of the LSC and its referenced
publications. This facility is Type II protected
construction utilizing Delayed Egress Special
locking arrangements, and is equipped with an
automatic sprinkler system.

CFR#: 42 CFR 483.70 (a)
NFPA 101 LIFE SAFETY CODE STANDARD

K 018

Doors protecting corridor openings in other than
required enclosures of vertical openings, exits, or
hazardous areas are substantial doors, such as
those constructed of 1½ inch solid-bonded core
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.

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

This STANDARD is not met as evidenced by:
Based on the observations and staff interviews

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Director of Engineering

TITLE

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 discloseable 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 discloseable 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.
**K018**

Continued From page 1

on 2/22/2013 the following Life Safety item was observed as noncompliant, specific findings include: The door to shower room number one did not have rated hardware installed on the corridor door.

CFR#: 42 CFR 483.70 (a)

**CORRECTIVE ACTION:** Installed new door hardware with appropriate fire-rating.

**MEASURE/CORRECTIVE ACTION PLAN:** Include inspection detail on Environmental Rounding Inspection form.
**Summary of Deficiencies**

**INITIAL COMMENTS**

This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type II protected construction utilizing Delayed Egress Special looking arrangements, and is equipped with an automatic sprinkler system.

**OTHER LSC DEFICIENCY NOT ON 2786**

This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 2/22/2013 the following Life Safety Item was observed as noncompliant, specific findings include: The janitors closet near the facility pharmacy did not have a lens cover on the overhead light nor had the lamps in the fixture protected with tube covers to prevent the lights from being broken.

**Corrective Action:** Installed shatter-proof lens covers on two each fluorescent tubes.

**Measure/Corrective Action Plan:**

Include inspection detail on Environmental Rounding Inspection form.