

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

PRINTED: 08/30/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/29/2013
NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3801 WADE COBLE DRIVE BURLINGTON, NC 27215		
(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 This facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). Event ID# 3VSW11.	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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345235	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2013
NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3801 WADE COBLE DRIVE BURLINGTON, NC 27215	
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K 000	INITIAL COMMENTS Surveyor: 27871 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 building is Type I construction, three story, with a complete automatic sprinkler system. Facility is using North Carolina Special Locking system.	K 000		
K 038 SS=E	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	K 038		
K 056 SS=E	This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:30 am onward, the following items were noncompliant, specific findings include: door to dish room in kitchen area and door to office by Directors office requires two motion of hand to open. 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	K 056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Hindi on the FILE Administrator* (X5) DATE 10-1-13

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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K 000	INITIAL COMMENTS Surveyor: 27871 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 building is Type I construction, three story, with a complete automatic sprinkler system. Facility is using North Carolina Special Locking system. The deficiencies determined during the survey are as follows:	K 000	1. Deficient practice corrected for dish room door and RN office door. Single hand motion door handles installed and dead bolt locks removed.	9/20/13
K 038 SS=E	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 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 9:30 am onward, the following items were noncompliant, specific findings include: door to dish room in kitchen area and door to office by Directors office requires two motion of hand to open.	K 038	2. To identify other life safety issues such as this, all other doors have been inspected by maintenance to ensure exit access. 3. Director of maintenance to hold inservice with all maintenance staff to inform them of K038 and that no dead bolt locks are allowed on any doors in Healthcare, and that all exits are to be readily accessible with single motion handles.	9/20/13 10/3/13
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	K 056	4. The assigned maintenance person to Healthcare will make rounds quarterly to ensure that all doors have single motion exit access. This assignment will be scheduled through our maintenance/preventative maintenance software Worxhub.	10/4/13

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

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K 056	Continued From page 1 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 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: Surveyor: 27871 Based on observations and staff interview at approximately 9:30 am onward, the following items were noncompliant, specific findings include: alcove on third floor does not have sprinkler coverage. 42 CFR 483.70(a)	K 056	1. Deficient practice corrected. Sprinkler head moved to ensure sufficient coverage for the alcove. 2. To identify other similar issues, to monitor, and to ensure same issue does not reoccur, the position of sprinklers in the building will be reviewed quarterly and annually by United Sprinkler during their prearranged scheduled inspections.	9/20/13	ongoing