STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	(X3) DATE SURVEY COMPLETED
	345255		**04/17/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA CARE CENTER	**111 HARRILSON STREET** **CHERRYVILLE, NC 28021**

(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
K 000	INITIAL COMMENTS	K 000		
	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 II(000) construction, one story, with a complete automatic sprinkler system. This building is not utilizing special locking. In the exit conference all deficiencies noted were discussed with administration. At time of survey the: Total Certified Bed Count: 119 = 107 NF + 12 AC Census = 100 NF + 12 AC The deficiencies determined during the survey are as follows:			
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 4/17/2015 at approximately 9:00 AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: Annunciator panel serving the essential electrical system is not reading emergency power system supplying load during loss of normal power to the automatic transfer switch - automatic transfer switch is in emergency mode with required	K 147	Carolina Care Center ensures electrical wiring and equipment is in accordance with National Electrical Code. Maintenance Supervisor contacted electrical engineer for remedy of annunciator panel read on 4/23/15. Wiring of annunciator panel to read emergency power supply to devices to be completed on or before 5/29/15.	5/29/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/30/2015

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 147	Continued From page 1 devices energized. This deficiency affected one of two smoke compartments and proper communication of attending staff at nurse's station near room 115. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 147	All annunciator panel reviewed during survey was in compliance for other areas in accordance with National Electrical Code. Measures put into place to ensure annunciator panel is reading generator load during loss of power includes: weekly inspection by Maintenance Supervisor of annunciator panel during weekly generator test to ensure automatic transfer switch is in emergency mode with required devices energized. Reports of weekly annunciator panel checks are submitted to quarterly Safety and Risk Management committee for review and recommendations regarding problems with panel and maintenance of proper panel functions. Report will be reviewed by Safety and Risk Management committee for one year.	