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

PRINTED: 06/30/2011 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		iultipi Ilding	LE CONSTRUCTION	(X3) DATE S COMPLE	URVEY ETED
		345366	B. WII	NG		06/3	0/2011
	ROVIDER OR SUPPLIER PALE FOREST NURSI	NG AND REHABILITATION CEN	TER	130	ET ADDRESS, CITY, STATE, ZIP COI 04 SE SECOND ST OW HILL, NC 28580	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 000		re cited as a result of the ey. Event ID730D11	F	000	DEFICIENCY)		
APODATON	Coloratopic on procur	DER/SLIPPLIFR REPRESENTATIVE'S SK			TITI F	. ,	(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.

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

PRINTED: 07/25/2011 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL			(X3) DATE SU COMPLE	
		345366	B. WIN	G		07/2 ⁻	1/2011
-	PROVIDER OR SUPPLIER	NG AND REHABILITATION CENT		13	EET ADDRESS, CITY, STATE, ZIP CODE 104 SE SECOND ST NOW HILL, NC 28580		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	П	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K'018 SS=D	Doors protecting or required enclosures hazardous areas at those constructed of wood, or capable of minutes. Doors in required to resist the no impediment to the are provided with a the door closed. Doors in the door closed.	orridor openings in other than so of vertical openings, exits, or re substantial doors, such as of 1% inch solid-bonded core fresisting fire for at least 20 sprinklered buildings are only the passage of smoke. There is ne closing of the doors. Doors means suitable for keeping tutch doors meeting 19.3.6,3.6 9.3.6.3 brohibited by CMS regulations cilities.	. Ко	118	Greendale Forest Nursing and Rehabilit Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent tha summary of findings is factually correct in order to maintain compliance with applicable rules and provision of quality care for the residents. The plan of corre is submitted as a written allegation of compliance. Greendale Forest Nursing and Rehabilit Center's response to the Statement of Defiencies does not denote agreement the Statement of Defiencies nor does it constitute an admission that any deficie is accurate. Further, Greendale Forest Nursing and Rehabilitation Center reserthe right to submit documentation to reany of the stated deficiencies on the State of Deficiencies through informal Disput Resolution, formal appeal proceeding other administrative or legal proceeding	t this and of ection with ency esefute atement e nd/or	
K 038 SS∺D	A. Based on obser following doors faile NFPA 101 LIFE SA Exit access is arrar accessible at all tim 7.1. 19.2.1	s not met as evidenced by: vation on 07/21/2011 the ed to latch when closed ,702. FETY CODE STANDARD aged so that exits are readily les in accordance with section	Κo	38	The door to room 702 has been to close and latch correctly. All doors in the facility have been inspected to ensure that they cand latch correctly. The maintenance supervisor or will inspect all doors in the facil monthly basis to ensure that all close and latch properly.	en lose designee ity on an	8-5-11
BORATORY	OIRECTOR'S OR PROVID	L DER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	L	TITLE		(X6) DATE

*ORM CMS-2567(02-99) Previous Versions Obsolete

ADMINISTRATUR.

Facility ID: 923035

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 ollowing 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 tays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued orogram participation.

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

PRINTED: 07/25/2011 FORM APPROVED OMB NO. 0938-<u>0391</u>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

01 - MAIN BUILDING 01

(X3) DATE SURVEY COMPLETED

345366

A. BUILDING
B. WING

07/21/2011

NAME OF PROVIDER OR SUPPLIER

GREENDALE FOREST NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 1304 SE SECOND ST SNOW HILL, NC 28580

		1 3	MOM UILLI MC 50000	
(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
14.000		L 029	K 018 (Continued)	
K`038	1 4	K 038		
	A. Based on observation on 07/21/2011 the staff interviewed did not know about the master door		The results of the monthly maintenance	
	release switch located at the nurses stations.		inspection of all doors in the facility will	
	42 CFR 483.70 (a)		be included for review in the facility	
K 051	NFPA 101 LIFE SAFETY CODE STANDARD	K 051		8-5-11
SS≍D	A fire alarm system with approved components,	•	compliance.	
	devices or equipment is installed according to		K 038	
	NFPA 72, National Fire Alarm Code, to provide			
	effective warning of fire in any part of the building.		All staff have been inserviced on the	
	Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or		operation of the master door release	
ļ	extinguishing system operation. Pull stations in		switch located at the nurses stations.	1
	patient sleeping areas may be omitted provided	;		
	that manual pull stations are within 200 feet of	;	New staff will be inserviced at new	
	nurse's stations. Pull stations are located in the path of egress. Electronic or written records of		employee orientation on the use	
	tests are available. A reliable second source of		of the master door release switch .	
	power is provided. Fire alarm systems are		cuttivitible insented on a quartarly	
	maintained in accordance with NFPA 72 and	i	Staff will be inserviced on a quarterly basis on the use of the master door	
	records of maintenance are kept readily available. There is remote annunciation of the fire alarm		release switch to ensure compliance on	
	system to an approved central station. 19.3.4,		an ongoing basis.	
	9.6		all oligonia pasis.	
	•		K 051	C.C.II
				8-5-11
			The main fire alarm panel has	
			Been placed on a dedicated circuit.	
			Maintanana will inspect all fire	
			Maintenance will inspect all fire alarm panels in the facility to	
			ensure proper functioning.	***************************************
Į	This STANDARD is not met as evidenced by:		chaire proper functioning.	
	A. Based on observation on 07/21/2011 the main		Maintenance or designee will	
	fire alarm panel was not on a dedicated circuit. Some of the emergency corridor lights are on the		inspect all fire alarm panels monthly	
	same circuit.		to ensure proper functioning.	

Facility ID: 923035

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

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NAME OF PROVIDER OR SUPPLIER

GREENDALE FOREST NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 1304 SE SECOND ST SNOW HILL, NC 28580

GREENE	DALE FOREST NURSING AND REHABILITATION CENT	ER	s	NOW HILL, NC 28580	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 056 SS=D	Continued From page 2 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 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		D51 D56	K 051 (Continued) The results of the monthly fire panel inspection will be included in the facility safety program to ensure ongoing compliance. K 056 A protective ensclosure with a heat light has been installed to protect the exposed six inch riser from freezing. Maintenance will inspect the facility to ensure that there are no exposed pipes outside of the building.	8-5-11
K 067 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the riser for the sprinkler system is exposed on the out side of the shop. This is a six (6) inch riser with about twenty inches (20) exposed with no protection from freezing. 42 CFR 483.70 (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	Κt	067	Maintenance will inspect the protective ensclosure around the outside six inch pipe to ensure that it is protected on a quarterly basis.	

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

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A BOILDING OF MINING OF MI	STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		IPLE CONSTRUCTION	(X3) DATE S COMPLI	
NAME OF PROVIDER OR SUPPLIER GREENDALE FOREST NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY) K 067			0.45000				0710	14/2044
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CACHE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY	NAME OF P			l	STF	REET ADDRESS, CITY, STATE, ZIP CODE 304 SE SECOND ST	1 0712	21/2011
Continued From page 3 This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the corridor is being used as a return air plennum. If a waiver is requested the following must be met; (1) Air handling units must be equipped with smoke detectors. (2) There must be a complete corridor smoke detection system. (3) Smoke detectors must be wired to the fire alarm system. (4) Fire alarm system must shut down all air handling units when activated 42 CFR 483.70(a) K 067 A waiver request is attached to the plan of Correction. The provider certifies that the following conditions are met: 1. Air handling units are equipped with smoke detectors. 2. There is a complete corridor smoke detection system. 3. Smoke detectors are wired to The fire alarm system. 4. The fire alarm system will shut down all air handling units	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	ULD BE	(X5) COMPLETION DATE
	K 067	This STANDARD is A. Based on observorridor is being use a waiver is requeste (1) Air handling uni smoke detectors. (corridor smoke detectors must be v (4) Fire alarm system	s not met as evidenced by: vation on 07/21/2011 the ed as a return air plennum. If ed the following must be met; ts must be equipped with 2) There must be a complete ection system. (3) Smoke vired to the fire alarm system. em must shut down all air	K		A waiver request is attached to plan of Correction. The provide certifies that the following cond met: 1. Air handling units are edwith smoke detectors. 2. There is a complete corresmoke detection system. 3. Smoke detectors are with the fire alarm system. 4. The fire alarm system with air handling units are alarm system.	er litions are quipped ridor n. red to	

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

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(X3) DATE SURVEY

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION 02 - BUILDING 02	COMPLE	
		345366	B. WIN	lG		07/2	1/2011
	ROVIDER OR SUPPLIER ALE FOREST NURS	ING AND REHABILITATION CENT	ER	13	EET ADDRESS, CITY, STATE, ZIP COD 104 SE SECOND ST NOW HILL, NC 28580	E	
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 018 SS=D	Doors protecting or required enclosure hazardous areas a those constructed wood, or capable or minutes. Doors in required to resist the impediment to the door closed. Eare permitted.	orridor openings in other than s of vertical openings, exits, or re substantial doors, such as of 1% inch solid-bonded core of resisting fire for at least 20 sprinklered buildings are only ne passage of smoke. There is the closing of the doors. Doors a means suitable for keeping outch doors meeting 19.3.6.3.6 9.3.6.3 prohibited by CMS regulations acilities.	K	018	The door to rooms 105, 106 have been repaired to close correctly. All doors in the facility have inspected to ensure that the and latch properly. The maintenance superviso will inspect all doors in the monthly basis to ensure that close and latch properly. The results of the monthly rinspection of all doors in the be included for the review is safety program to ensure compliance.	been ey close r or designee facility on a at all doors maintenance e facility will n the facility	8-5-11
K 038 SS=D	A. Based on obse following doors fail a.105,106,109. NFPA 101 LIFE Some Exit access is arra accessible at all tir 7.1. 19.2.1	is not met as evidenced by: rvation on 07/21/2011 the led to latch when closed. AFETY CODE STANDARD nged so that exits are readily mes in accordance with section		038	All staff have been inservice operation of the master dos switch located at the nurse. New staff will be inserviced employee orientation on the of the master door release. Staff will be inserviced on a basis on the use of the master door release switch to ensure coan ongoing basis.	or release s stations. I at new ne use switch . I quarterly ster door	8 -5-11 (X6) DATE

(X2) MULTIPLE CONSTRUCTION

MOMINISTRATUR 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICAR	E & MEDICAID SERVICES		OMP 140, 0930-038
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02	(X3) DATE SURVEY COMPLETED
••	345366	B. WING	07/21/2011
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	<u>:</u>

GREENDALE FOREST NURSING AND REHABILITATION CENTER

1304 SE SECOND ST

REEND	ALE FOREST NURSING AND REHABILITATION CENT	IEN	SNOW HILL, NC 28580			
(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)	COMPLETIO DATE	
K:038	Continued From page 1 This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the staff interviewed did not know about the master door release switch located at the nurses stations. 42 CFR 483,70 (a)	K 0:	38			
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		And the second s				

PRINTED: 07/25/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A. BUILDING 03 - BUILDING 03 B. WING 07/21/2011 345366 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1304 SE SECOND ST GREENDALE FOREST NURSING AND REHABILITATION CENTER SNOW HILL, NC 28580 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 018 K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 &-S-II The door to rooms 400, 407 and 501 have SS≃D Doors protecting corridor openings in other than been repaired to close and latch properly. required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core All doors in the facility have been wood, or capable of resisting fire for at least 20 inspected to ensure that they close minutes. Doors in sprinklered buildings are only and latch properly. required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors The maintenance supervisor or designee are provided with a means suitable for keeping will inspect all doors in the facility on a the door closed. Dutch doors meeting 19.3.6.3.6 monthly basis to ensure that all doors are permitted. 19.3.6.3 close and latch properly. Roller latches are prohibited by CMS regulations in all health care facilities. The results of the monthly maintenance inspection of all doors in the facility will be included for review in the facility

All staff have been inserviced on the This STANDARD is not met as evidenced by: operation of the master door release A. Based on observation on 07/21/2011 the switch located at the nurses stations. following doors failed to latch when closed ,400 ,407 and 501. 42 CFR 483.70 (a) New staff will be inserviced at new K 038 NFPA 101 LIFE SAFETY CODE STANDARD employee orientation on the use of the master door release switch. Exit access is arranged so that exits are readily accessible at all times in accordance with section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

safety program to ensure continued

Staff will be inserviced on a quarterly

basis on the use of the master door release switch to ensure compliance on

(X6) DATE

8-5-11

Charles 2. Hall

7.1.

19.2.1

K 038

SS=D

ADMINISTRATOR

Facility ID: 923035

an ongoing basis.

compliance.

K 038

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 03 - BUILDING 03 B, WING 07/21/2011 345366 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1304 SE SECOND ST **GREENDALE FOREST NURSING AND REHABILITATION CENTER** SNOW HILL, NC 28580 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 038 K 038 Continued From page 1 This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the staff interviewed did not know about the master door release switch located at the nurses stations. 42 CFR 483.70 (a)

PRINTED: 07/25/2011

FACILITY REQUEST FOR WAIVER OR VARIANCE

TO BE COMPLETED BY STATE AGENCY		
Life Safety Code (405.1134a)	[] Physical Envi	ironment
7-Day R.N. Requirement	Patient Room	Size (405.1134c)
Medical Director (405.1911b)	Beds Per Roo	m (405.1134e)
Name of Facility Green dale For E	st Nursing & Rehab.	Centu
Address 1307 SE, Second St. Type Facility: NH	3. Vendor No.	80
Program: XVIII/XIX XIX	Provider No. 345	366
Date of Survey: Life Safety Code 7/21/2011 General		te of Current Agreement:
State Agency recommendation: Approved	Waiver/Variar	ce Previously Approved
Reason for Recommendation: Annul wo building #1.	10 moturo c	air plenur
Period for which Waiver/Variance is Recommended:	anly	
08/15/2011 Date	10Authorizing Si	gnature of State Agency
TO BE COMPLETED BY REGIONAL OFFICE		
Waivers/Variance Approved		ce Not Approved
(a) (b)	(a)(b)	
(c) (d)	(c)	
Program Reviewer Signature		Date
Discipline Reviewer Signature		Date
Authorizing Signature		Date

PRINTED: 07/25/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** 01 - MAIN BUILDING 01 A. BUILDING B. WING 07/21/2011 345366 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1304 SE SECOND ST GREENDALE FOREST NURSING AND REHABILITATION CENTER SNOW HILL, NC 28580 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) K 067 K 067 K 067 Continued From page 3 This STANDARD is not met as evidenced by: A waiver request is attached to the A. Based on observation on 07/21/2011 the plan of Correction. The provider corridor is being used as a return air plennum. If certifies that the following conditions are a waiver is requested the following must be met; (1) Air handling units must be equipped with met: smoke detectors. (2) There must be a complete corridor smoke detection system. (3) Smoke 1. Air handling units are equipped detectors must be wired to the fire alarm system. with smoke detectors. (4) Fire alarm system must shut down all air 2. There is a complete corridor handling units when activated... smoke detection system. 3. Smoke detectors are wired to 42 CFR 483.70(a) The fire alarm system. 4. The fire alarm system will shut down all air handling units

when activated.