

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

PRINTED: 08/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2011
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NAME OF PROVIDER OR SUPPLIER PINEY GROVE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE RD KERNERSVILLE, NC 27284
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</p>	F 000		
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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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345354	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2011
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NAME OF PROVIDER OR SUPPLIER PINEY GROVE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE RD KERNERSVILLE, NC 27284
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K 018 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ 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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, on September 23, 2011 at approximately 11:30am onward, door to resident room 103 did not latch in the closed position.</p>	K 018	<p>Door to Room 103 repaired and will latch in the closed position.</p> <p>All doors in the facility were inspected to meet Life Safety standards.</p> <p>QI initiated to inspect all doors monthly. Any identified problems are to be reported to Maintenance, Administrator and QI Committee.</p>	9/23/11
K 027 SS=F	<p>42 CFR 483.70(a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14.</p>	K 027	<p>Weatherstrippings on Smoke barrier doors repaired/replaced and doors properly close and maintain twenty minute fire ratings.</p>	10/5/11

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

Kenn V. Zittel *ADM* *10/5/11*

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NAME OF PROVIDER OR SUPPLIER PINEY GROVE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE RD KERNERSVILLE, NC 27284
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K 027	Continued From page 1 Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observation, on September 23, 2011 at approximately 11:30am onward, non-rated weatherstripping on smoke barrier doors prevent proper closing position - door fails to maintain twenty-minute fire protection rating. Smoke barrier doors are located on corridor containing room 113.	K 027	All smoke barrier doors were inspected according to Life Safety standards. QI initiated to inspect all doors monthly. Any identified problems are to be reported to Maintenance, Administrator and QI Committee.	
K 032 88=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2 This STANDARD is not met as evidenced by: Based on observation, on September 23, 2011 at approximately 11:30am onward, exit discharge door does not open properly due too friction between door and frame - located near room 117.	K 032	Exit door near Room 117 repaired to open properly. All exit doors inspected according to Life Safety standards. QI initiated to inspect all exit doors. Any identified problems to be reported to Maintenance, Administrator and QI Committee.	10/1/11
K 147 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD	K 147		

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NAME OF PROVIDER OR SUPPLIER PINEY GROVE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE RD KERNERSVILLE, NC 27284		
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K 147	Continued From page 2 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 1. Based on observation, on September 23, 2011 at approximately 11:30am onward, there is a single bulb light fixture located at the exit discharge near room 117. 2. Based on observation, on September 23, 2011 at approximately 11:30am onward, there are no lights functioning on emergency power in the activity room - located beside the front entrance lobby. 42 CFR 483.70(a)	K 147	Added outside fixture/wall pack to the exit near Room 117 and replaced fixtures in Activity Room. Both placed on emergency lighting. All fixtures inspected according Life Safety standards. QI initiated to inspect all fixtures monthly. Any identified problems are to be reported to Maintenance, Administrator and QI Committee.	10/7/11	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345354	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ADDITION B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2011
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K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation, on September 23, 2011 at approximately 11:30am onward, the door to the kitchen area is held-open due to air imbalance and/or out of plumb door frame. This condition creates improper air flow in and out of kitchen area.	K 069	Balanced air flow from the Hood System allowing Kitchen Door to close and latch. All doors inspected according to Life Safety standards. QI initiated to inspect all doors monthly. Any identified problems to be reported to Maintenance, Administrator and QI Committee.	10/12/11
K 147 SS=F	42 CFR 483.70(a) 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: Based on observation, on September 23, 2011 at approximately 11:30am onward, the receptacle cover is missing from receptacle box located in the main electrical equipment room - located near room 700. 42 CFR 483.70(a)	K 147	The cover was replaced on the receptacle box located in the electrical equipment room. All receptacles were inspected according to Life Safety standards. QI initiated to inspect receptacles throughout the facility monthly. Any identified problems are to be reported to the Administrator and QI Committee.	9/24/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Kenneth V. [Signature]* TITLE: *ADMN* (X6) DATE: *10/5/11*

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