STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	346506	A. BUILDING _____ B. WING _____	09/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITESTONE A MASONIC AND EASTERN STAR COMMUNITY	700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407

(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 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain sanitary conditions in the kitchen by failing to keep food preparation equipment (the convection oven, five steam table pans, the lowerator, the ice machine, the cooks reach in, double oven door handles and a preparation table shelf) cleaned to destroy potential disease carrying organisms and to prevent the harboring of pests and insects. The findings include: During the initial kitchen tour on 8/30/11 at 9:50 AM the convection oven which is used for baking and roasting was observed to have four white dried food particles approximately ¼ inch in diameter and multiple black spots of burnt food particles on the bottom of the oven. The front ledge of the convection oven was observed to have a black build up of sticky substance located inside the open oven door ledge. During an observation of the kitchen on 8/31/11 at 10:15 AM five of six full size steam table pans	F 371	*This plan of correction is submitted as required by State and Federal law. The provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit the providers' capacity to render adequate care.* Tag F 371 483.35(i) 1. Items identified during recertification inspection were corrected immediately by the Kitchen Manager and Director of Dietary Services. 2. A new sanitation checklist was developed by the Director of Dietary Services and a full inspection done to ensure entire kitchen meets sanitation requirements. 3. Directed inservice training on sanitation, cleaning schedules, and also proper drying and storing of equipment has been conducted by the Director of Dietary Services with all Dietary employees. 4. A detailed sanitation inspection will be completed weekly for 3 months and at least monthly going forward as part of our ongoing Quality Assurance program by either the Director of Dietary Services or the Kitchen Manager. Completion date: September 23, 2011	9/23/2011

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

ADMINISTRATOR | 9/14/11

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
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345506	A. BUILDING _____ B. WING _____	09/01/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITESTONE A MASONIC AND EASTERN STAR COMMUNITY	700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407

(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 371	Continued From page 1 were observed stored wet for service. During a second observation on 8/31/11 at 11:05 AM the lowerator located behind the tray line was observed with a 3 inch by 3 inch yellow green food particle smear on the front side of lowerator. On the narrow side of the lowerator six dried drips of a milky substance approximately four to eight inches long were observed. The top of the cooks reach in located to the left of the lowerator was observed to have a thin film of dust and dried food particles. The front right side of the ice machine was observed to have a 3 inch wide dried drip of a red color substance which began at the door of the ice machine and ran approximately three feet down towards the base of the ice machine. The convection oven was observed to be in the same condition. During an observation of the kitchen on 9/01/11 at 9:45 AM the double oven doors were observed with a sticky film covering both handles. A preparation table located near the kitchen office was observed to have a heavy layer of food crumbs and food residue stored on the middle shelf where side dishes were stored for service. The convection oven which is used for baking and roasting was observed to have four white dried food particles approximately ¼ inch in diameter and multiple black spots of burnt food particles on the bottom of the oven. The front ledge of the convection oven was observed to have a black build up of sticky substance located inside the open oven door. The lowerator located behind the tray line was observed with a 3 inch by 3 inch yellow green food particle smear on the front side of lowerator. On the narrow side of the lowerator six dried drips of a milky substance	F 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 371	Continued From page 2 approximately four to eight inches long were observed. The top of the cooks reach in located to the left of the lowerator was observed to have a thin film of dust and dried food particles. The front right side of the ice machine was observed to have a 3 inch wide dried drip of a red color substance which began at the door of the ice machine and ran approximately three feet down to the base of the ice machine. In an interview with the Food Service Director on 9/01/11 at 9:55 AM, he indicated, " I will add these areas to my utility guys ' weekly cleaning schedule. I would expect staff to wipe these areas down. We had an in-service yesterday regarding allowing the pans to completely air dry before storing. "	F 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345506	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/07/2011

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K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation on Friday 7/10/2011 between 9:00 AM and 1:00 PM the following was noted: 1) Throughout the facility the seams (expansion joints) in the ceiling that is part of the one hour ceiling assembly were not secured and maintained in good condition. 42 CFR 483.70(a)	K 012	Tag K 012 The seams (expansion joints) in the ceiling in the identified areas will be repaired by 11/10/11. The lead mechanic will check all ceiling seams (expansion joints) in the nursing center to ensure all are secure by 10/21/11. All ceiling seams (expansion joints) will be repaired and secured by 11/10/11. The Lead mechanic will monitor the condition of the ceiling seams (expansion joints_ in the health center quarterly thru our Quality Assurance program to ensure these are clean.	11/10/11
K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation on Friday 7/10/2011. between 9:00 AM and 1:00 PM the following was noted:	K 029	Tag K 029 Self closing devices have been installed on the facility service storage room, the storage closet in the clinic area, equipment storage closet #50 corridor, and the activity room storage closet corridor door. The lead mechanic has checked all storage areas of the nursing facility to ensure all other storage areas are equipped with the required self closing devices. The lead mechanic will monitor these door closures quarterly with our Quality Assurance program to ensure compliance.	10/21/11

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

Administrator 10/20/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345506	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/07/2011

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K 029	Continued From page 1 1) The facility service storage room corridor (77A) was not self closing. 2) The storage closet in the clinic area was not equipped with a self closing device. 3) Equipment storage closet # 50 corridor door was not equipped with a self closing device. 4) The activity room storage closet corridor door was not equipped with a self closing device (Located next to soiled linen room #71) 42 CFR 483.70(a)	K 029		
K 038 SS=D	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: Based on observation on Friday 7/10/2011 between 9:00 AM and 1:00 PM the following was noted: 1) Staff members when questioned at the Rose nurse station and in the Dementia unit was not familiar with the master override switches for the mag lock doors in the facility. 42 CFR 483.70(a)	K 038	Tag K 038 Staff training will be done by the Administrator and Director of Nursing to educate on the location and function of the master override switches for the mag lock doors. Specific training on this will be added by our Staff Development Coordinator to our orientation for new employees. Quarterly monitoring of staff knowledge will be done by our Staff Development Coordinator to ensure ongoing knowledge.	11/10/11
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72, 9.6.1.4	K 052		

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K 052	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation on Friday 7/10/2011 between 9:00 AM and 1:00 PM the following was noted: 1) The visual notification devices for the fire alarm system in the Dementia Unit did not operate when testing the fire alarm system. 42 CFR 483.70(a)	K 052	Tag K 052 The visual notification devices for the fire alarm system in the Dementia Unit have been repaired (10/19/11). All visual notification devices for the fire alarm system in the nursing facility have been checked by an outside contractor and our lead mechanic to ensure proper operation. The lead mechanic will monitor and test that all visual notification devices are working properly monthly in conjunction with our Quality Assurance program.	10/21/11
K 067 SS=D	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 This STANDARD is not met as evidenced by: Based on observation on Friday 7/10/2011 between 9:00 AM and 1:00 PM the following was noted: 1) The smoke duct detector located in the HVAC unit in the Attic on 400 hall was not clean and maintained in good condition) 42 CFR 483.70(a)	K 067	Tag K 067 The smoke duct detector located in the HVAC unit in the Attic on 400 hall had been cleaned. (10/19/11) All of the smoke duct detectors in the attic were inspected and cleaned by the lead mechanic. (10/19/11) This will be monitored quarterly in conjunction with our Quality Assurance program by the lead mechanic.	10/19/11
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised	K 144		

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K 144	Continued From page 3 under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation on Friday 7/10/2011 between 9:00 AM and 1:00 PM the following was noted: 1) Documentation for monthly load test was conducted without recording percent rated load or temperature rise. A load bank test had not been completed within the past year. NFPA 110 6-4.2.2 (1999 edition) Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPPS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. (load bank testing) 2) The emergency generator did not transfer load within 10 seconds when tested on Automatic Transfer Switch #1 (ATS #1). The transfer switch (ATS #1) during the survey would not switch back into normal condition automatically but stopped midway through leaving the facility without any power on emergency circuit for a short period of	K 144	Tag K 144 1) The documentation for the monthly load test for the generator will include the percent rate loaded and the temperature rise. (10/31/11) The lead mechanic will audit the documentation for the monthly generator tests and monitor thru the quality assurance process. A load bank test will be completed per regulation by November 15, 2011. This test will be done annually as part of our preventative maintenance program and monitored by the lead mechanic thru our quality assurance program to ensure compliance. 2) The transfer switch will be replaced with a new switch. Monthly generator tests will now be done by flipping the electrical breaker and forcing a test of the transfer switches along with the generator. The lead mechanic will monitor these tests monthly thru our quality assurance program.	11/15/11 10/31/11

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K 144	Continued From page 4 time. 42 CFR 483.70(a)	K 144		
K 147 SS=E	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 Friday 7/10/2011 between 9:00 AM and 1:00 PM the following was noted: 1) In resident room 602, 612 and in the beauty shop surge protector/multi outlet power strips were found to be in use for lights and other equipment. 2) The medication refrigeratorin the clinic area was not connected to emergency power. 42 CRT 483.70(a)	K 147	Tag K 147 1) The power strips have been removed from the beauty shop as well as resident rooms 602 and 612. Residents will be reminded by the Administrator at the November Resident Meetings that these types of devices are not permitted and assistance given to remove any other devices found. 2) Testing was done of the power outlets in the clinic area and one was identified as an emergency outlet. It was not properly labeled with a red cover and this was corrected immediately and the refrigerator plugged into the emergency outlet.	11/10/11 10/19/11