STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. BUILDING _____ B. WING _____	10/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD HEALTH CARE CENTER	2041 WILLOW ROAD GREENSBORO, NC 27406

(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 was in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care facilities. Event ID M72U11.	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.

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

PRINTED: 10/31/201
FORM APPROVEI
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/27/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD HEALTH CARE CENTER	2041 WILLOW ROAD GREENSBORO, NC 27406

(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 012 SS=D	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 October 27, 2011 at approximately 8:25am, the latching mechanisms on the rated attic access door are not functioning - located in the corridor area at room 123. 42 CFR 483.70(a)	K 012	K012 • Latching mechanisms on the attic access door are repaired. • Attic access doors will be checked for appropriate latching mechanism on a weekly basis. • Administrator will inservice Maintenance Staff to importance of appropriate latching mechanism of attic doors. • The results of monitoring the latching mechanism for attic doors will be reported to monthly Quality Assurance Meeting.	11-7-11
K 029 SS=D	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 October 27, 2011 at approximately 8:25am, the fire door to the laundry room would not self-latch - door is labeled as "laundry in".	K 029		

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

Administrator 11-10-11

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.

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K 029 SS=D	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 October 27, 2011 at approximately 8:25am, the fire door to the laundry room would not self-latch - door is labeled as "laundry in".	K 029		

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 tha other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 day 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 1 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 029 SS=D	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 October 27, 2011 at approximately 8:25am, the fire door to the laundry room would not self-latch - door is labeled as "laundry in".	K 029	K029 • The laundry in door to laundry room self-latch has been repaired and is functioning appropriately. • Laundry in door self-latch will be checked for appropriate latching on a weekly basis. • Administrator will inservice Maintenance Staff to importance of appropriate latching of laundry room doors. • The results of monitoring of the self-latch to laundry door will be reported to monthly Quality Assurance Meeting.	11-2-11

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

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	10/27/2011

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GUILFORD HEALTH CARE CENTER	2041 WILLOW ROAD GREENSBORO, NC 27406

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K 029	Continued From page 1 42 CFR 483.70(a)	K 029		
K 032 SS=F	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: 1. Based on observation, on October 27, 2011 at approximately 8:25am onward, the special locking arrangement release switch is located greater than forty-eight inches above finish floor. The switch is located adjacent to the service hall exit door.	K 032	K032 • The locking arrangement switch release adjacent to the service hall exit door has been relocated to appropriate distance above the floor. • Locking arrangement switch release adjacent to the service hall exit door will be checked for appropriate distance on a daily basis. • Administrator will inservice Maintenance Staff to importance of appropriate distance of locking arrangement switch release adjacent to the service hall exit door. • The results of monitoring of the distance of the locking arrangement switch release adjacent to the service hall exit doorwill be reported to monthly Quality Assurance Meeting.	11-2-11
K 062 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, on October 27, 2011 at approximately 8:25am onward, there is lint accumulation in the heat sensitive elements of the laundry sprinklers. 42 CFR 483.70(a)	K 062		

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K 032 SS=F	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: 1. Based on observation, on October 27, 2011 at approximately 8:25am onward, the special locking arrangement release switch is located greater than forty-eight inches above finish floor. The switch is located adjacent to the service hall exit door.	K 032		
K 062 SS=D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, on October 27, 2011 at approximately 8:25am onward, there is lint accumulation in the heat sensitive elements of the laundry sprinklers. 42 CFR 483.70(a)	K 062	K062 • The lint accumulation on the heat sensitive elements of laundry sprinkler has been removed. • Sprinklers will be checked for accumulation of lint on a weekly basis. • Administrator will inservice Maintenance and Laundry Staff to importance of sprinklers will be free of accumulation of lint. • The results of monitoring of the accumulation of lint on sprinkler heat sensitive elements be reported to monthly Quality Assurance Meeting.	11-2-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD HEALTH CARE CENTER	2041 WILLOW ROAD GREENSBORO, NC 27408

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K 070 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 This STANDARD is not met as evidenced by: Based on observation, on October 27, 2011 at approximately 8:25am, there is a high temperature portable space heater in the medical records office - adjacent to the two hundred hall nurse's station. 42 CFR 483.70(a)	K 070	K070 • Portable space heater in Medical Records was revmoved • Portable space heater will be checked for removal on a weekly basis. • Administrator will inservice Maintenance Staff to importance of appropriate space heater. • The results of monitoring of the portable space heater will be reported to the monthly Quality Assurance Meeting.	11-2-11
K 072 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation, on October 27, 2011 at approximately 8:25am onward, the wall mounted clerical and computer stations have upper leafs that are not self-closing. The upper leafs protrude greater than three and half inches into the corridor in the fully open position.	K 072		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 072 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation, on October 27, 2011 at approximately 8:25am onward, the wall mounted clerical and computer stations have upper leafs that are not self-closing. The upper leafs protrude greater than three and half inches into the corridor in the fully open position.	K 072	K072 • All wall mount clerical and computer stations have been repaired that the upper leafs will close automatically. • Wall mounts clerical and computer stations will be checked for automatic closure on a weekly basis. • Administrator will inservice Maintenance Staff to importance of appropriate automatic closure of clerical and computer stations. • The results of monitoring of the automatic closure of the clerical and computer stations will be reported to monthly Quality Assurance Meeting.	11-2-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 072	Continued From page 3 42 CFR 483.70(a)	K 072		
K 147 SS=F	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 October 27, 2011 at approximately 8:25am onward the facility is noncompliant with the National Electrical Code due to the following: 1. The Life Safety Branch panelboard 2LSA contains devices not permitted by Article 517 of the National Electrical Code - circuits #9, and #11 contain receptacles for computers on wheels, and office receptacles. 2. The ceiling fan in the medical records office is less than six feet and eight inches above the finished floor. 42 CFR 483.70(a)	K 147	K147 • Circuits #9 and #11 and office receptacles have been repaired and have been moved to the appropriate panel. • The ceiling fan has been removed and a light installed. • Circuits #9 and #11 and office receptacles will be checked on a weekly basis. • Administrator will inservice Maintenance Staff to importance of correct circuits in the correct location. • The Administrator will inservice Maintenance staff on hazards of having a fan less than 6 feet 8 inches above the floor. • The results of monitoring of the circuits #9 and #11 and ceiling fan clearance will be reported to monthly Quality Assurance Meeting.	11-2-11