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

PRINTED: 12/14/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345460	B. WII	1G		10/0	6/2011
	ROVIDER OR SUPPLIER	ENTER		20	EET ADDRESS, CITY, STATE, ZIP CODE 41 WILLOW ROAD REENSBORO, NC 27406		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 000	requirements of 42	compliance with the CFR Part 483, Subpart B, for cilities. Event ID M72U11.	F	000			
LABORATOR)	/ DIRECTOR'S OR PROVIE	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING	or institutionality of	00		
ļ		345460	B. WING		10/	27/2011	
	PROVIDER OR SUPPLIER RD HEALTH CARE CE	ENTER	20	EET ADDRESS, CITY, STATE, ZIP COD 141 WILLOW HOAD REENSBORO, NC 27408			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORP (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X6) COMPLETION DATE	
	Building construction of the following. 19 19.3.5.1 This STANDARD is Based on observation approximately 8:25a on the rated attic aclocated in the corriect of the fire-rated doors of extinguishing system and/or 19.3.5.4 protest approximately 8:25a on the rated doors of the approved automated automated approved automated on the spaces by smooth of the spaces of the spaces by smooth of the	n type and height meets one 1.6.2, 19.1.6.3, 19.1.6.4, on, on October 27, 2011 at at the latching mechanisms cess door are not functioning dor area at room 123. FETY CODE STANDARD Construction (with ¾ hour an approved automatic fire in accordance with 8.4.1 acts hazardous areas. When atic fire extinguishing system reas are separated from oke resisting partitions and lf-closing and non-rated or we plates that do not exceed ottom of the door are in the fire door to the laundry atch - door is labeled as	K 012	 Latching mechani the attic access do repaired. Attic access doors be checked for appropriate latchin mechanism on a w basis. Administrator will inservice Maintena Staff to importance appropriate latchin mechanism of attic doors. The results of moni the latching mechan for attic doors will I reported to monthly Quality Assurance Meeting. 	or are will g eekly nce of g toring nism oe	(X6) DATE	

Administrator 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: M72U21

Facility ID: 943221

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

PRINTED: 10/31/2 FORM APPRON OMB NO. 0938-0:

ns for Medicare t of Deficiencies of Correction	CORRECTION IDENTIFICATION NUMBER:		LDING	•	COM	SURVEY PLETED 0/27/2011
	ENTER		20	41 WILLOW ROAD	CODE	
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(X6) COMPLE DATI
Building construction	on type and height meets one	K)12	The statements include	ied are not	
Based on observat approximately 8:25: on the rated attic ac - located in the corr 42 CFR 483.70(a) NFPA 101 LIFE SA One hour fire rated fire-rated doors) or extinguishing system and/or 19.3.5.4 prof	ilon, on October 27, 2011 at am, the latching mechanisms cess door are not functioning idor area at room 123. FETY CODE STANDARD construction (with ¼ hour an approved automatic firem in accordance with 8.4.1 tects hazardous areas. When	Κ¢	029	an admission and do a constitute agreement alleged deficiencies here alleged deficiencies here alleged in the completed in the compatate and federal regulations. To remain a compliance with all festate regulations the contaken or will take the forth in the following correction. The follows	not with the erein. n is pliance of lations as n ederal and enter has actions set plan of wing plan	
the approved automoption is used, the author spaces by sm doors. Doors are stield-applied protect 48 inches from the	natic fire extinguishing system areas are separated from soke resisting partitions and elf-closing and non-rated or tive plates that do not exceed bottom of the door are			center's allegation of compliance. All alleg deficiencies cited have	ed e been or	
Based on observat	ion, on October 27, 2011 at am, the fire door to the laundry					
	PROVIDER OR SUPPLIER RD HEALTH CARE CE SUMMARY STA (EACH DEFICIENCY) REGULATORY OR L. NFPA 101 LIFE SA Building construction of the following. 19 19.3.5.1 This STANDARD Is assed on observation approximately 8:25 on the rated attic action on the correct of the correct of the special of the approved automoption is used, the content option is used.	PROVIDER OR SUPPLIER RD HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NFPA 101 LIFE SAFETY CODE STANDARD Building construction lype and height meets one of the following. 19.1.8.2, 19.1.6.3, 19.1.8.4, 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) 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	DENTIFICATION NUMBER: 348460 A. BUIL 348460 B. WIN 348460 B. WI	PROVIDER OR SUPPLIER RD HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.8.2, 19.1.6.3, 19.1.8.4, 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) 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 fleid-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	PROVIDER OR SUPPLIER 345480 34660 346	A SUILDING 01 - MAN BUILDING 01 ROVIDER OR SUPPLIER RID HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (CACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LIST IDENTIFYING INFORMATION) NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and helight meets one of the following. 19.1.8.2, 19.1.8.3, 19.1.8.4, 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) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ½ 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 in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the 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

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 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 10/31/20' FORM APPROVE OMB NO. 0938-035

(X3) DATE SURVEY COMPLETED

AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G 01 - MA	IN BUILDING 01	СОМРІ	ETED.
		345460	B. WING _			10/	27/2011
	ROVIDER OR SUPPLIER	NTER	2	041 WILLOW	I, CITY, STATE, ZIP CODE ROAD RO, NC 27408		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	OVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETI DATE
K 012 SS⊨D	Building constructio	FETY CODE STANDARD n type and height meets one 1.6.2, 19.1.6.3, 19.1.6.4,	K 012				
7,7,7,8,8	Based on observati approximately 8:25s on the rated attle ac - located in the corri	s not met as evidenced by: ion, on October 27, 2011 at am, the latching mechanisms cess door are not functioning dor area at room 123.					
K 029 SS=D	One hour fire rated fire-rated doors) or a extinguishing system and/or 19.3.5.4 proto the approved automoption is used, the a other spaces by smodoors. Doors are sefield-applied protections.	construction (with ½ hour an approved automatic fire in accordance with 8.4.1 ects hazardous areas. When atic fire extinguishing system reas are separated from the color of the door are the door are the color of the door are	K 029	la h fi a • L la ap w • A in	The laundry in door to aundry room self-late as been repaired and unctioning ppropriately. Aundry in door self-atch will be checked ppropriate latching overly basis. Administrator will asservice Maintenance of the self-atch to importance of the self-atch will asservice of the self-atch to importance of the self-atch will asservice of the self-atch will asserve the self-atch will be self-atch w	ch d is for on a e	11-2-1
	Based on observation approximately 8:25a room would not self- "laundry in".	not met as evidenced by: on, on October 27, 2011 at m, the fire door to the laundry latch - door is labeled as	ATURE	la Tot la re Q	ppropriate latching of nundry room doors, he results of monito f the self-latch to nundry door will be eported to monthly nuality Assurance leeting.	ring	(X8) DATE

(X2) MULTIPLE CONSTRUCTION

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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PRINTED: 10/31/2011 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	JLTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 0	L COME	SURVEY PLETED
		345460	B. WING	3	10	/27/2011
	PROVIDER OR SUPPLIER PRO HEALTH CARE CE	INTER	3	STREET ADDRESS, CITY, STATE, Z 2041 WILLOW ROAD GREENSBORO, NC 27406		12172017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TTION SHOULD BE THE APPROPRIATE	COMPLETION DATE
K 029 K 032	Continued From page 42 CFR 483,70(a) NFPA 101 LIFE SAI	ge 1 FETY CODE STANDARD	K 02			
SS=F K 062 SS=D	Not less than two exare provided for each building. Only one continuously maintain condition and are insperiodically. 19.7.6 This STANDARD is 1. Based on observing arrangement greater than forty-eight The switch is located exit door. 42 CFR 483.70(a) NFPA 101 LIFE SAF Required automatic scontinuously maintain condition and are insperiodically. 19.7.6 25, 9.7.5 This STANDARD is Based on observatio approximately 8:25an	kits, remote from each other, ch floor or fire section of the of these two exits may be a 9.2.4.1, 19.2.4.2 In not met as evidenced by: ation, on October 27, 2011 at im onward, the special trelease switch is located ght inches above finish floor. It adjacent to the service hall service hall sprinkler systems are ned in reliable operating spected and tested 6, 4.6.12, NFPA 13, NFPA not met as evidenced by: on, on October 27, 2011 at im onward, there is lint neat sensitive elements of	K 03	 The locking a switch release to the service door has been to appropriate above the floo Locking arrange switch release to the service I door will be chappropriate dis daily basis. Administrator inservice Main Staff to importe 	e adjacent hall exit relocated distance or. gement adjacent hall exit necked for stance on a will ttenance ance of tance of ement adjacent all exit nonitoring of the ement diacent all exit orted to	1-2-11
	42 CFR 483.70(a)					

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

PRINTED: 10/31/20' FORM APPROVE OMB NO, 0938-035

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			SURVEY ETED
		34 5460	B. WING	• •		10/	07/0044
	PROVIDER OR SUPPLIER	<u> </u>		2041 WILL	RESS, CITY, STATE, ZIP CODE OW ROAD BORO, NC 27406	10/3	27/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(E	PROVIDER'S PLAN OF CORREC ACH CORRECTIVE ACTION SHO ISS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
K 029 K 032 SS≒F	42 CFR 483.70(a) NFPA 101 LIFE SA Not less than two e are provided for ear building. Only one	ge 1 FETY CODE STANDARD xits, remote from each other, ch floor or fire section of the of these two exits may be a 9.2.4.1, 19.2.4.2	K 029 K 032				
	Based on observapproximately 8:25g locking arrangement greater than forty-elements.	s not met as evidenced by: vation, on October 27, 2011 at am onward, the special at release switch is located ght inches above finish floor. d adjacent to the service hall		K062		ļ	
K 062 SS=D	NFPA 101 LIFE SAI Required automatic continuously mainta condition and are in periodically. 19.7. 25, 9.7.5 This STANDARD is Based on observati approximately 8:25a accumulation in the the laundry sprinklei	s not met as evidenced by: on, on October 27, 2011 at im onward, there is lint heat sensitive elements of	K 062	•	The lint accumulation the heat sensitive elements of laundry sprinkler has been removed. Sprinklers will be checked for accumulation of lint or weekly basis. Administrator will inservice Maintenance and Laundry Staff to importance of sprinkle	1 a	11-2-11
ORM CMS-26	42 CFR 483.70(a) 67(02-99) Previous Versions	Obsolote Event ID: M72U21	Fac	Nib, •	will be free of accumulation of lint. The results of monitors of the accumulation of lint on sprinkler heat sensitive elements be reported to monthly Quality Assurance Meeting.	ing	t Page 2 of

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES TAXABLEMENT OF DEPOSITIONAL AND HUMAN SERVICES TO THE MEDICAL PROVIDER/SUPPLIER/CLIA

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

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345460	A. BUIL B. WIN	.DING	• · · · · · · · · · · · · · · · · · · ·	(X3) DATE S GOMPL	
	PROVIDER OR SUPPLIER RD HEALTH CARE C	ENTER		204	ET ADDRESS, CITY, STATE, ZIP CODE IT WILLOW ROAD IEENSBORO, NC 27408		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	\	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
K 070 SS=D K 072 SS=F	Portable space hee all health care occuron-sleeping staff a heating elements of 212 degrees F. (10) This STANDARD Is Based on observation approximately 8:25 temperature portabiners of station. 42 CFR 483.70(a) NFPA-101 LIFE SAMeans of egrees are of all obstructions of use in the case of furnishings, decorate exits, access to, eground that are not self-clost clerical and compute that are not self-clost staff.	and employee areas where the f such devices do not exceed 0 degrees C) 19.7.8 Is not met as evidenced by: lon, on October 27, 2011 at am, there is a high le space heater in the medical acent to the two hundred hall FETY CODE STANDARD Is continuously maintained free or impediments to full instant re or other emergency. No lons, or other objects obstruct ress from, or visibility of exits. Is not met as evidenced by: lon, on October 27, 2011 at am onward, the wall mounted er stations have upper leafs sing. The upper leafs protrude nd half inches into the	K 07		 Portable space heater 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 will be reported the monthly Quality Assurance Meeting. 	ee f tter.	11-2-1

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

PRINTED: 10/31/2011 FORM APPROVED OMB NO. 0938-0391

CLIAIL	TIO TOTT WILDIOANI	A MEDICAID SELVICES				OMB M	0.0938-039
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MI A. BUIL	JLTIPLE CON DING 0	(X3) DATE SURVEY COMPLETED		
		345460	B. WIN	3		10	/27/2011
	PROVIDER OR SUPPLIER RD HEALTH CARE C	ENTER		2041 WIL	DRESS, CITY, STATE, ZIP CODE LOW ROAD BBORO, NC 27408	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO LOSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 070 SS=D	Portable space hea all health care occur non-sleeping staff a heating elements o 212 degrees F. (10	ind employee areas where the f such devices do not exceed	К 0	70			
	Based on observat approximately 8:25a temperature portabl records office - adja nurse's station.	lon, on October 27, 2011 at					
K 072 SS⊨F	Means of egress are of all obstructions of use in the case of fil furnishings, decorat exits, access to, egr 7.1.10 This STANDARD is Based on observati approximately 8:25a clerical and compute that are not self-clos greater than three all corridor in the fully of		K 07		All wall mount clerical and computer stations have been repaired the the upper leafs will clautomatically. Wall mounts clerical computer stations will checked for automatic closure on a weekly basis. Administrator will inservice Maintenance Staff to importance of appropriate automatic closure of clerical and computer stations.	at ose and l be	J- Z-11
ORM CMS-25	87(02-99) Provious Versions (Dbsolete Event ID: M72U21	F	acility I	The results of monito of the automatic closs of the clerical and computer stations wil reported to monthly Quality Assurance Meeting.	ire Sie	et Page 3 of 4

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

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUILE	LTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		345460	B. WING	·	10/27/2011
NAME OF PROVIDER OR SUPPLIER GUILFORD HEALTH CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CROSS-REFERENCED TO THE AP	ECTION (X5) OULD BE COMPLETION
K 072 K 147 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAI Electrical wiring and with NFPA 70, Nath This STANDARD is Based on observath approximately 8:25a noncompliant with the due to the following: 1. The Life Safety Br contains devices not the National Electrical contain receptacles office receptacles. 2. The ceiling fan in the safety	FETY CODE STANDARD equipment is in accordance onal Electrical Code. 9.1.2 not met as evidenced by: on, on October 27, 2011 at m onward the facility is see National Electrical Code eanch panelboard 2LSA permitted by Article 517 of al Code - circuits #9, and #11 for computers on wheels, and the medical records office is dieight inches above the	K 07		and dill be deep deep deep deep deep deep deep d