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
	345155	A. BUILDING ______ B. WING ______	01/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RANDOLPH HEALTH AND REHABILITATION CENTER	230 EAST PRESNELL STREET ASHEBORO, NC 27203

(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) COMPLETIO DATE
F 000	INITIAL COMMENTS The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey)	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 da 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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	345155	A. BUILDING ______ B. WING ______	C 01/05/2012

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	345155	A. BUILDING 01 - BUILDING 01 B. WING ______	01/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RANDOLPH HEALTH AND REHABILITATION CENTER	230 EAST PRESNELL STREET ASHEBORO, NC 27203

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K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: A. Based on observation on 01/24/2012 the facility has three (3) NFPA 13 sprinkler systems one (1) dry and two (2) wet. The pressure operated flow switch on the dry system was not electrically supervised. 42 CFR 483.70 (a)	K 061	**K061 LIFE SAFETY CODE STANDARD** The facility's automatic sprinkler system has been updated to include electrical supervision to the pressure operated flow switch on the dry system. This was completed on 1/27/12. The facility has created an audit tool to inspect the electrical supervision unit monthly to ensure it is functioning appropriately. This is to be conducted monthly by the Maintenance Director and/or maintenance assistant. Quarterly, the system will be inspected by an outside agency approved and licensed to inspect Fire Suppression Systems. This will begin 1/27/11. All maintenance staff has been in-serviced on how to inspect the new device for proper functioning. This was completed on 2/7/12. The facility will review the monthly and quarterly audits in the monthly QA&A. At this time we will review all findings of the audit and determine frequency and duration of ongoing audits.	02/09/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	NHA	2-9-12

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PRINTED: 02/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345155	A. BUILDING 01 - BUILDING 01 B. WING	01/24/2012

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K 061 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: A. Based on observation on 01/24/2012 the facility has three (3) NFPA 13 sprinkler systems one (1) dry and two (2) wet. The pressure operated flow switch on the dry system was not electrically supervised. 42 CFR 483.70 (a)	K 061		

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	345155	A. BUILDING 02 - BUILDING 02 B. WING	01/24/2012

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K 056 SS=D	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 This STANDARD is not met as evidenced by: A. Based on observation on 01/24/2012 the sprinkler heads in the cooler and the freezer had green bulbs which indicates a high temperature rating. You must have your sprinkler designer certify that these are the proper heads for this area. 42 CFR 483.70 (a)	K 056	Sprinkler contractor says heads are proper	2-9-12

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