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

PRINTED: 10/02/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345148	B. WING			08/09/2012	
NAME OF PROVIDER OR SUPPLIER FRIENDS HOMES AT GUILFORD				STREET ADDRESS, CITY, STATE, ZIP CODE 925 NEW GARDEN RD GREENSBORO, NC 27410			
(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	The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health		F	000			
	Survey).		•				
ARORATORY	AND STANDARD OF ST	FR/SUPPLIFR REPRESENTATIVE'S SIGN	IATI IDE		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 HUMÁN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/04/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  FRIENDS HOMES AT GUILFORD  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  K 056  NFPA 101 LIFE SAFETY CODE STANDARD  K 056  NFPA 101 LIFE SAFETY CODE STANDARD  There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved Components, devices, and equipment, to provide	TIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (COMPLETED SEP 1 9 2012	1.1	(X2) MULTI A. BUILDIN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/S IDENTIFICATION	
FRIENDS HOMES AT GUILFORD  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (X5) ON PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (X5) ON PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY)  (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			B. WING_	345148		
REGULATORY OR LSC IDENTIFYING INFORMATION)  K 056 SS=D  There is an automatic sprinkler system, Installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide	925 NEW GARDEN RO	25 NEW GARD	9.			l
There is an automatic sprinkler system, Installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide	(EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE	FACH (	PREFIX	Y MUST BE PRECEDED BY FULL	(FACH DEFICIENC)	PREFIX
complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3,5.			K 056	atic sprinkler system, Installed NFPA 13, Standard for the nkler Systems, with approved ces, and equipment, to provide e of all portions of the facility. Intained in accordance with d for the Inspection, Testing, of Water-Based Fire Protection is a reliable, adequate water em. The system is equipped tamper switches which are	There is an automatin accordance with Installation of Sprir components, device complete coverage. The system is main NFPA 25, Standard and Maintenance of Systems. There is supply for the system with waterflow and	
This STANDARD is not met as evidenced by: A. Based on observation on 08/30/2012 there was storage to high blocking the sprinkler head in room A 111  K 062 SS=D  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested  The stored items blocking the sprinkler head in Room A111 were immediately removed.  The Skilled Nursing Activity Director or designee will make monthly inspections to identify issues pertaining to blocking of sprinkler heads. When issues are identified the Activity Director or designee working with the Maintenance Department and the director of Nursing and her staff,	head in Room A111 were immediately removed.  The Skilled Nursing Activity Director or designee will make monthly inspections to identify issues pertaining to blocking of sprinkler heads. When issues are identified the Activity Director or designee working with the Maintenance Department and the director of Nursing and her staff, will take corrective action and will report	head in Roo removed. The Skilled designee w to identify is of sprinkler identified the working wit and the dire will take co	K 062	ervation on 08/30/2012 there In blocking the sprinkler head in AFETY CODE STANDARD Ic sprinkler systems are tained in reliable operating inspected and tested	A. Based on obsewas storage to high room A 111 NFPA 101 LIFE SA Required automatic continuously maint condition and are in periodically. 18.7.	1
This STANDARD is not met as evidenced by: A. Based on observation and documentation on 08/30/2012 the dry sprinkler systems failed to met the sixty second flow requirement. 42 CFR 483.70 (a)  To evaluate our system and make needed repairs in order to achieve required flow time.  (continued next page)	to evaluate our system and make needed repairs in order to achieve required flow time.  (continued next page)	to evaluate repairs in or time.		ervation and documentation on y sprinkler systems falled to met ow requirement.	A. Based on obse 08/30/2012 the dry the sixty second flo 42 CFR 483.70 (a)	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is getermined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are displosable 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.

ADMINIStrator

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

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T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		•	(X3) DATE SURVEY COMPLETED	
	<u> </u>			02 - MAIN BUILDING		
	345148 B.		B. WING		08/30/2012	
	RD .		92	5 NEW GARDEN RD		•
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETION DATE
				designee will coordinate required inspections with sprinkler contra- ensure proper system function. I identified, the maintenance depa- along with the Director of Nursin his/her designee will take correct which will be reported in the QA meeting.  Due to the uncertainty of the system of the uncertainty of the system of the	d annual ctor to f issues are attment g and tive action quarterly tem r contractor and/or s and a six (6) for the	-
			A STATE OF THE STA			
	PROVIDER OR SUPPLIER  HOMES AT GUILFO  SUMMARY STA	DF CORRECTION DENTIFICATION NUMBER:	A BUI  345148  ROVIDER OR SUPPLIER  HOMES AT GUILFORD  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI	DESCRIPTION NUMBER:  345148  B. WING  PROVIDER OR SUPPLIER  3 HOMES AT GUILFORD  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULAYORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  TAG	A BUILDING 02 - MAIN BUILDING  345148  STREET ADDRESS, CITY, STATE, ZIP CODE 925 NEW GARDEN RD GREENSBORO, NC 27410  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  The maintenance director or his/ designee will coordinate required inspections with sprinkler contratensure proper system function. I identified, the maintenance depart along with the Director of Nursin his/her designee will take correct which will be reported in the QA meeting.  Due to the uncertainty of the system of the procurement of necessary repair replacement apparatus, material testing, we respectfully request a month waiver (March 22, 2013) from the procurement of the procuremen	A BUILDING 02 - MAIN BUILDING  345148  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 925 NEW GARDEN RD GREENSBORO, NC 27410  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  TAG  The maintenance director or his/her designee will coordinate required annual inspections with sprinkler contractor to ensure proper system function. If issues are identified, the maintenance department along with the Director of Nursing and his/her designee will take corrective action which will be reported in the QA quarterly