SEC 5 8 5015

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

PRINTED: 12/13/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILD B. WING		С	
		345547	B. WING		12/06/2012	
	OVIDER OR SUPPLIER PLACE HEALTH AND RE	HAB, LLC	5	STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARITHE COURT GREENSBORO, NC 27407		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
SS=E	a licensed pharmacisis of records of receipt a controlled drugs in su accurate reconciliation records are in order a controlled drugs is ma reconciled. Drugs and biologicals labeled in accordance professional principle appropriate accessor instructions, and the eapplicable. In accordance with St facility must store all clocked compartments controls, and permit to have access to the ket. The facility must prov permanently affixed controlled drugs listed Comprehensive Drug Control Act of 1976 at abuse, except when the package drug distributed quantity stored is min be readily detected. This REQUIREMENT by:	loy or obtain the services of the who establishes a system and disposition of all afficient detail to enable an an; and determines that drug and that an account of all aintained and periodically as used in the facility must be a with currently accepted as, and include the ay and cautionary expiration date when a state and Federal laws, the drugs and biologicals in a under proper temperature and authorized personnel to easy. Ide separately locked, compartments for storage of a in Schedule II of the Abuse Prevention and and other drugs subject to the facility uses single unit attorn systems in which the simal and a missing dose can		Oriteria #1- 1. On Notice of Influenza Virus Vaccine, Lot #AFLLA7: with manufacturer's expiration date of Jacobs vas removed and discarded on 12/4/12 On Azalea Village, 4 Sodium Chloried IV Bactor (Lot C878728) with Evancomycin with expidate 11/09/12 were reand discarded on 12/4 The vial of Influenza Vaccine Lot #AFLLA73: with manufacturere's expiration date of Jacobs vas removed and discarded on 12/4/12	se vial 36AA une . 2. 250 mg ags added ration emove 4/12. a Virus 6AA	
ABORATORY:	BIRECTOR'S OR PROVIDERS	SUPPLIER REPRESENTATIVE'S SIGNATURE		Executive Duracto	(X6) DATE R. 12-21-12	

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.

Event ID: RXRU11

Facility ID: 061197

PRINTED: 12/13/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345547	ľ			C 12/06/2012	
	OVIDER OR SUPPLIER PLACE HEALTH AND RI		I	1	EET ADDRESS, CITY, STATE, ZIP CODE MARITHE COURT REENSBORO, NC 27407	12700	7,012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 431	Based on observation interviews the facility expired medications at test strips were not at of 4 of the facility's manufacture at the medication card. 1. On 12/04/2012 at a was made of the facility was made of the facility at the medication room's influenza Virus Vaccia a manufacturer's expunopened was obserbottle indicated medicopened. The label at was opened on 11/02/11/30/2012. An interstaff member #1 who virus Vaccine was expectation of expire supplies in the facility the responsibility of a medication rooms and there were no expire supplies readily avail stated the there was the facility that check and the facility's conschecked the facility's expired medications. 2. On 12/04/2012 at was made of the facility was made of the facility.	ns, record reviews, and staff failed to ensure resident and resident blood glucose vailable for use by staff in 3 edication rooms and in 3 of its. 3:10 p.m. an observation lity's Dogwood nurse's om with staff member #1. In seringerator door a vial of ine, Lot# AFLLA736AA, with iration date of June 2013 if eved. The additional label on cation expired 28 days after so indicated the medication expired on view was conducted with indicated the Influenzal spired.	F	431	3. On Southern Rose bottle of Ampicillin Suspension 125 mg/5 (100 ml) RX 7822667 medication room was removed and discarded 12/4/12. 4. On Magnillage, 1 opened both of CVS stool softened caps) Lot # U1180 with expiration date of 6 was removed & discard 12/5/12. 5. On South Rose, a canister of 12 glucose test strips #SS049 M) for sampled resident #84 was removed and scarded on 12/5/12.	Oral ml in the d on nolia ttle r (100 th an /2011 ded on thern blood (Lot d oved &	

Event ID: RXRU11

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			A. BUILDING		l c	,
		345547	B. WING		12/06/2012	
NAME OF PROVIDER OR SUPPLIER CAMDEN PLACE HEALTH AND REHAB, LLC		EHAB, LLC	1	EET ADDRESS, CITY, STATE, ZIP CODE MARITHE COURT IREENSBORO, NC 27407		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 431	medication room's rewas observed contain Chloride IV bags (Lot been altered by the favancomycin antibiotic expiration date on ea label indicated the IV 11/09/2012. An interstaff member #2. Stall V bags/antibiotic soli 11/09/2012. Also in the medication room refrinfluenza Virus Vaccimanufacturer's expiration unopened. An attachmedication expired 2 label also indicated the on 11/01/2012 and exinterview was conducted who indicated the Inflexpired on 11/29/201. An interview with the Nursing (ADON) was 3:45 p.m. The ADON facility's contracted plags with antibiotics. On 12/05/2012 at 10: conducted with the Dexpectation of expire supplies in the facility the responsibility of a medication rooms and there were no expired supplies readily avail stated the there was	frigerator a clear plastic bag ning 4 - 250mg Sodium # C 878728). Each bag had acility's pharmacy with added c for IV administration. The ch IV Bag prescription (Rx) bad/medication expired on view was conducted with aff member #2 indicated the ution had expired on he Azalea nursing station's igerator was a vial of ne Lot# AFLLA736AA with a ation date June 2013 if ned label on bottle indicated 8 days after opened. The ne medication was opened expired on 11/29/2012. An otted with staff member #2 luenza Virus Vaccine vial 2. facility's Assistant Director of conducted on 12/04/2012 at indicated after talking to the harmacy the IV solution had expired on 11/09/2012.	F 431	6. On Southern Rose canister of blood gl test strips (Lot #SS for sampled resident was discarded on 12/7. On Dogwood Villa bottle of Lantus insthat was opened & no labeled with the ope was discarded on 12/A bottle of Certavit multivitamins labele be discarded after 10/14/12 was discard 12/5/12. 8. On Aza Village, a blister p Norco 5-325 that exp on 11/7/12 was remove returned to the phare for discarding on 12	ucose 0522Q) #194 5/12. ge, a ulin t n date 5/12. e d to ded on lea eack of rired red & macy	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345547	B. WING		,	. C 12/06/2012	
	OVIDER OR SUPPLIER	HAB, LLC		1 N	ET ADDRESS, CITY, STATE, ZIP CODE MARITHE COURT REENSBORO, NC 27407		
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F 431	and the facility's considered the facility's expired medications. 3. On 12/04/2012 at 4 was made of the facilistation medication roothe medication room's bottle of Ampicillin On (100ml bottle) RX # 7 left in the bottle was of (Rx) label indicated the sampled resident # 4 date of 11/15/13 on the lined through and new was written on bottle conducted with the facility to the facility's comember # 6). During pharmacist, he indicated the medication date. On 12/05/2012 at 10:conducted with the Despectation of expired supplies in the facility the responsibility of all medication rooms and there were no expired supplies readily available stated the there was at the facility that checked and the facility's considered.	ultant pharmacist also medications monthly for serious fity's Southern Rose nurse's or with staff member #3. In a refrigerator door an open al Suspension 125mg/5ml 822667 with several doses observed. The prescription are medication was for 7 and had a typed expiration are bottle. The date was a vexpiration date of 11/30/12 in ink. An interview was cility's ADON who placed a intracted pharmacist (staff the interview with the sted the medication was act on 11/15/12 and it. The pharmacist also ion had expired on with the hand written was 15 a.m. an interview was 16 on concerning her 17 medications and testing 17 medications and testing 18 medications and testing 1	F 4		Criteria #2. An auditof all medication carts, medication refrigeration medication storage and medication storage rooms will be conducted the Pharmacy consultations are expired medications are pulled from stock and returned to pharmacy indicated. This will completed by 12/28/12	rts, tors ge ted by ant to e no and being d as l be	2/28/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A. B		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345547	B. WING		C 12/06/2012	
	ROVIDER OR SUPPLIER PLACE HEALTH AND R	EHAB, LLC	1	REET ADDRESS, CITY, STATE, ZIP CODE MARITHE COURT BREENSBORO, NC 27407		
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F 431	expired medications. 4. On 12/05/2012 at at the Magnolia Villay observed with staff m side drawer 1 opened (100 caps) lot # U110 06/2011 (expired 1 1. On the bottle cap wa facility resident (sam review of the resident resident had an orde interview with staff m who indicated the medication cart other have brought the medication cart other have brought the medication of expire supplies in the facility the responsibility of a medication rooms and there were no expire supplies readily avail stated the there was the facility that check and the facility's considered medications. 5. On 12/05/2012 at 10.	10:25 a.m. a medication cart ge nursing station was nember #4. In the top right d bottle of CVS stool softener 30 with an expiration date of /2 years ago) was observed. In the application of a pled resident # 110). A still calculate the resident for a stool softener. An ember #4 was conducted edication was expired on the also indicated she was medication was in the rethan the resident's son may dication in for use with in the resident was an edication and testing with the condition of the condi	F 431	Criteria #3. All Liscensed Nurses wil in-serviced on polic procedure of discard returning expired medications to the pharmacy by 12/24/12	be y & ing/	2/24/12
	at the Southern Rose observed with staff m					

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		047747	B. WNG			(
·		345547				12/06	3/2012
	ROVIDER OR SUPPLIER PLACE HEALTH AND RE	HAB, LLC	;	1 N	EET ADDRESS, CITY, STATE, ZIP CODE MARITHE COURT REENSBORO, NC 27407		
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F 431	containing a blood gluc canister of blood gluc SS049M) for sampled the canister containing strips indicated the tean interview with staff on 12/05/2012 at 3:50 indicated the blood gluc expired on 08/2012. On 12/05/2012 at 10:00 conducted with the Despectation of expired supplies in the facility the responsibility of all medication rooms and there were no expired supplies readily available stated the there was at the facility that checked and the facility's conschecked the facility's conschecked the facility's expired medications. 6. On 12/05/2012 at 3:50 indicated the tean strips indicated the tean interview with staff medication in the canister containing a blood gluc canister of blood gluc canister of blood gluc canister containing indicated the tean interview with staff	resident # 84. The label on g the blood glucose test strips (lot # resident # 84. The label on g the blood glucose test st strips expired on 08/2012. If member #5 was conducted p.m. Staff member #5 ucose test strips had 45 a.m. an interview was DN concerning her I medications and testing The DON indicated it was I nurses to check the I medication carts to ensure medications or testing able for use. The DON also an assigned staff member in ad for expired medications ultant pharmacist also medications monthly for 8:40 p.m. a medication cart nursing station was ember #5. Located in the p was a plastic zip-lock bag cose meter and a small ose test strips (lot # resident # 194. The label ning the blood glucose test strips expired on 11/2012. Immember #5 was conducted p.m. Staff member #5	F 4		Criteria #4. Medica Expiration Audit Too implemented. The DO ADON, SDC & Wound Specialist will audi medication carts, treatment carts, nar lock bodes, medicati refrigerators & medicati refrigerators & medicati refrigerators & will be corrected at the time observation & concervill be reported in monthly QA. Continu compliance will be monitored through we audits and through tfacility's Quality Assurance programs. will be completed by 12/28/12.	tion of N, t all cotic on cation onth. e e of ns the ed ekly he This	2/28/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		345547	B. WNG	B. WNG		C 12/06/2012	
	OVIDER OR SUPPLIER	EHAB, LLC	S	STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARITHE COURT GREENSBORO, NC 27407	•		
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F 431	conducted with the D expectation of expired supplies in the facility the responsibility of a medication rooms and there were no expired supplies readily available stated the there was at the facility that check and the facility's consichecked the facility's expired medications. 7. An observation on medication cart on the of the 1200 hall reveat that was open with not a sticker that indicate after opening. There are Certavite multivitamin indicated it was to be Nurse #7 was presen When asked who was for expired medication insulin, she stated the supposed to check for the nurse opening a variation to note the date open container. Nurse #7 awho worked 3pm-11p their carts for expired week. At 3:40 pm on 12/5/20 interview that the thire to check the medication	45 a.m. an interview was ON concerning her dimedications and testing. The DON indicated it was ill nurses to check the dimedication carts to ensure it medications or testing able for use. The DON also an assigned staff member in ed for expired medications ultant pharmacist also medications monthly for 12/5/2012 at 2:40 pm of the electron and the left side alled a bottle of Lantus insuling to open date on it. There was did the insulin expired 28 days was also a bottle of its with a pharmacy label that discarded after 10/14/12. It during the observation. It is responsible for checking and or for dating open vials of at the third shift nurse was are expired medications and vial of insulin was supposed ed on the bottle or bottle added that she and Nurse #9 microordinated checking medications about once a control of the shift nurse was supposed.	F 43	31			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDIN B. WING		С		
		345547			12/0	6/2012	
	ROVIDER OR SUPPLIER PLACE HEALTH AND RE	HAB, LLC		REET ADDRESS, CITY, STATE, ZIP CODE 1 MARITHE COURT GREENSBORO, NC 27407			
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F 431	cart to check for medi re-ordered and looked that time. According to dated when opened is sometimes on the plat bottle. In an interview on 12/Director of Nurses (Dexpectations were for medication carts to en medications readily a also indicated there with facility to check for the consultant pharma facility's medications. At 4:26 pm on 12/6/20 in an interview the facility of expired in the consultant pharma facility is medications. At 4:26 pm on 12/6/20 in an interview the facility of expired in the designated person was nurse. The Administrates on their in the medication cant for pack of Norco 5-325 to pharmacy on 11/7/2012. When ask checking for expired in Nurse #8, who was probservation, stated the supposed to do so.	shift, he went through his idations that needed to be differ expired medications at on Nurse #9 insulins were ometimes on the bottle and stic case that contained the 5/2012 at 10:45 am the ON) stated that her all nurses to check the asure there were no expired valiable for use. The DON was an assigned person in a rexpired medications and acist also checked the for expiration, monthly. 1012 the Administrator stated dility did have a system for medications and the as usually the third shift after added that it was the reses to note expired medication carts. 137 am an observation of a refuse of the 900 hall found a blister that was dispensed from the 11 and expired on the 14 and expired on the 15 and the 16 at the third shift nurse was 15/2012 at 10:45 am the	F 43				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 431	medication carts to er medications readily a also indicated there we the facility to check for the consultant pharma facility's medications. At 4:26 pm on 12/6/20 in an interview the facility for expired resignated person was	all nurses to check the neure there were no expired vailable for use. The DON was an assigned person in rexpired medications and acist also checked the for expiration, monthly. O12 the Administrator stated cility did have a system for medications and the as usually the third shift ator added that it was the reses to note expired	F 431			

DELAK	INENT OF HEALT	I AND HUMAN SERVICES				FORM	APPROVE
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		·····		OMB NO	<u>. 0938-039</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ULTIPLE LDING	CONSTRUCTION 01 - BUILDING 1	(X3) DATE S COMPLE	
		345547	B. WI	IG	<u> </u>	01/1	6/2042
NAMEOFO	ROVIDER OR SUPPLIER) 2-50kg/ 	0/2013
INAMIC OF F	ROVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CODE		
CAMDE	N PLACE HEALTH AN	D REHAB, LLC			ENSBORO, NC 27407		(4))
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	rs	K	000			*
	conducted as per T at 42CFR 483.70(a section of the LSC publications. This b construction, one st	ullding is Type III (211) ory, with a complete			K 029 NFPA 101 Life Safety Code Standard		TOTAL STATE OF THE
	automatic sprinkler	system.			Specific action taken to co	orrect the	
	The deficiencies de are as follows:	termined during the survey			Deficiency:		
K 029	NFPA 101 LIFE SA	FETY CODE STANDARD	K	29	Frame for the laundry roo	m door	
SS=D					was repaired by Division 8		
		re protected in accordance are enclosed with a one hour			Door Company on 1/30/13		
	fire-rated barrier, wi without windows (in	th a 3/4 hour fire-rated door, accordance with 8.4). Doors			Records door closure reins		ا م
	are self-closing or a accordance with 7.2				Measures to be put into p	lace or	
	accordance with 7.2	10.0.2.1		i	Systemic changes made to		A PARTY
		!			,		3 () () () () () () () () () (
	TIL OTANDADD !				that the deficient practice	Will HOL	
	CFR#: 42 CFR483.				occur:		Service Property Control of the Cont
	the following hazard	/16/13 at approximately noon			All fire rated doors have be	en	
ļ		cific findings include;		:	Inspected by Maintenance	Director.	70.20
•	close, latch, or seal	clean side of laundry did not properly. This door had been lity and documentation ad been ordered.		:	We will monitor our perfo To make sure that solution		ained ained
: :	B. The door to med	ical records had the closure			Weekly Life Safety checks		1
;		the storage room is also ad staff said they cannot work			Monitoring by Maintenand	e Director.	
	used as all tilled at	ru ətan əaru they carmot work 👍		ــاا	C. C		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 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.

K 076

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

with door closed.

K 076 NFPA 101 LIFE SAFETY CODE STANDARD

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

Event ID: RXRU21

Facility ID: 061197

If continuation sheet Page 1 of 2

(X6) DATE

PRINTED: 01/18/2013

		A MEDIO/ND OF (AIOFO				<u> OMR</u> M	<i>J.</i> 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - BUILDING 1		_	(X3) DATE	
		345547	B. WING			01/16/2013	
	PROVIDER OR SUPPLIER N PLACE HEALTH AN		STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARITHE COURT GREENSBORO, NC 27407				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
SS=D	Medical gas storage protected in accorda Standards for Health (a) Oxygen storage 3,000 cu.ft. are encl separation. (b) Locations for sur 3,000 cu.ft. are vent 4.3.1.1.2, 18.3.2.4 This STANDARD is CFR#: 42 CFR483. By observation on 1/two of nine full and estored together. If strenclosure, empty cyland designated (with Empty cylinders shall confusion and delay	and administration areas are ance with NFPA 99, h Care Facilities. locations of greater than osed by a one-hour oply systems of greater than ed to the outside. NFPA 99 not met as evidenced by: 70 (a) 16/13 at approximately noon impty oxygen cylinders were ored within the same inders shall be segregated isignage) from full cylinders. I be marked to avoid if a full cylinder is needed 4-3.5.2.2b(2)] (oxygen	K	t:	Specific action taken to co Deficiency: Signage in all O2 holding an consistent Measures to be put into play Systemic changes made to That the deficient practice of Occur: In-service completed with state educate and ensure proper of new and used O2 cylinder of new and used O2 cylinder of make sure that solutions are of make sure that solutions are formed by Maintenance Directions.	eas will be ace or ensure will not aff on 1/16 er placemer s. nce e sustained.	nt ,
						; ; 1	, in the state of