STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345378	A. BUILDING _____ B. WING _____	C 05/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKINGHAM MANOR	804 SOUTH LONG DRIVE ROCKINGHAM, NC 28379

(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 was found to be in compliance with the Medicare/Medicaid Long Term Care Regulations 42 CFR Part 483, Sub part B during a recertification survey and a complaint investigation survey of 5/22/13.	F 000		

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

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
	345378	A. BUILDING 01 - MAIN BUILDING B. WING	06/13/2013

RECEIVED
JUN 26 2013
CONSTRUCTION SECTION

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKINGHAM MANOR	804 SOUTH LONG DRIVE ROCKINGHAM, NC 28379

(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 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III protected construction, and is utilizing Delayed Egress Locking arrangements . The facility is equipped with an automatic sprinkler system.	K 000	CFR #: 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD K 047 SS = D Exit and directional signs will be displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 1) The facility installed continuous illumination exit directional signage leading from each of the long corridors (top of B & C Halls as of 06/21 & 06/25). 2) On 06/14/2013 the facility Safety Officer identified no similar deficient practice having the potential to affect other residents/persons. 3) The facility Safety Office will ensure through monthly scheduled/random life safety rounds that the deficient practice does not recur. On 07/05/2013 the facility staff will be inserviced per the installation of illumination exit directional signage leading from each of the long corridors (top of B & C Halls). 4) The facility Safety Officer and/or designee will ensure compliance with section 7.10 of Life Safety Code Standard thru Quality Assurance Performance Improvement (QAPI). This QAPI initiative/ reviewed qmonth (3rd Wednesday) during facility QA IDT meeting. This QAPI initiative will be developed, implemented, and evaluated as defined by Centers for Medicare and Medicaid Services.	07/05/2013
K 047 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 6/13/2013 the exit directional signage leading from each of the long corridors to the lobby corridor was incomplete as there was no directional sign leading persons to the lobby with the cross corridor doors closed. CFR#: 42 CFR 483.70 (a)	K 047		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	06/26/2013

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.