STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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	INITIAL COMMENTS The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities. No deficiencies were cited as a result of the complaint investigation Event ID #TFXQ11.	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 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: 09/09/2013
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
	345330	A. BUILDING 01 - MAIN BUILDING 01 B. WING	09/05/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 facility is Type V (III) protected construction utilizing North Carolina Special locking arrangements, and is equipped with a complete automatic sprinkler system. CFR#: 42 CFR 483.70 (a)	K 000	K 025 All penetrations to smoke barriers in the 1. smoke wall in the attic space near room number 31 and in the 2. smoke wall in the attic space at the administrative area were repaired with approved fire rated caulk. All other smoke barriers were checked to ensure there were no unsealed penetrations present. The Maintenance Director and/or Maintenance Assistant will make monthly rounds to examine all smoke walls to ensure there are no unsealed penetrations. Any findings of unsealed penetrations will be corrected and recorded in the monthly maintenance log. The Maintenance Director will utilize the "2013 Life Safety Plan of Correction Audit Tool" that has been developed to log all corrective actions monthly, if necessary. This report will be reviewed at quarterly Quality Assurance meetings for six months.	9-9-13 9-11-13 9-11-13 9-11-13
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/5/2013 the following item was observed as noncompliant, specific findings include: There were unsealed penetrations in the rated walls at the following locations. 1. smoke wall in the attic space near room number 31. 2. smoke wall in the attic space at the	K 025		

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

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	345330	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	09/05/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 025	Continued From page 1 administrative area. CFR#: 42 CFR 483.70 (a)	K 025	**K 029** The buildup of dust and lint in the combustion chamber of the gas fired dryers in the laundry was cleaned.	9-9-13
K 029 SS=D	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 the observations and staff interview during the tour on 8/5/2013 the following item was observed as noncompliant, specific findings include: The facility had a buildup of dust and lint in the combustion chamber of the gas fired dryers in the laundry. CFR#: 42 CFR 483.70 (a)	K 029	There are no other combustion chambers for dryers in the laundry, therefore there are no other areas that would be affected. The Maintenance Director and/or Maintenance Assistant will check and/or clean the combustion chamber for the gas fired dryers in the laundry monthly. A housekeeping employee will be assigned to clean the combustion chamber weekly as directed by the Maintenance Director. The Maintenance Director will utilize the annual "Cleaning Schedule" that has been developed to log clean dates, check dates, and initials of person(s) cleaning and checking the combustion chamber. This report will be reviewed at quarterly Quality Assurance Meetings through the end of calendar year 2014.	9-9-13 9-9-13 9-11-13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 facility is Type V (III) protected construction utilizing North Carolina Special locking arrangements, and is equipped with a complete automatic sprinkler system. CFR#: 42 CFR 483.70 (a)	K 000	**K 025** All penetrations to smoke barriers in the 1. smoke wall in the attic space near room number 31 and in the 2. smoke wall in the attic space at the administrative area were repaired with approved fire rated caulk. All other smoke barriers were checked to ensure there were no unsealed penetrations present.	9-9-13 9-11-13
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 9/5/2013 the following item was observed as noncompliant, specific findings include: There were unsealed penetrations in the rated walls at the following locations. 1. smoke wall in the attic space near room number 31. 2. smoke wall in the attic space at the	K 025	The Maintenance Director and/or Maintenance Assistant will make monthly rounds to examine all smoke walls to ensure there are no unsealed penetrations. Any findings of unsealed penetrations will be corrected and recorded in the monthly maintenance log. The Maintenance Director will utilize the "2013 Life Safety Plan of Correction Audit Tool" that has been developed to log all corrective actions monthly, if necessary. This report will be reviewed at quarterly Quality Assurance meetings for six months.	9-11-13 9-11-13

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

Administrator 9-30-13

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