STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345148	A. BUILDING **02 - MAIN BUILDING** B. WING _____	**01/22/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDS HOMES AT GUILFORD	**925 NEW GARDEN ROAD** **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
K 000	INITIAL COMMENTS A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. The facility is utilizing special locking systems. In the exit conference all deficiencies noted were discussed with administration. Stories: One Construction Type III (111) Constructed: 2006 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 50 Census - 50 Certified Beds: Medicaid only - 50 Census - 50 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3 This STANDARD is not met as evidenced by: Based on observations on 1/22/2015 at approximately 1:00 PM onward, the following deficiencies were noted:	K 018	The door to workroom B139 will be replaced to ensure the door will properly close and latch. The door latch on resident room 21 which	2/27/15

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

Electronically Signed | 02/18/2015

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.

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K 018	Continued From page 1 The facility has doors at the following locations that were noncompliant,. The doors in the following corridor was walls did not close, latch and seal as required. 1. Door B139 to the staff workroom had a gap at the bottom of the door where the door was warped . 2. Door 21 did not latch properly as the door was warped and made the door hard to latch. The deficiency affects doors in 2 of approximately 8 smoke zones in the facility. Ref: 2000 NFPA 101 Section 18.3.6.3.1 and 18.3.6.3.2	K 018	did not properly latch will be corrected to assure the door will properly close and latch. The Maintenance Director or his/her designee will make monthly inspections to prevent this issue. If an issue is identified, the Maintenance Department working with the director of Nursing and her/his staff, will take corrective action and report such actions at the Quarterly Quality Assurance Committee Meeting.	
K 056 SS=D	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 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		1/29/15

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K 056	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations on 1/22/2015 at approximately 1:00 PM onward, the following deficiencies were noted: The facility did not have sprinkler coverage installed in the one hour rated room. The electrical room on the "Maples" pod was rated for and walls were stenciled as a one hour rated room and did was not protected by an automatic sprinkler system. This deficiency affects 1 of 3 such electrical rooms in the facility. Ref: 2000 NFPA 101 Section 19.3.5	K 056	Report on the cited deficiency K056: On January 22, 2015 a Life Safety Code Survey was conducted including an inspection of the electrical room on the Maples pod, specifically room D 123. At the time of the inspection it appeared that no coverage by the sprinkler system was present. Therefore the facility was cited as noted in the applicable CMS 2567. On January 29, 2015 the facility Assistant Director of Environmental Services went to the electrical room in question to examine what needed to be done to correct the deficiency. In the course of his examination the Assistant Director discovered that there was an appropriate connection to the sprinkler system in the form of a sprinkler head; however, it was covered by a protective cap which acted to protect the sprinkler head during the painting of the room. The cap was easily removed by lifting it off the sprinkler head. Thus, no deficiency was present at the time of the inspection. No other electrical rooms were affected.	