STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345547	A. BUILDING **01 - BUILDING 1** B. WING _____	**03/04/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMDEN PLACE HEALTH AND REHAB, LLC	**1 MARITHE COURT** **GREENSBORO, NC 27407**

(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. In the exit conference all deficiencies noted were discussed with administration. Stories: One Construction Type V (111) Constructed: 2009 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 135 Census - 121	K 000		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on March 4, 2015 at approximately 10:30 AM onward, the following deficiencies were noted: The facilty has door release mechanisms that are not seen in all levels of light in case of an emergency. The door release mechanisms in the walk in freezer and cooler were not visible with the lights	K 038	Specific action taken to correct Deficiency: Remove locking mechanism Measures to put into place or Systemic changes made to ensure that the deficient practice will not occur: Monthly Life Safety check will reflect monitoring by Maintenance Director	4/11/15

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

Electronically Signed | 04/13/2015

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 038	Continued From page 1 off in both the freezer and cooler. This deficiency affected both areas that can be locked from the outside by the staff members. Ref: 2000 NFPA 101 Section 7.1. 19.2.1	K 038	How will we monitor our performance to make sure that solutions are sustained: Executive Director will monitor on a quarterly basis Date of corrective action: 4/11/2015	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system in accordance with section 7.10. 18.2.10.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on March 4, 2015 at approximately 10:30 AM onward, the following deficiencies were noted: The facilty has incomplete exit directional signage in an egress corridor. The facility does not have two visible exit directional signs leading from the cross corridor doors as you enter the service hallway from the nurses station and from the outside leading to the nurses station. This deficiency only affected the service hallway. Ref: 2000 NFPA 101 Section 7.10. 19.210.1	K 047	Specific action taken to correct Deficiency: Required Lighted Exit signs to be completed by 4-14-15 Measures to put into place or Systemic changes made to ensure that the deficient practice will not occur: All Exit lights will be inspected by Maintenance Director How will we monitor our performance to make sure that solutions are sustained. Monthly Life Safety checks will reflect Monitoring by Maintenance Director Date of corrective action 4/14/2015	4/14/15

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	345547	A. BUILDING **01 - BUILDING 1** B. WING _____	**03/04/2015**

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K 154 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on March 4, 2015 at approximately 10:30 AM onward, the following deficiencies were noted: The facilty's Fire Alarm Control Panel (FACP) was in supervisery condition at the start of the life safety survey. The facility had the sprinkler 3 system down for repairs after a leak in the sprinkler system was noticed. The facility failed to notify the Department of Health Regulations Constuction Section that the system was down for more than four hours. This deficiency 1 of 4 sprinkler risers in the facility. Ref: 2000 NFPA 101 Section 9.7.6.1	K 154	Specific action taken to correct Deficiency: Replaced Actuator How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective issues will be taken: pecific action taken to correct Deficiency: Weekly fire System Checks by Maintenance Director and Quarterly by Fire Service Vendor. How will we monitor our performance to make sure that solutions are sustained: Weekly Fire Systems checks by Maintenance Director and Quarterly Fire Service Vendor Date of corrective action: Repaired 3-12-15	3/12/15