

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

PRINTED: 10/15/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/13/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUMENTHAL NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3724 WIRELESS DRIVE GREENSBORO, NC 27455</b>	
(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 speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration.  Stories:One Construction Type II (111) Constructed: 2003 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 154 Census =124	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		9/17/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/28/2015

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  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations on 8/13/2015 at approximately 9:30 AM onward, the following deficiencies were noted:  The soiled linen room door on the 700 Hallway was noncompliant. The soiled linen room door has a gap in the door below the door hardware that does not allow this corridor door to resist the passage of smoke.  2000 NFPA 101 Section 19.3.6.3.1	K 018	1. Facility Maintenance director repaired soiled linen door gap so it will repair the passage of smoke. 2. Facility Maintenance director will ensure doors throughout facility do not have gaps and resist the passage of smoke. 3. During facility maintenance rounds, if door gap presents, facility maintenance director will repair. 4. The facility doors will be audited weekly for 1 month, and then monthly for 3 months to ensure there are no gaps allowing smoke passage. A summary of the audits will be reviewed during the monthly QAPI meetings by Administrator and Interdisciplinary team and changes will be made as indicated. These changes will be reviewed/re-evaluated during the monthly QAPI meetings with any revisions made as indicated to assure continued effectiveness of current plan. The facility policy will be revised as changes are indicated.		
K 047 SS=D	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	K 047		9/17/15	

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K 047	Continued From page 2  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations on 8/13/2015 at approximately 9:30 AM onward, the following deficiencies were noted:  The exit directional signage is noncompliant in the service hallway. The exit directional signage leading from the service hallway to towards the 500 hallway is incomplete. There is no exit directional sign directing staff to the second exit from that location.  2000 NFPA 101 Section 18.2.10.1	K 047	1. Facility Maintenance Director mounted exit directional signage to leave staff to second exit from that location. 2. Facility Maintenance Director will ensure all exit directional signage posted provides staff a second exit from that location. 3. During facility preventative maintenance rounds, if facility exit directional signage is noncompliant, Facility Maintenance Director will ensure it provides staff a second exit location. 4. The facility exit directional signage will be audited weekly for 1 month, and then monthly for 3 months to ensure there are no gaps allowing smoke passage. A summary of the audits will be reviewed during the monthly QAPI meetings by Administrator and Interdisciplinary team and changes will be made as indicated. These changes will be reviewed/re-evaluated during the monthly QAPI meetings with any revisions made as indicated to assure continued effectiveness of current plan. The facility policy will be revised as changes are indicated.		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		9/17/15	

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K 144	Continued From page 3  This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  Based on observations on 8/13/2015 at approximately 9:30 AM onward, the following deficiencies were noted:  During the testing of the emergency power systems for the facility the following items were noncompliant:  1. The emergency generator did transferred power, but did so in greater than the ten seconds required. 2. The generator annunciator panel did not give an indication that the generator was running or supplying the load for the emergency circuits.  2000 NFPA 101 Section 9.1.3 NFPA 99 3.4.4.1	K 144	A. 1. General contractor for generator was contacted and changes were made to ensure generator transfer power in 10 seconds or less. 2. Facility tested generator to ensure transfer power in 10 seconds or less. 3. During weekly generator checks, Facility Maintenance Director to test generator to ensure transfer power within 10 seconds. 4. The generator will be audited for transfer power within 10 seconds weekly for 1 month, and then monthly for 3 months to ensure signaling is running. A summary of the audits will be reviewed during the monthly QAPI meetings by Administrator and Interdisciplinary team and changes will be made as indicated. These changes will be reviewed/re-evaluated during the monthly QAPI meetings with any revisions made as indicated to assure continued effectiveness of current plan. The facility policy will be revised as changes are indicated.  B. 1. Facility maintenance director changed the fuse on unit #2 generator annunciator		

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K 144	Continued From page 4	K 144	<p>panel to show indication generator was running.</p> <p>2. Facility Maintenance Director tested generator annunciator on unit #1 to ensure it was working properly.</p> <p>3. During facility preventative maintenance rounds, if the generator annunciator panel is not signaling, the Facility Maintenance Director will ensure repaired.</p> <p>4. The generator annunciator panel will be audited weekly for 1 month, and then monthly for 3 months to ensure signaling is running. A summary of the audits will be reviewed during the monthly QAPI meetings by Administrator and Interdisciplinary team and changes will be made as indicated. These changes will be reviewed/re-evaluated during the monthly QAPI meetings with any revisions made as indicated to assure continued effectiveness of current plan. The facility policy will be revised as changes are indicated.</p>		