

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

PRINTED: 12/15/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2011
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NAME OF PROVIDER OR SUPPLIER CLAPPS CONVALESCENT NH	STREET ADDRESS, CITY, STATE, ZIP CODE 500 MOUNTAIN TOP DRIVE ASHEBORO, NC 27203
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities.</p>	F 000		
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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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	JAN 25 2012 (X3) DATE SURVEY COMPLETED 01/04/2012
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NAME OF PROVIDER OR SUPPLIER CLAPPS CONVALESCENT NH	STREET ADDRESS, CITY, STATE, ZIP CODE 600 MOUNTAIN TOP DRIVE ASHEBORO, NC 27203
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K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 1/4/12 at approximately noon the following corridor door was non-compliant, specific findings include the corridor door from the kitchen had the positive latching replaced with a dead bolt.</p>	K 018	<p>DISCLAIMER</p> <p>CLAPPS CONVALESCENT NURSING HOME ACKNOWLEDGES RECEIPT OF THE STATEMENT OF DEFICIENCIES AND PROPOSES THIS PLAN OF CORRECTION TO THE EXTENT THAT THE SUMMARY OF FINDINGS ARE FACTUALLY CORRECT AND IN ORDER TO MAINTAIN COMPLIANCE WITH APPLICABLE RULES AND PROVISIONS OF QUALITY OF CARE OF RESIDENTS. THE PLAN OF CORRECTION IS SUBMITTED AS A WRITTEN ALLEGATION OF COMPLIANCE.</p> <p>CLAPPS CONVALESCENT NURSING HOME RESPONSE TO THIS STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY DEFICIENCY ARE ACCRUATE. FURTHER, CLAPPS CONVALESCENT NURSING HOME RESERVES THE RIGHT TO REFUTE ANY DEFICIENCY ON THE STATEMENT OF DEFICIENCIES THROUGH INFORMAL DISPUTE RESOLUTION, FORMAL APPEAL AND/OR OTHER ADMINISTRATIVE OR LEGAL PROCEDURES.</p> <p>PLAN OF CORRECTION</p> <p>Tag # K018 The dead bolt locking device was removed from the corridor door from the kitchen and replaced with a positive latching lever type entrance lock. This device is also ADA</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>SIGNED PAGE 2</i>	TITLE	(X6) DATE
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K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 018	<p>approved and when the door is in the closed position, it becomes latched.</p> <p>The maintenance staff was also in-serviced on 1-19-12 as to the life safety code standard which states that "doors leading to corridors must have positive latching".</p> <p>All work was completed on 1-19-12</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Sherry Clapp - Compliance Administrator* TITLE: _____ (X6) DATE: *1/20/2012*

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.