

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

PRINTED: 09/25/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345474</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRIENDS HOMES WEST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6100 W FRIENDLY AVENUE GREENSBORO, NC 27410</b>
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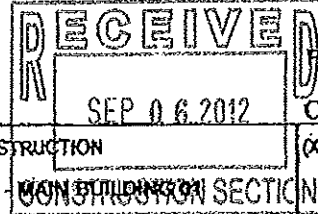
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>No deficiencies were cited as a result of the recertification survey dated 7/26/12 Event ID# KFP911.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345474	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CONSTRUCTION SECTION B. WING _____	(X3) DATE SURVEY COMPLETED  08/23/2012
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NAME OF PROVIDER OR SUPPLIER  FRIENDS HOMES WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 8100 W FRIENDLY AVENUE GREENSBORO, NC 27410
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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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K 000	INITIAL COMMENTS  This Life Safety Code(LSC) survey was conducted as per The Code of Federal Registrar at 42 CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system.  The deficiencies determined during the survey are as follows: <b>NFPA 101 LIFE SAFETY CODE STANDARD</b> Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 inch solid-banded 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.  This STANDARD is not met as evidenced by: Based on observations and staff interview at	K.000		
K 018 SS=E		K 018	We will repair/replace necessary latching mechanism on the affected doors to ensure proper closure and smoke seal The maintenance director or his/her designee will inspect daily to prevent recurrent failure. If an issue is identified the maintenance dept. along with director of nursing and his/her staff will take corrective action. Such actions will be reported in Q A Quarterly meeting	8/31/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE  
CEO (sig) DATE  
Sept 5/2012

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  343474	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 2012 B. WING _____		(X3) DATE SURVEY COMPLETED  08/23/2012
NAME OF PROVIDER OR SUPPLIER  FRIENDS HOMES WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 6100 W FRIENDLY AVENUE 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 018	Continued From page 1 approximately 2:30 pm onward, the following items were noncompliant, specific findings include: living and dining room door did not latch for smoke tight seal.	K 018			
K 038 SS=D	42 GFR 483.70(a) 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. 19.2.1  This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 2:30 pm onward, the following items were noncompliant, specific findings include: on interview wit staff, staff could not located emergency release switch for locking doors.	K 038	Beginning August 30, 2012 our staff development director will provide group and individual in service for all employees to ensure the location and purpose of the Master Door Release is known. The in service will provide information on proper procedure of emergency egress. The in service will be mandatory for all staff and an integral part of new employee orientation.	8/31/12	
K 056 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper	K 056			

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**RECEIVED**  
SEP 06 2012  
CONSTRUCTION SECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345474	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 6 2012 B. WING _____		(X3) DATE SURVEY COMPLETED  08/23/2012
NAME OF PROVIDER OR SUPPLIER  FRIENDS HOMES WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 6109 W FRIENDLY AVENUE 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 056	Continued From page 2 switches, which are electrically connected to the building fire alarm system. 18.3.5  This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 2:30 pm onward, the following items were noncompliant, specific findings include: facility could not provide proper documentation that 3 year full flow test and 5 year obstruction investigation has been performed.  42 CFR 483.70(a)	K 056	After reviewing our inspection records for 2011 it was found that Sunland did perform the required 3 year flow test on November 30, 2011 (included) Maintenance director and his/her designee have been instructed on proper document review and filing procedures. The 5 year obstruction test is scheduled for 9/10/12.	8/31/12 9/10/12	