

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

PRINTED: 10/02/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/09/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRIENDS HOMES AT GUILFORD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>925 NEW GARDEN RD GREENSBORO, NC 27410</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
F 000	INITIAL COMMENTS  The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).	F 000		
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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345148	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING B. WING _____ SEP 19 2012		(X3) DATE SURVEY COMPLETED  08/30/2012
NAME OF PROVIDER OR SUPPLIER  FRIENDS HOMES AT GUILFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 925 NEW GARDEN RD GREENSBORO, NC 27410		
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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		8/30/2012	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: A. Based on observation on 08/30/2012 there was storage to high blocking the sprinkler head in room A 111	K 062	The stored items blocking the sprinkler head in Room A111 were immediately removed. The Skilled Nursing Activity Director or designee will make monthly inspections to identify issues pertaining to blocking of sprinkler heads. When issues are identified the Activity Director or designee working with the Maintenance Department and the director of Nursing and her staff, will take corrective action and will report such action at the QA quarterly meeting	9/17/12	
	This STANDARD is not met as evidenced by: A. Based on observation and documentation on 08/30/2012 the dry sprinkler systems failed to meet the sixty second flow requirement. 42 CFR 483.70 (a)		We will commission a Sprinkler Contractor to evaluate our system and make needed repairs in order to achieve required flow time. (continued next page)	8/30/2012	

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

*Jim Jackson*

TITLE

Administrator

(X6) DATE

9/17/12

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			<p>The maintenance director or his/her designee will coordinate required annual inspections with sprinkler contractor to ensure proper system function. If issues are identified, the maintenance department along with the Director of Nursing and his/her designee will take corrective action which will be reported in the QA quarterly meeting.</p> <p>Due to the uncertainty of the system evaluation by a certified sprinkler contractor, procurement of necessary repair and/or replacement apparatus, materials and testing, we respectfully request a six (6) month waiver (March 22, 2013) for the successful completion of this deficiency.</p>		