

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

PRINTED: 03/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2013
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NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET 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 was found to be in compliance with the Medicare/Medicaid Long Term Care regulations, 42 CFR part 483, subpart B during the recertification survey of 2/21/13 6U01911.</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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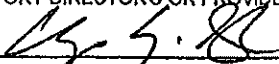
PRINTED: 03/25/2013
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345155	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2013
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NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203
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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type II construction, one story, with a complete automatic sprinkler system.	K 000		
K 046 SS=D	The deficiencies determined during the survey are as follows: NFWA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.	K 046	K 046 NFPA 101 LIFE SAFETY CODE STANDARD The egress illumination has been wired to generator power to meet the standard for illumination. This was completed by an external electrician on 4/8/13.	4/10/13
K 147 SS=D	This STANDARD Is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon the following egress illumination was observed as non-compliant, specific findings include; the following room would leave the patient in darkness. a. 700 hall activity room, also known as the Lighthouse. NFWA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD Is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon the following electrical item was observed as	K 147	The Maintenance Supervisor and Maintenance Staff have been inserviced on 4/8/13 in regards to the Life Safety Code K 046 and Emergency Lighting. The Maintenance Supervisor has completed an audit to ensure all areas have appropriate emergency lighting. This was completed on 4/8/13. The Maintenance Supervisor will audit monthly all areas to ensure the facility has adequate emergency lighting. The findings of this audit will be reported to the facility Quality Assurance Committee to determine duration, frequency, and results each month as determined by the Committee.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE NHA	(X6) DATE 4-5-13
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NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203	
(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 147	Continued From page 1 non-compliant, specific findings include; the following room had an outlet within six foot of a water source that was not a GFCI protected outlet. A. Beauty Shop (HVAC unit)	K 147	K147 NFPA 101 LIFE SAFETY CODE STANDARD The outlet in the Beauty Shop was moved to a location that is outside of six feet from a water source. This was completed on 4/5/13. All areas of the facility have been audited and corrected to ensure that no other electrical outlet is within six feet from a water source. This was conducted by the Maintenance Supervisor on 4/8/13. The Maintenance Supervisor and Maintenance Staff have been inserviced on the use of GFCI outlets within six feet of water sources. This was completed on 4/8/13. The Maintenance Supervisor or Maintenance Assistant will perform monthly audits to ensure that all areas near water have the GGCI protected outlet. The results of this audit will be reviewed in the monthly Quality Assurance Committee for frequency, duration, and results of the audit.	4/10/13

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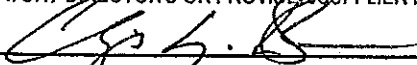
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345155	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2013
NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203	
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K 000	<p>INITIAL COMMENTS</p> <p>This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing-Health Care section of the LSC and its referenced publications. This building is Type II construction, one story, with a complete automatic sprinkler system.</p> <p>The deficiencies determined during the survey are as follows:</p> <p>There were no Life Safety Code Deficiencies noted at time of survey.</p>	K 000		

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

TITLE

(X6) DATE



NHA

4-5-10

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