

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

PRINTED: 06/24/2011  
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>06/22/2011</b>
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>	
(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 (annual recertification 06/21/11 - 06/22/11 Event ID# Z8YX11).	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.

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

JUL 29 2011

PRINTED: 07/19/2011  
FORM APPROVED  
OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345474	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/14/2011
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 038 SS=D	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: A. Based on observation on 07/14/2011 the staff interviewed did not know about the master door release switch located at the nurses station. B. Based on observation on 07/14/2011 the loading dock did not have any protection to prevent someone from falling off it. The height requires some type of protection.. 42 CFR 483.70 (a)	K 038	A- Beginning July 28, The Development Director will provide an in-service (individual and group) for all employees to insure that they know the location and purpose of the Emergency Master Door Release Switch. This training will focus on the safety value of all employees knowing how to insure clear access to exits during an emergency. Also, beginning July 28, 2011 all new employee orientations will include an explanation of the Emergency Master Door Switch	8/8/11
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.8	K 051	B- We will install steel cables at the edge of the lading dock, fastened to steel posts on each end of the dock to prevent someone from accidentally falling. The maintenance director or designee of the maintenance staff will make daily inspections of the dock to insure the cables are in place. If any concerns are identified, the maintenance director working with the director of nursing and her staff will take corrective action and report such action at the quarterly QA meeting.  K 051 We will work with fire alarm system service company, Simplex Grinnell to correct this deficiency to comply with this Life Safety Code	8/28/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lay Rumm TITLE: Administrator (X6) DATE: 7/29/11

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NAME OF PROVIDER OR SUPPLIER  FRIENDS HOMES WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 6100 W FRIENDLY AVENUE GREENSBORO, NC 27410	
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K 051	Continued From page 1	K 051	The maintenance director or designee of the maintenance staff will make monthly inspections to prevent this issue from recurring. If any concerns are observed, the maintenance director working with the director of nursing and her staff will take corrective action and report such action at the quarterly QA meeting.	8/28/11
K 061 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 07/14/2011 the fire alarm control panel could not be tested for loss of AC power, Battery or Telephone communications. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061	We will work with our Sprinkler service company, Sunland Sprinkler Co. to correct this deficiency to comply with this Life Safety Code Standard. The maintenance director or designee of the maintenance department will make monthly inspections to prevent this issue from recurring. If any concern is identified, the maintenance director working with the director of nursing and her staff will take corrective action and report such action at the quarterly QA meeting.	8/28/11
K 145 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 07/14/2011 there was no low and high air pressure alarm switch on the dry sprinkler system. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD The Type I EES is divided into the critical branch, life safety branch and the emergency system in accordance with NFPA 99. 3.4.2.2.2.	K 145	We will work with our generator/transfer switch service company, Carolina CAT to correct this deficiency to comply with Life Safety Code Standards. The maintenance director or designee of the maintenance staff will make monthly inspections to prevent this	

*JS 7/29/11*

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K 145	Continued From page 2 This STANDARD is not met as evidenced by: A. Based on observation on 07/14/2011 ATS #1 required more than (10) ten seconds to crank and transfer, the Indicator lights were not working on ATS #2 And ATS #3 failed to transfer. 42 CFR 483.70 (a)	K 145	issue from recurring. If any concern is identified, the maintenance director working with the director of nursing and her staff will take corrective action and report such action at the quarterly QA meeting.	8/28/11	

*J.S.*  
7/29/11