

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

PRINTED: 12/13/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/08/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  GRACE HEALTHCARE OF WINSTON SALEM	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 W 1ST STREET WINSTON-SALEM, NC 27104
---	---

(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 323 483.25(h) FREE OF ACCIDENT  
SS=D HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:

Based on observations, record review and staff interviews, the facility failed to ensure that 1 of 3 exit doors held lock for 15 seconds on the 3rd floor (exit door next to the day room).

On 12/7/11 at 11:09 AM, accompanied by the maintenance director the exit door next to the day room on the 3rd floor failed to hold lock when pushed to exit. Instructional direction posted on the exit door indicated "Push until alarm sounds. Door can be opened in 15 seconds." Approximated 4 feet from the exit door was the day room occupied by residents. An eight step downward stair followed approximated 4 feet after the exit door was opened.

On 12/7/11 at 11:27 AM, the maintenance director indicated to the maintenance assistant "The door is not holding; I need to adjust the door to ensure it is holding properly."

On 12/7/11 at 11:45 AM, the door continued to open without hold when pushed to get out. The maintenance director indicated the door needed an adjustment assessment.

F 323

This plan of correction is submitted as required under state and federal law. The facility's submission of this Plan of Correction does not constitute any admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the plan of correction cannot be used against the facility in any subsequent administrative or civil proceedings.

F-323

1 A facility employee was immediately posted at the third floor exit door next to the day room on 12/7/2011 and remained posted at that door until the Maintenance Director adjusted the door to ensure it was functioning properly. The Maintenance Director adjusted the door on 12/7/2011 to ensure that it was functioning properly. 12/21/11

2 A 100% audit was conducted on 12/7/2011 by the Maintenance Director to ensure all exit doors with delayed egress functioned properly. No residents were found to be affected.

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

*Raymond Cooper*

TITLE

*Administrator*

(X6) DATE

*12/21/11*

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

PRINTED: 12/13/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/08/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRACE HEALTHCARE OF WINSTON SALEM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 W 1ST STREET WINSTON-SALEM, NC 27104</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)
F 323	<p>Continued From page 1</p> <p>On 12/7/11 at 12:53 PM, the maintenance director indicated he was unable to correct the needed door adjustment independently. He stated he contacted the vendor that installed the door lock system for guidance, and was instructed via phone by a lead technician how to correct the problem. He added he was directed by the lead technician how far to adjust the locking system to ensure the door held properly.</p> <p>On 12/7/11 at 12:58 PM, accompanied by the maintenance director the exit door held locked for 15 seconds when pushed to open, and the alarm sounded.</p> <p>A review of the maintenance director's door security log book completed on 12/7/11 revealed no indicated problems with the exit door on the 3rd floor, not holding properly for 15 seconds.</p> <p>In an interview on 12/7/11 at 2:20 PM, the administrator (accompanied by the director of nursing and facility nurse consultant) stated, he expected the exit door to hold lock immediately for 15 seconds after the door was pushed to exit through.</p>	F 323	<p>The Maintenance, Nursing, Therapy, Dietary, Social Services, Activities Departments were in serviced by the Staff Development Coordinator and Maintenance Director from 12/12/2011 through 12/21/2011 on the delayed egress door system, proper functioning, identification and notification of concerns.</p> <p>An audit of doors with delayed egress and documentation will be reviewed five days per week for four weeks by the Maintenance Director and then weekly for two months and/or 100% compliance. Results of this audit will be brought to and reviewed in the monthly Quality Assurance / Performance Improvement Committee Meeting by the Maintenance Director. Any issues or trends identified will be addressed by the Quality Assurance/Performance Improvement Committee as they arise and the plan will be revised as needed to ensure continued compliance. The Quality Assurance/Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, Minimum Data Set Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director.</p>