

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

PRINTED: 01/09/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2011
NAME OF PROVIDER OR SUPPLIER CLEMMONS NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012	
(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	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483 Subpart B for Long Term Care Facilities (General Health Survey). Event ID YBO911</p> <p>No deficiencies were cited as a result of the complaint investigation.</p>	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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ JAN 17 2012	(X3) DATE SURVEY COMPLETED 12/21/2011
NAME OF PROVIDER OR SUPPLIER CLEMMONS NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD SECTION CLEMMONS, NC 27012	
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K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 3/4 inch solid-bonded 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: A. Based on observation on 12/21/2011 the following doors failed to latch when closed (28,209 and the office near 202). 42 CFR 483.70 (a)	K 018	Closures will be placed on doors allowing independent closing and latching without assistance to ensure compliance at all times. All doors will be inspected to ensure compliance. Doors will be checked monthly and by Maintenance Department to ensure continued compliance.	15-Feb 2012
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and	K 029		

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RECEIVED
JAN 17 2012
01 - MAIN BUILDING 01
CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/21/2011
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NAME OF PROVIDER OR SUPPLIER CLEMMONS NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012
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K 029	Continued From page 1 doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	The door will be trimmed to ensure complete closure and latching at all times.	15-Feb 2012
K 072 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 12/21/2011 the door to the storage room near the laundry chute failed to latch when closed. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10	K 072	All doors will be inspected to ensure compliance. Doors will be checked monthly and by Maintenance Department to ensure continued compliance. Closures will be placed on doors allowing independent closing and latching without assistance to ensure compliance at all times. All doors will be inspected to ensure compliance. Doors will be checked monthly and by Maintenance Department to ensure continued compliance.	15-Feb 2012
K 147 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 12/21/2011 the doors to the clean linen near the spar, line room near the hazardous storage and the storage room across from room 207 all opened into the corridor less than 180 degrees and did not have closers on them. B. There were item not in use stored in the egress corridor near the Activity room and room 119. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD	K 147	Items in egress area will be removed and stored in an area away from exits and access points and egress. Egress areas will be monitored in daily rounds to prevent obstructions.	15-Feb 2012

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NAME OF PROVIDER OR SUPPLIER CLEMMONS NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012
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K 147	<p>Continued From page 2</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: A. Based on observation on 12/21/2011 the med. refrigerator at nurses station unit 1 was not connected to the emergency circuit. B. There was an exposed incandescent light bulb in the storage room near the laundry chute. 42 CFR 483.70 (a)</p>	K 147	<p>Med Room reffridgerator on Unit 1 will be placed on emergency circuit with outlet to ensure continued power.</p> <p>Exposed incandescent bulb will be covered to prevent exposure.</p> <p>Reffridgerator will be checked monthly as part of full-load generator test for emergency power. Light fixtures will be inspected weekly to monitor exposure.</p>	<p>15-Feb 2012</p> <p>15-Feb 2012</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 12/21/2011
NAME OF PROVIDER OR SUPPLIER CLEMMONS NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3905 CLEMMONS ROAD CLEMMONS, NC 27012	
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K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: A. Based on observation on 12/21/2011 the nursing supply room at the nurses station failed to latch when closed and the storage rooms near the riser room did not have closers on the doors. 42 CFR 483.70 (a)	K 029	Closures will be placed on doors allowing independent closing and latching without assistance to ensure compliance at all times. All doors will be inspected to ensure compliance. Doors will be checked monthly and by Maintenance Department to ensure continued compliance.	15-Feb 2012
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 12/21/2011 the staff interviewed did not know about the master door release switch located at the nurses station. 42 CFR 483.70 (a)	K 038	In service ALL facility staff on the master door release and its operation. Quarterly inservice training will be provided to all staff by Staff Development Coordinator and all new hires will be trained on master door release during orientation.	15-Feb 2012

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(X6) DATE

[Signature] Administrator 1/13/12

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