

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

PRINTED: 03/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL EAST GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTHSIDE BLVD DRAWER 16167 GREENSBORO, NC 27406
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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 is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</p>	F 000		
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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: 345273	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/28/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL EAST GREENSBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTHSIDE BLVD DRAWER 16167 GREENSBORO, NC 27406
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K 000	INITIAL COMMENTS	K 000		
K 029 SS=E	<p>Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type I(322) construction, four story, with a complete automatic sprinkler system.</p> <p>The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 1:00 pm onward, the following items were noncompliant, specific findings include: storage room across from room 308 is not fully sprinkled.</p> <p>42 CFR 483.70(a)</p>	K 029	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K - 029 It is the practice of the facility to assure that the fire alarm systems are maintained in accordance with NFPA72 at all times.</p> <p>A sprinkler system will be installed in the storage room across from 308.</p> <p>Future compliance will be assured by the facilities Preventive Maintenance Program room checks and documented on the Preventive Maintenance Logs with monitoring by the Safety Committee Monthly. Monthly checks by the Plant Operations to be verified by Modern Systems Quarterly (Fire Alarm Life Safety Systems Contractor).</p> <p>The Preventive Maintenance Log / daily monitoring rounding sheets will be reviewed by the Performance Improvement Committee Quarterly for any recommendations x 6 months.</p>	4/13/12 4/13/12 4/13/12 4/13/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carolina Thornton</i>	TITLE <i>Administrative</i>	(X6) DATE <i>3/15/12</i>
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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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K 051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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, 9.6</p> <p>This STANDARD Is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 1:00 pm onward, the following items were noncompliant, specific findings include: there was not a visual/audible trouble signal at the Fire Alarm Control Panel (FACP) with loss of telephone line connection and AC power.</p>	K 051	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>K - 051 - It is the practice of the center to assure that the fire alarm systems are maintained in accordance with NFA72 at all times.</p> <p>The Fire Alarm Control Panel in the lobby and on the 4th floor was replaced and there is visual and audible trouble signals at the panels for loss of telephone line connection and AC power. These devices have been inspected and replaced by trained licensed personnel.</p> <p>Future compliance will be assured by the facilities Preventive Maintenance Program and Monitored by the Safety Committee and Executive Director Monthly.</p> <p>Preventive Maintenance Logs will be reviewed by the PI Committee for any recommendations Quarterly x 6 months.</p>	3/12/12 3/12/12 4/13/12 4/13/12	

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K 051	Continued From page 2 42 CFR 483.70(a)	K 051			