

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

PRINTED: 01/30/2013
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 01/28/2013
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL EAST GREENSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTHSIDE BLVD DRAWER 16167 GREENSBORO, NC 27406		
(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 (General Health Survey) of 01/28/13 Event ID # 8HKB11. No deficiencies were cited as a result of a complaint survey of 01/28/13 Event ID # 8HKB11.	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.

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PRINTED: 02/22/2013
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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 01 B. WING _____	MAR 16 2013	(X3) DATE SURVEY COMPLETED 02/20/2013
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL EAST GREENSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTY SECTION 2401 SOUTHSIDE BLVD DRAWER 16167 GREENSBORO, NC 27406		
(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 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 I construction, multi-story, with a complete automatic sprinkler system.	K 000			
K 025 SS=D	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	K 025	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <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>	2/20/2013	
K 047 SS=D	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation at approximately noon the following smoke barrier was observed as non-compliant, specific findings include, the 3 East smoke door was held open with a hook and latch. NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in	K 047	K - Tag -025 - The latch to the 20 minute fire door on 3 East was removed the day of survey and will not be replaced. The Administrator checked the other 20 min fire doors to ensure that there were no other latches and found that there were none. The Administrator will monitor weekly to ensure compliance The Administrator met with Plant Operations that the latch will not be reinstalled. The Performance Improvement Committee has reviewed this plan and approved. We will follow up with the next Performance Improvement Meeting with any recommendations.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE
Carole Ann Hunter Administrator 3/2/13

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Carole Ann Porter Administrator

3/2/13

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