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

PRINTED: 03/01/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
345155		B. WING			02/21/2013		
NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER			•	230	ET ADDRESS, CITY, STATE, ZIP CODE DEAST PRESNELL STREET HEBORO, NC 27203		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE A DEFICIENCY)		SHOULD BE COMPLÉTION	
F 000	The facility was fou the Medicare/Medic regulations, 42 CFF	rind to be in compliance with caid Long Term Care R part 483, subpart B during urvey of 2/21/13 6U01911.	F	000			
ADODATOS	(DIDENTABLE OF DOC! "	DED/SUDDITED DEDDESENTATIVE'S SIG			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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NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER ANDOLPH HEALTH AND REHABILITATION CENTER PARADOLPH HEALTH AND REHABILITATION CENTER ASHEDORO, NC 27203. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR USO IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a) part of the Safety Code of Federal Register at 42CFR 483.70(a) part of the Safety Code of Federal Register at 42CFR 483.70(a) part of the following egress illumination as been wired to generator power to meet the standard for illumination. This was completed by an external electrican on 4/8/13. This STANDARD Is not met as evidenced by: 42 CFR 483.70(a) psosphalin on O3/22/13 at approximately noon the following come with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon the following the survey with near the patient in darkness. a. 700 hall activity room, also known as the Lighthouse. K 147 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon the following legical properties and the patient in darkness. by observation on 3/22/13 at approximately noon the following and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon the following electrical code and the patient in darkness. by observation on 3/22/13 at approximately noon the following electrical code and the patient in darkness a	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		TE SURVEY MPLETED	
RANDOLPH HEALTH AND REHABILITATION CENTER 230 EAST PRESNELL, STREET ASHEDRO, NO. 27203. REGULATORY OR LSO IDENTIFYING IMPORMATION) PROPRIET OF DEFICIENCES ASHEDRO, NO. 27203. REQUIRED TO THE APPROPRIATE COMMENTED ASHEDRO, NO. 27203. RECOMMENTED ASHEDRO, NO.			345155	1 -		3/22/2013	
REGULATORY OR LOS IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LOS IDENTIFYING INFORMATION REGULATORY OR LOS IDENTIFYION INFORMATION INFORMATION IN			HABILITATION CENTER		230 EAST PRESNELL STREET		
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 II construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon the following geness illumination was observed as non-compliant, specific findings include, the following room would leave the patient in darkness. a. 700 hall activity room, also known as the Lighthouse. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon of the LSC and its referenced publications. This was completed by an external electrician on 4/8/13. The Maintenance Supervisor and Maintenance Supervisor has completed an audit to ensure all areas have appropriate emergency lighting. This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon of the LSC and its referenced by the standard for illumination has been wired to generator power to meet the standard for illumination. This was completed by an external electrician on 4/8/13. The Maintenance Supervisor has completed an audit to ensure all areas have appropriate emergency lighting. The Maintenance Supervisor will audit monthly all areas to ensure the facility has adequate emergency lighting. The findings of this audit will be reported to the facility Quality Assurance Committee to determine during, frequency, and results each month as determined by the	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETION DATE	
The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon the following egress illumination was observed as non-compliant, specific findings include; the following room would leave the patient in darkness. a. 700 hall activity room, also known as the Lighthouse. K 147 SS=D Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon are as follows: K 147 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/22/13 at approximately noon by observation on 3/22/13 at approximately noon are as follows: K 148 K 046 NFPA 101 LIFE SAFETY CODE STANDARD K 046 STANDARD K 046 The egress illumination has been wired to generator power to meet the standard for illumination. This was completed by an external electrician on 4/8/13. The Maintenance Supervisor has completed an audit to ensure all areas have appropriate emergency lighting. This was completed on 4/8/13. The Maintenance Supervisor will audit monthly all areas to ensure the facility has adequate emergency lighting. The findings of this audit will be reported to the facility Quality Assurance Committee to determine duration, frequency, and results each month as determined by the	K 000	This Life Safety Co conducted as per T at 42CFR 483.70(a) Health Care section publications. This be one story, with a co	de(LSC) survey was he Code of Federal Register); using the 2000 Existing of the LSC and its referenced uilding is Type II construction,				
## As a completed an audit to ensure all areas have appropriate emergency lighting. ## Assemblance Staff have been inserviced on 4/8/13 in regards to the Life Safety Code K 046 and Emergency Lighting. ## Assemblance Supervisor has completed an audit to ensure all areas have appropriate emergency lighting. ## Assemblance Supervisor will audit monthly all areas to ensure the facility has adequate emergency lighting. The findings of this audit will be reported to the facility Quality Assurance Committee to determine duration, frequency, and results each month as determined by the	K 046	The deficiencies del are as follows: NFPA 101 LIFE SAF	FETY CODE STANDARD of at least 1½ hour duration is	K 046	STANDARD The egress illumination has been wired to generator power to meet the standard for illumination. This was completed by an	4/10/13	
the second production has apparting as	K 147 SS=D	42 CFR 483.70(a) By observation on 3, the following egress non-compliant, specifollowing room would darkness. a. 700 hall activity rollighthouse. NFPA 101/LIFE SAFE Electrical wiring and with NFPA 70, National CFR 483.70(a) By observation on 3/2	/22/13 at approximately noon illumination was observed as iffic findings include; the dieave the patient in from, also known as the ETY CODE STANDARD equipment is in accordance and Electrical Code. 9.1.2	K 147	Maintenance Staff have been inserviced on 4/8/13 in regards to the Life Safety Code K 046 and Emergency Lighting. The Maintenance Supervisor has completed an audit to ensure all areas have appropriate emergency lighting. This was completed on 4/8/13. The Maintenance Supervisor will audit monthly all areas to ensure the facility has adequate emergency lighting. The findings of this audit will be reported to the facility Quality Assurance Committee to determine duration, frequency, and results each month as determined by the		

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If continuation sheet Page 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345155		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01			(X3) DATE SURVEY COMPLETED	
		B. WING			03/22/2013		
	PROVIDER OR SUPPLIER PH HEALTH AND RE	HABILITATION CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 30 EAST PRESNELL STREET ASHEBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	iX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	8E	(X6) COMPLETION DATE
K 147	Continued From page 1 non-compliant, specific findings include; the following room had an outlet within six foot of a water source that was not a GFCI protected outlet. A. Beauty Shop (HVAC unit)		κ.	147	K147 NFPA 101 LIFE SAFETY OF STANDARD The outlet in the Beauty Shop was reto a location that is outside of six fe	noved et	4/10/13
:					from a water source. This was com on 4/5/13.	This was completed	
					All areas of the facility have been a and corrected to ensure that no othe electrical outlet is within six feet fro	r om a	
					water source. This was conducted Maintenance Supervisor on 4/8/13.	by the	
					The Maintenance Supervisor and Maintenance Staff have been inserved on the use of GFCI outlets within sof water sources. This was comple 4/8/13.	x feet	
	,		•]	The Maintenance Supervisor or Maintenance Assistant will perform monthly audits to ensure that all areas water have the GGCI protected outlet The results of this audit will be review	.	•
				- 1	in the monthly Quality Assurance Committee for frequency, duration, a results of the audit.	nd	
							•
	•						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION 02 - BUILDING 02	(X3) DATE SURVEY COMPLETED	
345155		B. WING		03/22/2013		
NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER				REET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	This Life Safety Coconducted as per T at 42CFR 483.70(a) Health Care section publications. This bone story, with a cosystem. The deficiencies de are as follows:	de(LSC) survey was he Code of Federal Register y using the 2000 Existing of the LSC and its referenced uilding is Type II construction, mplete automatic sprinkler termined during the survey Safety Code Deficiencies	K 000	DEFICIENCY)	RIA(E.	·
ABORATORY	DIRECTOR'S OR PROVIDE	BUSUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	(X6) DATE
	45 L. K			NHA	4.	5-18

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