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

PRINTED: 05/30/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	TION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
345273		345273	B. WING		04/03/2014			
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL EAST GREENSBORO				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTHSIDE BOULEVARD DRAWER 1 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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 372 SS=D	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly.		F 3	72			4/16/14	
	by: Based on observatifacility failed to dispensuring one of thruproperly concealed ensuring the area s	NT is not met as evidenced cions and staff interview, the cose of garbage and refuse by the garbage dumpsters the waste within, and by the urrounding the three the from refuse and debris.			F Tag 0372 -483.25 (i)(3) DISPOSI GARBAGE AND REFUSE PROPEI (LONG TERM CARE FACILIES) This Plan of Correction is the center credible allegation of compliance.	RLY		
	dumpsters revealed refuse in one of the outside of the facilit following items wer directly behind the oplastic bags contain gloves; one small obttle and a styrofo cardboard box; one one plastic bottle la one used tube of bottle and interview Dietary Supervisor emptied by an outs Wednesdays, and items observed on dumpsters were trathe housekeeping streams.	m, observations of the three d an opened door exposing three dumpsters located y behind the kitchen. The e observed on the ground dumpsters: two large clear ning plastic gowns and plastic lear bag containing a water am cup; one small flattened small disposable plastic tray; beled as cleaning solution; ody cream; and, a broom. on 4/3/14 at 9:25am, the revealed the dumpsters were ide service on Mondays, Thursdays. She indicated the the ground behind the nsported from the facility by staff and that she would			Perparation and or/execution of this of correction does not constitute admission or agreement by the protent the truth of the facts alleged or conclusions set forth in the statemed deficiencies. The plan of correction is prepared and/or executed soley because it is required by the provisit the federal and state law. The Performance Improvement Conhas approved this plan. The dumpster area was cleaned and dumpster doors were closed by the Environmental Supervisor. The Employees that empty the trast the dumpsters were inserviced by the Environmental Supervisor on checking dumpster area after each use and sweeping the area as needed along keeping the doors closed after each	vider of ent of ions of mmitte had the he ng the		
		their Supervisor of the current DER/SUPPLIER REPRESENTATIVE'S SIGN	MATURE		TITLE		(X6) DATE	

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

Electronically Signed

04/16/2014

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: 05/30/2014 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				
		345273	B. WING			04/0	03/2014			
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL EAST GREENSBORO					STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTHSIDE BOULEVARD 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 PREFI TAG			BE	(X5) COMPLETION DATE			
F 372	REGULATORY OR LSC IDENTIFYING INFORMATION)		F3	372	All Housekeeping Employees were inserviced by the Director Of Educa and the Enviromental Supervisor of keeping the dumpster doors shut a keeping the area around the dump clean. Any new Housekeeping Employees educated on keeping the dumpster closed and cleaning up around the dumpsters in orientation. The Enviromental Supervisor will not the dumpsters 3 x week to ensure dumpster doors are shut and the aclean. Findings will be reported to the Performance Improvement Commit Monthly x 3 Months. The Enviromental Supervisor will in Employees and or council where not show the performance in the perf	ation n ind sters s will be s doors nonitor the rea is				