A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. The facility is utilizing special locking systems. In the exit conference all deficiencies noted were discussed with administration.

Stories: One
Construction Type III (111)
Constructed: 2006
Fully Sprinkled - Yes
At time of survey the:
Certified Beds: Medicare/Medicaid - 50
Census - 50
Certified Beds: Medicaid only - 50
Census - 50

The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:

K 018
SS=D
NFPA 101 LIFE SAFETY CODE STANDARD

Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3

This STANDARD is not met as evidenced by:
Based on observations on 1/22/2015 at approximately 1:00 PM onward, the following deficiencies were noted:

The door to workroom B139 will be replaced to ensure the door will properly close and latch.
The door latch on resident room 21 which

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

Electronically Signed

02/18/2015

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.
# Statement of Deficiencies and Plan of Correction

**A. BUILDING 02 - MAIN BUILDING**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>K018</td>
<td>Continued From page 1</td>
<td>The facility has doors at the following locations that were noncompliant. The doors in the following corridor was walls did not close, latch and seal as required. 1. Door B139 to the staff workroom had a gap at the bottom of the door where the door was warped. 2. Door 21 did not latch properly as the door was warped and made the door hard to latch. The deficiency affects doors in 2 of approximately 8 smoke zones in the facility. Reference: 2000 NFPA 101 Section 18.3.6.3.1 and 18.3.6.3.2</td>
<td>K018</td>
<td>did not properly latch will be corrected to assure the door will properly close and latch. The Maintenance Director or his/her designee will make monthly inspections to prevent this issue. If an issue is identified, the Maintenance Department working with the director of Nursing and her/his staff, will take corrective action and report such actions at the Quarterly Quality Assurance Committee Meeting.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K056</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</td>
<td>K056</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER:** FRIENDS HOMES AT GUILFORD

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

925 NEW GARDEN ROAD
GREENSBORO, NC 27410

**PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY):**

1. Door B139 to the staff workroom had a gap at the bottom of the door where the door was warped.
2. Door 21 did not latch properly as the door was warped and made the door hard to latch.

The deficiency affects doors in 2 of approximately 8 smoke zones in the facility.

Reference: 2000 NFPA 101 Section 18.3.6.3.1 and 18.3.6.3.2

The Maintenance Director or his/her designee will make monthly inspections to prevent this issue. If an issue is identified, the Maintenance Department working with the director of Nursing and her/his staff, will take corrective action and report such actions at the Quarterly Quality Assurance Committee Meeting.

**NFPA 101 LIFE SAFETY CODE STANDARD**

There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.
K 056 Continued From page 2

This STANDARD is not met as evidenced by:
Based on observations on 1/22/2015 at approximately 1:00 PM onward, the following deficiencies were noted:

The facility did not have sprinkler coverage installed in the one hour rated room.

The electrical room on the "Maples" pod was rated for and walls were stenciled as a one hour rated room and did was not protected by an automatic sprinkler system.

This deficiency affects 1 of 3 such electrical rooms in the facility.

Ref: 2000 NFPA 101 Section 19.3.5