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. In the exit conference all deficiencies noted were discussed with administration.

Stories: One
Construction Type V (111)
Constructed: 2009
Fully Sprinkled - Yes
At time of survey the:
Certified Beds: Medicare/Medicaid - 135
Census - 121

This STANDARD is not met as evidenced by:
42 CFR 483.70 (a)

Specific action taken to correct Deficiency:
Remove locking mechanism

Based on observations, on March 4, 2015 at approximately 10:30 AM onward, the following deficiencies were noted:

The facility has door release mechanisms that are not seen in all levels of light in case of an emergency.

The door release mechanisms in the walk in freezer and cooler were not visible with the lights

Measures to put into place or Systemic changes made to ensure that the deficient practice will not occur:
Monthly Life Safety check will reflect monitoring by Maintenance Director

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed
04/13/2015

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.
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>PROVISO'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 038</td>
<td>Continued From page 1 off in both the freezer and cooler. This deficiency affected both areas that can be locked from the outside by the staff members. Ref: 2000 NFPA 101 Section 7.1.19.2.1</td>
<td>How will we monitor our performance to make sure that solutions are sustained: Executive Director will monitor on a quarterly basis Date of corrective action: 4/11/2015</td>
<td></td>
</tr>
<tr>
<td>K 047</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system in accordance with section 7.10. 18.2.10.1. This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on March 4, 2015 at approximately 10:30 AM onward, the following deficiencies were noted: The facility has incomplete exit directional signage in an egress corridor. The facility does not have two visible exit directional signs leading from the cross corridor doors as you enter the service hallway from the nurses station and from the outside leading to the nurses station. This deficiency only affected the service hallway. Ref: 2000 NFPA 101 Section 7.10.19.210.1</td>
<td>Required Lighted Exit signs to be completed by 4-14-15 Measures to put into place or Systemic changes made to ensure that the deficient practice will not occur: All Exit lights will be inspected by Maintenance Director How will we monitor our performance to make sure that solutions are sustained. Monthly Life Safety checks will reflect Monitoring by Maintenance Director Date of corrective action 4/14/2015</td>
<td>4/14/15</td>
</tr>
</tbody>
</table>
### STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

| (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION  
A. BUILDING 01 - BUILDING 1  
B. WING  
| PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
| 345547 | 03/04/2015 |

### NAME OF PROVIDER OR SUPPLIER

CAMDEN PLACE HEALTH AND REHAB, LLC

### STREET ADDRESS, CITY, STATE, ZIP CODE

1 MARITHE COURT  
GREENSBORO, NC  27407

### SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 154 SS=E</td>
<td>K 154</td>
<td>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</td>
<td>3/12/15</td>
</tr>
</tbody>
</table>

Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1

Based on observations, on March 4, 2015 at approximately 10:30 AM onward, the following deficiencies were noted:

- The facility's Fire Alarm Control Panel (FACP) was in supervisory condition at the start of the life safety survey.
- The facility had the sprinkler 3 system down for repairs after a leak in the sprinkler system was noticed.
- The facility failed to notify the Department of Health Regulations Construction Section that the system was down for more than four hours.
- This deficiency 1 of 4 sprinkler risers in the facility.

Ref: 2000 NFPA 101 Section 9.7.6.1

### Specific action taken to correct Deficiency:

- Replaced Actuator

### How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective issues will be taken:

- Weekly fire System Checks by Maintenance Director and Quarterly by Fire Service Vendor.

### Specific action taken to correct Deficiency:

- Weekly Fire Systems checks by Maintenance Director and Quarterly Fire Service Vendor.

### How will we monitor our performance to make sure that solutions are sustained:

- Date of corrective action: Repaired 3-12-15