### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLA Identification Number:** 345292

**Multiple Construction:***
- **Building:**
- **Wing:**

**Date Survey Completed:** 07/27/2011

### 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). Event ID KR7511.

### Summary Statement of Deficiencies

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<th>ID Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
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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

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 345292

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01
B. WING _________________

(X3) DATE SURVEY COMPLETED 06/18/2011

NAME OF PROVIDER OR SUPPLIER

GRANTSBROOK NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
290 KEEL RD
GRANTSBORO, NC 28529

(X4) ID PREFIX TAG

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

K 062 SS-E NFPA 101 LIFE SAFETY CODE STANDARD

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.5, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:
Based on the observations and staff interview during the tour on 6/10/2011 the sprinkler heads in the dietary are are not in good repair as there are several that have corroded heads.

CFR#: 42 CFR 483.70 (a)

K 062

Grantbrook Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the Summary of Findings is factually correct in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as a written allegation of compliance.

Grantbrook Nursing and Rehabilitation Center's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute and admission that any stated deficiencies is accurate.

Grantbrook Nursing and Rehabilitation Center reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceeding or any administrative or legal proceedings.

K062 Sprinkler heads in kitchen were replaced 06/27/2011. Sprinkler heads in the dietary department will be in good repair and without corroded heads. Maintenance and/or designee will monitor for continued compliance.

06-27-11

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

JANET R. JENKINS

TITLE
ADMINISTRATOR

06/28/2011

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 00 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 required to cease program participation.