

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

PRINTED: 06/30/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345366</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/30/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREENDALE FOREST NURSING AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1304 SE SECOND ST SNOW HILL, NC 28580</b>
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(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>No deficiencies were cited as a result of the recertification survey. Event ID730D11</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ 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  GREENDALE FOREST NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1304 SE SECOND ST SNOW HILL, NC 28580
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K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p>	K 018	<p>Greendale Forest Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that this summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality of care for the residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Greendale Forest Nursing and Rehabilitation Center's response to the Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Greendale Forest Nursing and Rehabilitation Center reserves the right to submit documentation to refute any of the stated deficiencies on the Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure, and/or other administrative or legal proceedings.</p>	
K 038 SS=D	<p>This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the following doors failed to latch when closed, 702.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by:</p>	K 038	<p>K 018</p> <p>The door to room 702 has been repaired to close and latch correctly.</p> <p>All doors in the facility have been inspected to ensure that they close and latch correctly.</p> <p>The maintenance supervisor or designee will inspect all doors in the facility on a monthly basis to ensure that all doors close and latch properly.</p>	8-5-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Charles J. Hall J.</i>	TITLE ADMINISTRATOR	(X6) DATE 8-5-11
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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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345368	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/21/2011
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NAME OF PROVIDER OR SUPPLIER  GREENDALE FOREST NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1304 SE SECOND ST SNOW HILL, NC 28580
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K 038	Continued From page 1 A. Based on observation on 07/21/2011 the staff interviewed did not know about the master door release switch located at the nurses stations. 42 CFR 483.70 (a)	K 038	K 018 (Continued)  The results of the monthly maintenance inspection of all doors in the facility will be included for review in the facility safety program to ensure continued compliance.	8-5-11
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6  This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the main fire alarm panel was not on a dedicated circuit. Some of the emergency corridor lights are on the same circuit.	K 051	K 038  All staff have been inserviced on the operation of the master door release switch located at the nurses stations.  New staff will be inserviced at new employee orientation on the use of the master door release switch .  Staff will be inserviced on a quarterly basis on the use of the master door release switch to ensure compliance on an ongoing basis.  K 051  The main fire alarm panel has Been placed on a dedicated circuit.  Maintenance will inspect all fire alarm panels in the facility to ensure proper functioning.  Maintenance or designee will inspect all fire alarm panels monthly to ensure proper functioning.	8-5-11

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K 051  K 056 SS=D	Continued From page 2 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 051  K 056	K 051 (Continued)  The results of the monthly fire panel inspection will be included in the facility safety program to ensure ongoing compliance.  K 056  A protective enclosure with a heat light has been installed to protect the exposed six inch riser from freezing.  Maintenance will inspect the facility to ensure that there are no exposed pipes outside of the building.	8-5-11
K 067 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the riser for the sprinkler system is exposed on the out side of the shop. This is a six (6) inch riser with about twenty inches (20) exposed with no protection from freezing. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	Maintenance will inspect the protective enclosure around the outside six inch pipe to ensure that it is protected on a quarterly basis.	

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K 067	Continued From page 3 This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the corridor is being used as a return air plenum. If a waiver is requested the following must be met; (1) Air handling units must be equipped with smoke detectors. (2) There must be a complete corridor smoke detection system. (3) Smoke detectors must be wired to the fire alarm system. (4) Fire alarm system must shut down all air handling units when activated..  42 CFR 483.70(a)	K 067	K 067  A waiver request is attached to the plan of Correction. The provider certifies that the following conditions are met:  1. Air handling units are equipped with smoke detectors. 2. There is a complete corridor smoke detection system. 3. Smoke detectors are wired to The fire alarm system. 4. The fire alarm system will shut down all air handling units when activated.	

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K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p>	K 018	<p>K 018</p> <p>The door to rooms 105, 106 and 109 have been repaired to close and latch correctly.</p> <p>All doors in the facility have been inspected to ensure that they close and latch properly.</p> <p>The maintenance supervisor or designee will inspect all doors in the facility on a monthly basis to ensure that all doors close and latch properly.</p> <p>The results of the monthly maintenance inspection of all doors in the facility will be included for the review in the facility safety program to ensure continued compliance.</p>	8-5-11
K 038 SS=D	<p>This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the following doors failed to latch when closed. a. 105, 106, 109.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 038	<p>K 038</p> <p>All staff have been inserviced on the operation of the master door release switch located at the nurses stations.</p> <p>New staff will be inserviced at new employee orientation on the use of the master door release switch.</p> <p>Staff will be inserviced on a quarterly basis on the use of the master door release switch to ensure compliance on an ongoing basis.</p>	8-5-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

*Charles J. Hall J* ADMINISTRATOR 8-5-11

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K 038	Continued From page 1 This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the staff interviewed did not know about the master door release switch located at the nurses stations. 42 CFR 483.70 (a)	K 038		

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K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p>	K 018	<p>K 018</p> <p>The door to rooms 400, 407 and 501 have been repaired to close and latch properly.</p> <p>All doors in the facility have been inspected to ensure that they close and latch properly.</p> <p>The maintenance supervisor or designee will inspect all doors in the facility on a monthly basis to ensure that all doors close and latch properly.</p> <p>The results of the monthly maintenance inspection of all doors in the facility will be included for review in the facility safety program to ensure continued compliance.</p>	8-5-11
K 038 SS=D	<p>This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the following doors failed to latch when closed ,400 ,407 and 501. 42 CFR 483.70 (a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 038	<p>K 038</p> <p>All staff have been inserviced on the operation of the master door release switch located at the nurses stations.</p> <p>New staff will be inserviced at new employee orientation on the use of the master door release switch .</p> <p>Staff will be inserviced on a quarterly basis on the use of the master door release switch to ensure compliance on an ongoing basis.</p>	8-5-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Charles J. Hall Jr TITLE ADMINISTRATOR (X6) DATE 8-5-11

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K 038	Continued From page 1  This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the staff interviewed did not know about the master door release switch located at the nurses stations. 42 CFR 483.70 (a)	K 038		

FACILITY REQUEST FOR WAIVER OR VARIANCE

TO BE COMPLETED BY STATE AGENCY

<input type="checkbox"/>	Life Safety Code (405.1134a)	<input type="checkbox"/>	Physical Environment
<input type="checkbox"/>	7-Day R.N. Requirement	<input type="checkbox"/>	Patient Room Size (405.1134c)
<input type="checkbox"/>	Medical Director (405.1911b)	<input type="checkbox"/>	Beds Per Room (405.1134e)
1.	Name of Facility <u>Greendale Forest Nursing &amp; Rehab. Center</u>		
	Address <u>1304 SE. Second St., Snow Hill, NC 28580</u>		
2.	Type Facility: <u>NH</u>	3.	Vendor No. _____
	Program: XVIII/XIX <input checked="" type="checkbox"/> XIX <input checked="" type="checkbox"/>		Provider No. <u>345366</u>
4.	Date of Survey: Life Safety Code <u>7/21/2011</u>	5.	Expiration Date of Current Agreement: _____
	General _____		
6.	State Agency recommendation: <input type="checkbox"/> Approved	<input checked="" type="checkbox"/>	Waiver/Variance Previously Approved
	<input type="checkbox"/> Not Approved		
7.	Reason for Recommendation: <u>Annual waiver for return air plenum for building #1.</u>		
8.	Period for which Waiver/Variance is Recommended: <u>yearly</u>		
9.	<u>08/15/2011</u> Date	10.	_____ Authorizing Signature of State Agency

TO BE COMPLETED BY REGIONAL OFFICE

1.	Waivers/Variance Approved	12.	Waivers/Variance Not Approved
	(a) _____		(a) _____
	(b) _____		(b) _____
	(c) _____		(c) _____
	(d) _____		(d) _____
3.	_____ Program Reviewer Signature		_____ Date
4.	_____ Discipline Reviewer Signature		_____ Date
5.	_____ Authorizing Signature Acting Director, Survey & Certification		_____ Date

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K 067	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: A. Based on observation on 07/21/2011 the corridor is being used as a return air plenum. If a waiver is requested the following must be met; (1) Air handling units must be equipped with smoke detectors. (2) There must be a complete corridor smoke detection system. (3) Smoke detectors must be wired to the fire alarm system. (4) Fire alarm system must shut down all air handling units when activated..</p> <p>42 CFR 483.70(a)</p>	K 067	<p>K 067</p> <p>A waiver request is attached to the plan of Correction. The provider certifies that the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. Air handling units are equipped with smoke detectors.</li> <li>2. There is a complete corridor smoke detection system.</li> <li>3. Smoke detectors are wired to The fire alarm system.</li> <li>4. The fire alarm system will shut down all air handling units when activated.</li> </ol>	