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

PRINTED: 01/09/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION LDING		(X3) DATE SI COMPLE	(X3) DATE SURVEY COMPLETED	
	345131		B. WI	1G		12/0	12/09/2011	
NAME OF PROVIDER OR SUPPLIER CLEMMONS NURSING & REHAB CENTER				STRE 390 CL	•			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	ON SHOULD BE COMP HEAPPROPRIATE D		
F 000	The facility is in co requirements of 42 Long Term Care Fa Survey). Event ID	mpliance with the CFR Part 483 Subpart B for acilities (General Health YBO911 re cited as a result of the	F	000	DEFICIENCY)			
I ARODATOP	V DIBECTORIS OF BEOME	Der/Supplier representative's sig	MATHOE		TITLE		(X6) DATE	
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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.

PRINTED: 12/28/2011 ARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO, 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING JAN 17 2012 345131 12/21/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3905 CHEMMANS ROAD SECTION **CLEMMONS NURSING & REHAB CENTER** CLEMMONS, NC 27012 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 SS=D Doors protecting corridor openings in other than Closures will be placed on doors 15-Feb required enclosures of vertical openings, exits, or allowing independent closing hazardous areas are substantial doors, such as 2012 those constructed of 1% inch solid-bonded core and latching without assistance wood, or capable of resisting fire for at least 20 to ensure compliance at all minutes. Doors in sprinklered buildings are only times. required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors All doors will be inspected to are provided with a means suitable for keeping ensure compliance. the door closed. Dutch doors meeting 19.3.6.3.6 Doors will be checked monthly are permitted. 19.3.6.3 and by Maintenance Department Roller latches are prohibited by CMS regulations to ensure continued compliance. in all health care facilities. This STANDARD is not met as evidenced by: A. Based on observation on 12/21/2011 the following doors failed to latch when closed (28,209 and the office near 202). 42 CFR 483.70 (a) K 029 NFPA 101 LIFE SAFETY CODE STANDARD K 029 SS=D One hour fire rated construction (with 1/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and

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.

If continuation sheet Page 1 of 3

(X6) DATE

KUSUPPLIER REPRESENTATIVE'S SIGNATURE

Facility ID: 923335

LABORATORY DIRECTORYS OF PROXIE

PRINTED: 12/28/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO, 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPE COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING - MAIN BUILDING 01 B. WING 345131 12/21/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3905 CLEMMONS ROAD **CLEMMONS NURSING & REHAB CENTER** CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 029 Continued From page 1 doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 The door will be trimmed to 5-Feb ensure complete closure and 2012 latching at all times. This STANDARD is not met as evidenced by: All doors will be inspected to A. Based on observation on 12/21/2011 the door ensure compliance. to the storage room near the laundry chute falled Doors will be checked monthly to latch when closed. 42 CFR 483.70 (a) and by Maintenance Department K 072 K 072 NFPA 101 LIFE SAFETY CODE STANDARD to ensure continued compliance. SS=D Means of egress are continuously maintained free Closures will be placed on doors of all obstructions or impediments to full instant 15-Feb use in the case of fire or other emergency. No allowing independent closing 2012 furnishings, decorations, or other objects obstruct and latching without assistance exits, access to, egress from, or visibility of exits. to ensure compliance at all 7.1,10 times. All doors will be inspected to ensure compliance. This STANDARD is not met as evidenced by: Doors will be checked monthly A. Based on observation on 12/21/2011 the and by Maintenance Department doors to the clean linen near the spar, line room to ensure continued compliance. near the hazardous storage and the storage room across from room 207 all opened into the corridor

42 CFR 483.70 (a)

on them.

119.

K 147

SS=D

less than 180 degrees and did not have closers

egress corridor near the Activity room and room

NFPA 101 LIFE SAFETY CODE STANDARD

B. There were item not in use stored in the

K 147

Items in egress area will be

away from exits and access

in daily rounds to prevent

points and egress.

obstructions.

removed and stored in an area

Egress areas will be monitored

15-Feb

2012

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	LDIN	G 01 - MAIN BUILDING 01	(X3) DATE S	URVEY ETED
		345131	B. Wi	4G		12/2	1/2011
	PROVIDER OR SUPPLIER ONS NURSING & REF	IAB CENTER	A BUILDING 01 - MAIN BUILDING 01 345131 B. WING				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	HOULD BE COMPLETION	
K 147	Electrical wiring and with NFPA 70, Nat This STANDARD in A. Based on observefrigerator at nurse connected to the error. There was an expension of the error.	d equipment is in accordance ional Electrical Code. 9.1.2 s not met as evidenced by: vation on 12/21/2011 the med. es station unit 1 was not	K		Med Room refridgerator on Unit 1 will be placed on emergency circuit with outlet to ensure continued power. Exposed incandescent bulb will be covered to prevent	1	2012 5-Feb

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02		(X3) DATE SURVEY COMPLETED	
		345131	B. WING_		12/2	1/2011
NAME OF PROVIDER OR SUPPLIER CLEMMONS NURSING & REHAB CENTER				REET ADDRESS, CITY, STATE, ZIP CODE 8905 CLEMMONS ROAD CLEMMONS, NC 27012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 029 SS=D	One hour fire rated fire-rated doors) or extinguishing syste and/or 19.3.5.4 pro the approved auton option is used, the other spaces by sm doors. Doors are s field-applied protec	construction (with ¾ hour an approved automatic fire m in accordance with 8.4.1 tects hazardous areas. When natic fire extinguishing system areas are separated from noke resisting partitions and elf-closing and non-rated or tive plates that do not exceed bottom of the door are	K 029	Closures will be placed on do allowing independent closing and latching without assistar to ensure compliance at all times. All doors will be inspected to ensure compliance. Doors will be checked month	g oce	15-Feb 2012
K 038 SS=D	A. Based on obser nursing supply room latch when closed a the riser room did n 42 CFR 483.70 (a) NFPA 101 LIFE SA Exit access is arran	FPA 101 LIFE SAFETY CODE STANDARD cit access is arranged so that exits are readily coessible at all times in accordance with section		and by Maintenance Department to ensure continued compliance. In service ALL facility staff on the master door release and its		15-Feb 2012
	A. Based on obser interviewed did not release switch local 42 CFR 483.70 (a)	s not met as evidenced by: vation on 12/21/2011 the staff know about the master door ted at the nurses station.		operation. Quarterly inservice training was be provided to all staff by State Development Coordinator and all new hires will be trained on master door release during orientation.	ff d	(X6) DATE

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Facility ID: 923335

Administrator