

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

PRINTED: 09/20/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/19/2012
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  The facility was found to be in compliance with the Medicare/Medicaid Long Term Care regulations, 42 CFR part 483, subpart B during the recertification survey of (DATE of exit)	F 000		
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  GRANTSBROOK NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 290 KEEL RD GRANTSBORO, NC 28529
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K 000	INITIAL COMMENTS  Surveyor: 27871 This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V-construction, one story, with a complete automatic sprinkler system. Facility is using NCSBC-specical locking system.  The deficiencies determined during the survey are as follows:	K 000	Grantsbrook 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.  Grantsbrook 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.	
K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: cross corridor door (left side) coming out of 400 hall would not open after doors closed on fire alarm test.	K 027	Grantsbrook 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.  Cross corridor door (left side) at 400 hall has been repaired to open properly. Other cross corridor doors have been inspected and repairs made as necessary to ensure proper opening. Maintenance will monitor weekly x3 months to insure continued compliance.	11-12-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jane K Tennant TITLE: Administrator (X6) DATE: 10/24/2012

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NAME OF PROVIDER OR SUPPLIER  GRANTSBROOK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 290 KEEL RD GRANTSBORO, NC 28529	
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K 027	Continued From page 1	K 027		
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: doors to the employee bathroom(service hallway) and door in dry storage room(kitchen).	K 038		
K 056 SS=E	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 056		
		K038	Exit handles to employees bathroom (service hallway) and door in dry storage room (kitchen) have been replaced with handles that do not require two motions of the hand to open. Similar doors throughout the building have been inspected and handles replaced as necessary. Maintenance will monitor for continued compliance.	11-12-12
		K056	Sprinkler heads on 400 hall compromised by paint have been repaired or replaced as necessary. Other sprinkler heads have been inspected and repaired/replaced as necessary. Maintenance will monitor monthly for continued compliance.	11-12-12

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K 056	Continued From page 2	K 056			
K 067 SS=E	<p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: two sprinkler heads on 400 hall(near nurse station) have paint on orifice.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>	K 067	Smoke damper in room 218 compromised by excessive paint has been repaired or replaced. Other dampers throughout the building have been repaired/replaced as necessary. Maintenance will monitor monthly for continued compliance.	11-12-12	
K 147 SS=E	<p>This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward, the following items were noncompliant, specific findings include: fire/smoke damper in room 218 has excess white paint on damper.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p>	K 147			
	This STANDARD is not met as evidenced by:				

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K 147	Continued From page 3 Surveyor: 27871 Based on observations and staff interview at approximately 11:30 am onward; the following items were noncompliant, specific findings include: open junction boxes in attic(access from men's bathroom front lobby). Also exposed wiring at HVAC unit(same area).  42 CFR 483.70(a)	K 147 K147	Open junction boxes in attic have been closed to comply with code. Exposed wiring at HVAC unit (above mens bathroom front lobby) has been covered. Other junction boxes and HVAC accesses have been inspected and repaired as necessary. Maintenance will monitor monthly for continued compliance.	11-12-12