STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER.

345155

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ____________________________
B. WING ____________________________

(X3) DATE SURVEY COMPLETED

02/21/2013

NAME OF PROVIDER OR SUPPLIER

RANDOLPH HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

230 EAST PRESNELL STREET

ASHEBORO, NC 27203

(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 2/21/13 6U01911.

F 000

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

TITLE

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.
### Initial Comments

This Life Safety Code (LSC) survey was conducted as per the Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type II construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

- **NFPA 101 LIFE SAFETY CODE STANDARD**
  - Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 192.9.1.  

- **This STANDARD is not met as evidenced by:**
  - 42 CFR 483.70(a)
  - By observation on 3/22/13 at approximately noon the following egress illumination was observed as non-compliant, specific findings include; the following room would leave the patient in darkness.
  - a. 700 hall activity room, also known as the Lighthouse.

- **NFPA 101 LIFE SAFETY CODE STANDARD**
  - Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

- **This STANDARD is not met as evidenced by:**
  - 42 CFR 483.70(a)
  - By observation on 3/22/13 at approximately noon the following electrical item was observed as...
<table>
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<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<th>COMPLETION DATE</th>
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</thead>
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| K 147  | Continued From page 1 non-compliant, specific findings include; the following room had an outlet within six foot of a water source that was not a GFCI protected outlet. | K 147         | K147 NFPA 101 LIFE SAFETY CODE STANDARD  
The outlet in the Beauty Shop was moved to a location that is outside of six feet  
from a water source. This was completed on 4/5/13.  
All areas of the facility have been audited and corrected to ensure that no other  
electrical outlet is within six feet from a water source. This was conducted by  
the Maintenance Supervisor on 4/8/13.  
The Maintenance Supervisor and Maintenance Staff have been inserviced on the use of GFCI outlets within six feet  
of water sources. This was completed on 4/8/13.  
The Maintenance Supervisor or Maintenance Assistant will perform monthly audits to ensure that all areas near water have the GFCI protected outlet. The results of this audit will be reviewed in the monthly Quality Assurance Committee for frequency, duration, and results of the audit. | 4/10/13 |
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This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type II construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

There were no Life Safety Code Deficiencies noted at time of survey.