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

PRINTED: 05/29/2014 FORM APPROVED OMB NO. 0938-0391

F 372 S=D ATE F 372 S=D ATE F 372 The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to dispose of garbage and refuse properly concealed the waste within, and by ensuring the area surrounding the three dumpsters was free from refuse and debris. Findings included: F 372	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTHSIDE BOULEVARD DRAWER 16167 GREENSBORD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROPERLY The facility must dispose of garbage and refuse properly. F Tag 0372 -483.25 (i)(3) DISPOSE GARBAGE & REFUSE PROPERLY F Tag 0372 -483.25 (i)(3) DISPOSE GARBAGE & REFUSE PROPERLY This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to dispose of garbage and refuse by ensuring one of three garbage dumpsters properly concealed the waste within, and by ensuring the area surrounding the three dumpsters was free from refuse and debris. Properly concealed the waste within, and by ensuring the area surrounding the three dumpsters was free from refuse and debris. Perparation and or/execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or PROVIDERS DRAWER 16167 GREENSBORO, NC 27406 CRECTION GREENSBORO, NC 27406 CRE	345273		B. WING		04/	04/03/2014		
F 372 SS=D F 372 SS=D This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to dispose of garbage and refuse properly concealed the waste within, and by ensuring one of three garbage dumpsters properly concealed the waste within, and by ensuring the area surrounding the three dumpsters was free from refuse and debris. Findings included: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 372 F 372 F 372 F 372 F 372 F Tag 0372 -483.25 (i)(3) DISPOSE GARBAGE & REFUSE PROPERLY (LONG TERM CARE FACILIES) This Plan of Correction is the centers credible allegation of compliance. Perparation and or/execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTHSIDE BOULEVARD DRAWER 16167			
PROPÈRLÝ The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to dispose of garbage and refuse by ensuring one of three garbage dumpsters properly concealed the waste within, and by ensuring the area surrounding the three dumpsters was free from refuse and debris. Findings included: Findi	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	((EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	COMPLETION	
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refuse in one of the three dumpsters located outside of the facility behind the kitchen. The following items were observed on the ground directly behind the dumpsters: two large clear plastic bags containing plastic gowns and plastic gloves; one small clear bag containing a water bottle and a styrofoam cup; one small flattened cardboard box; one small disposable plastic tray; one plastic bottle labeled as cleaning solution; one used tube of body cream; and, a broom. During an interview on 4/3/14 at 9:25am, the Dietary Supervisor revealed the dumpsters were emptied by an outside service on Mondays, Wednesdays, and Thursdays. She indicated the items observed on the ground behind the dumpsters were transported from the facility by conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed soley because it is required by the provisions of the federal and state law. The Performance Improvement Committe has approved this plan. The dumpster area was cleaned and the dumpster doors were closed by the Enviromental Supervisor. The Employees that empty the trash at the dumpsters were inserviced by the Enviromental Supervisor on checking the dumpster area after each use and sweeping the area as needed along with		On 4/3/14 at 9:20ar dumpsters revealed refuse in one of the outside of the facilit following items wer directly behind the plastic bags contain gloves; one small country behind the plastic bags contain gloves; one small country one plastic bottle lad one used tube of bottle lad one	d an opened door exposing three dumpsters located by behind the kitchen. The e observed on the ground dumpsters: two large clear ning plastic gowns and plastic lear bag containing a water am cup; one small flattened e small disposable plastic tray; beled as cleaning solution; belied as cleaning solution; ody cream; and, a broom. Ton 4/3/14 at 9:25am, the revealed the dumpsters were ide service on Mondays, Thursdays. She indicated the the ground behind the		of correction does not co admission or agreement the truth of the facts alleg conclusions set forth in the deficiencies. The plan of is prepared and/or executed because it is required by the federal and state law. The Performance Improvement has approved this plan. The dumpster area was admissed dumpster doors were closed Environmental Supervisor. The Employees that empthe dumpsters were inseed Environmental Supervisor dumpster area after each	nstitute by the provider of ged or ne statement of correction ited soley the provisions of vement Committe cleaned and the sed by the oty the trash at rviced by the on checking the n use and		
the housekeeping staff and that she would immediately inform their Supervisor of the current ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Keeping the doors closed after each use. TITLE (X6) DATE	ADODATON	immediately inform	their Supervisor of the current	MATURE	, -	l after each use.	(VE) DATE	

Electronically Signed

04/16/2014

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:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
345273			B. WING			04/03/2014		
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL EAST GREENSBORO				STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTHSIDE BOULEVARD DRAWER 16167 GREENSBORO, NC 27406				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
F 372	Continued From pa	•	F3	372	All Housekeeping Employees were inserviced by the Director Of Educa and the Enviromental Supervisor of keeping the dumpster doors shut a keeping the area around the dump clean. Any new Housekeeping Employees educated on keeping the dumpster closed and cleaning up around the dumpsters in orientation. The Enviromental Supervisor will not the dumpsters 3 x week to ensure dumpster doors are shut and the aclean. Findings will be reported to the Performance Improvement Commit Monthly x 3 Months. The Enviromental Supervisor will in Employees and or council where not show the performance in the perf	ation n ind sters s will be s doors nonitor the rea is		