

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

PRINTED: 02/14/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345542	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2013
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NAME OF PROVIDER OR SUPPLIER THE FOREST AT DUKE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 PICKETT ROAD DURHAM, NC 27705
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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
F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). No deficiencies were cited as a result of the recertification survey. Event ID#OYVL11.</p>	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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K 000	INITIAL COMMENTS	K 000		
K 047 SS=F	<p>This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type III(111) construction, fire retardant treated wood trusses, one story, with a complete automatic sprinkler system.</p> <p>There were no deficiencies noted during survey:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system in accordance with section 7.10. 18.2.10.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation on 2/14/13 at approximately 11:00 AM onward the following was noted: 1) There are three exit lights on Olsen Hall that have one of two bulbs out and two other exit lights on adjoining halls have one of two bulbs not working.</p>	K 047	<p>Plan of Correction K 047</p> <p>Although all emergency exit signs within the area of inspection were continuously lit at time of inspection; one light bulb in each of three fixtures was burned out. Repairs to the exit lights have been completed. At this time, all light bulbs in all exit fixtures are fully operational.</p> <p>To ensure that this situation does not reoccur, the following procedures have been put in place: Facility staff will report any and all lighting issues to Facility Services, through the computerized work request system. All records of any and all repairs will become a permanent record, and be reviewed by the Safety Committee. Additionally, the facilities department will make daily rounds of the building as a preventive measure.</p>	Completed 2-29-13
K 052 SS=D	<p>42 CFR 483.70</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Leslie Yarema, MHA DIRECTOR OF Health Services
TITLE
DATE 2-28-13

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 THE FOREST AT DUKE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 PICKETT ROAD DURHAM, NC 27705
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K 000	INITIAL COMMENTS	K 000		
K 047 SS=F	<p>This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type III(111) construction, fire retardant treated wood trusses, one story, with a complete automatic sprinkler system.</p> <p>There were no deficiencies noted during survey: NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system in accordance with section 7.10. 18.2.10.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation on 2/14/13 at approximately 11:00 AM onward the following was noted: 1) There are three exit lights on Olsen Hall that have one of two bulbs out and two other exit lights on adjoining halls have one of two bulbs not working.</p>	K 047	<p>Plan of Correction K 047</p> <p>Although all emergency exit signs within the area of inspection were continuously lit at time of inspection, one light bulb in each of three fixtures was burned out. Repairs to the exit lights have been completed. At this time, all light bulbs in all exit fixtures are fully operational.</p> <p>To ensure that this situation does not reoccur, the following procedures have been put in place: Facility staff will report any and all lighting issues to Facility Services, through the computerized work request system. All records of any and all repairs will become a permanent record, and be reviewed by the Safety Committee. Additionally, the facilities department will make daily rounds of the building as a preventive measure.</p>	Completed 2.27.13
K 052 SS=D	<p>42 CFR 483.70 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Leslie Yarema, MHA DIRECTOR OF HEALTH SERVICES
TITLE
2.28.13 (X6) DATE

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K 052	Continued From page-1 This STANDARD is not met as evidenced by: Based on observation on 2/14/13 at approximately 11:00 AM onward the following was noted: 1) An additional Fire Alarm Pull Station is need at the end of Olsen Hall . The pull station on the hall is located in the stairwell that is accessible only by exiting through a locked door. NFPA 72 2-8.2 Location and Spacing. 2-8.2.1 Manual fire alarm boxes shall be located throughout the protected area so that they are unobstructed and accessible. 2-8.2.4* Additional manual fire alarm boxes shall be provided so that the travel distance to the nearest fire alarm box will not be in excess of 200 ft (61 m) measured horizontally on the same floor. 42 CFR 483.70	K 052	Plan of Correction K 052 Facility Service Department will contract with the fire alarm vendor to facilitate the installation of an additional pull station that will be located within the protected area within the Olsen Hall. This pull station will become a permanent component of the fire alarm system, and will be included in the annual testing and inspection procedure.	Vendor contacted 2-26-13 Vendor 3-4-13 coming to assess do be completed by 4-3-13

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