DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/14/2013 FORM APPROVED

DEPARTI	AIEMI OL HEVELLI	O MEDICAID SERVICES					0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345542		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:		LDING			
		B. WIN	B. WING			4/2013	
IAME OF PR	ROVIDER OR SUPPLIER			STREE 270	T ADDRESS, CITY, STATE, ZIP CODE 1 PICKETT ROAD		
THE FOR	EST AT DUKE INC			וטם	RHAM, NC 27705		1 0/61
(X4) ID PREFIX TAG	CALL DEDICTEMO	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	łX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	TS	F	000			
	requirements of 42 Long Term Care F	ompliance with the 2 CFR Part 483, Subpart B for acilities (General Health encies were cited as a result of survey. Event ID#OYVL11.					
1						<u></u>	(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.

PRINTED: 02/15/2013 FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (X3) DATE SURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION O COMPLETED 01 - THE FOREST AT DUKE MAF (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 02/14/2013 B. WING 345542 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2701 PICKETT ROAD DURHAM, NC 27705 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5). COMPLETION THE FOREST AT DUKE INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX DATE (X4) ID TAG TAG -K 000 INITIAL COMMENTS Plan of Correction K 047 This Life Safety Code(LSC) survey was Although all emergency exit conducted as per The Code of Federal Register signs within the area of at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced inspection were continuously publications. This building is Type III(111) lit at time of inspection, one construction, fire retardant treated wood light bulb in each of three trusses, one story, with a complete automatic fixtures was burned out. sprinkler system. Repairs to the exit lights have There were no deficiencles noted during survey: been completed. K 047 NFPA 101 LIFE SAFETY CODE STANDARD time, all light bulbs in all exit K 047 fixtures are fully operational. Exit and directional signs are displayed with SS=F continuous illumination also served by the emergency lighting system in accordance with To ensure that this situation section 7.10. 18.2.10.1. reoccur, does not following procedures have been put in place: Facility staff will report any This STANDARD is not met as evidenced by: and all lighting issues to Based on observation on 2/14/13 at approximately 11:00 AM onward the following Facility Services, through the computerized work request was noted: 1) There are three exit lights on Olsen Hall that system. All records of any have one of two bulbs out an two other exit lights and all repairs will become a on adjoining halls have one of two bulbs not permanent record, and be working. reviewed by the Safety K 052 NFPA 101 LIFE SAFETY CODE STANDARD 42 CFR 483.70 Committee. Additionally, the facilities K 052 department will make daily A fire alarm system required for life safety is SS≍D installed, tested, and maintained in accordance rounds of the building as a with NFPA 70 National Electrical Code and NFPA preventive measure. 72. The system has an approved maintenance and testing program complying with applicable (X6) DATE

requirements of NFPA 70 and 72. 9.6.1.4 2:28-13 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE, of Health Services

Any deficiency statement anding 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 other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the above findings and plans of correction are disclosable 14 following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction is requisite to continued the date of survey whether or not a plan of correction is provided. It deficiencies are altered an approved plan of correction is requisite to continued 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 if continuation sheet Page program participation.

DEPARTI	MENT OF HEALTH	AND HUMAN SERVICES				OMB NO. 0	938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ULTIPLE LDING	MAH	(X3) DATE SUR () COMPLETE () () () ()	VEY ED
	345542		B, WING			02/14/2013	
	OVIDER OR SUPPLIER			2701	T ADDRESS, CITY, STATE, ZIP CODE PICKETT ROAD	· ,	
THE FOR	EST AT DUKE INC			DUF	RHAM, NC 27705 PROVIDER'S PLAN OF CORRECT	TION	(X6) COMPLETION
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREP TAC		(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)		DATE
K 000	INITIAL COMMEN	TS	K	000			mpleta
K 047 SS=F	conducted as per at 42CFR 483.70(Care section of the publications. This construction, fire results trusses, one story, sprinkler system. There were no de NFPA 101 LIFE SExit and direction continuous illumire emergency lightin section 7.10. 18 This STANDARD Based on observa pproximately 11 was noted: 1) There are three have one of two	ode(LSC) survey was The Code of Federal Register a); using the 2000 New Health e LSC and its referenced building is Type III(111) etardant treated wood with a complete automatic ficiencies noted during survey: AFETY CODE STANDARD al signs are displayed with nation also served by the g system in accordance with i.2.10.1. Is not met as evidenced by: vation on 2/14/13 at :00 AM onward the following e exit lights on Olsen Hall that bulbs out an two other exit lights is have one of two bulbs not	K	047			2,27.13
K 052 SS=0	A fire alarm syst	SAFETY CODE STANDARD em required for life safety is and maintained in accordance ational Electrical Code and NFPA		K 052	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		

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.

If continuation sheet Page 1 of 2/

(X6) DATE

2.28.13

preventive measure.

72. The system has an approved maintenance

and testing program complying with applicable

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

requirements of NFPA 70 and 72.

9.6.1.4

PRINTED: 02/15/2013 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** 01 - THE FOREST AT DUKE A, BUILDING B, WING 02/14/2013 345542 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2701 PICKETT ROAD THE FOREST AT DUKE INC **DURHAM, NC 27705** PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X6) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X4) ID PREFIX TAG DEFICIENCY) TAG K 052 Continued From page 1 K 052 Plan of Correction K 052 Facility Service Department will contract with the fire This STANDARD is not met as evidenced by: alarm vendor to facilitate the Based on observation on 2/14/13 at Installation of an additional approximately 11:00 AM onward the following pull station that will be was noted: located within the protected 1) An additional Fire Alarm Pull Station is need at the end of Olsen Hall . The pull station on the hall area within the Olsen Hall. is located in the stairwell that is accessible only by This pull station will become exiting through a locked door. a permanent component of NFPA 72 2-8.2 Location and Spacing, 2-8.2.1 the fire alarm system, and Manual fire alarm boxes shall be located will be included in the annual throughout the protected area so that they are and inspection unobstructed and accessible. testing 2-8.2.4* Additional manual fire alarm boxes shall procedure. 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

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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - THE FOREST AT DUKE A, BUILDING B, WING_ 02/14/2013 345542 STREET ADDRESS, CITY, STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 2701 PICKETT ROAD DURHAM, NC 27705 THE FOREST AT DUKE INC (XS) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX PREFIX TAG DEFICIENCY) TAG K 052 Continued From page 1 K 052 Plan of Correction K 052 Facility Service Department will contract with the fire alarm vendor to facilitate the This STANDARD is not met as evidenced by: Based on observation on 2/14/13 at installation of an additional. approximately 11:00 AM onward the following pull station that will be was noted: located within the protected 1) An additional Fire Alarm Pull Station is need at area within the Olsen Hall. the end of Olsen Hall . The pull station on the hall is located in the stairwell that is accessible only by This pull station will become a permanent component of exiting through a locked door. NFPA 72 2-8.2 Location and Spacing. 2-8.2.1 the fire alarm system, and Manual fire alarm boxes shall be located will be included in the annual throughout the protected area so that they are inspection and unobstructed and accessible, testing 2-8.2.4* Additional manual fire elarm boxes shall procedure. 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 If continuation sheet Page 2 of 2

Facility ID: 843489

Event ID: DYYL21

FORM OMS-2587(02-99) Previous Versions Obsolete

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPI LDING	LE CONSTRUCTION 01 • THE FOREST AT DUKE	COMPLETED		
		345542	B. WII	4G		02/	14/2013	
NAME OF PROVIDER OR SUPPLIER THE FOREST AT DUKE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2701 PICKETT ROAD DURHAM, NC 27705				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
K 052	Based on observa approximately 11:0 was noted: 1) An additional Fithe end of Olsen His located in the state exiting through a located in the state exiting through a located in the state exiting through a located in the proundstructed and a 2-8.2.4* Additional be provided so that nearest fire alarm.	is not met as evidenced by: tion on 2/14/13 at 10 AM onward the following tre Alarm Pull Station is need at lall . The pull station on the hall airwell that is accessible only by tocked door. cation and Spacing. 2-8.2.1 tooxes shall be located tected area so that they are	K	052	Plan of Correction K 052 Facility Service Departm will contract with the alarm vendor to facilitate installation of an additional station that will located within the protection of the protection of the fire alarm system, will be included in the antesting and inspection procedure.	fire the onal be cted dali. ome t of and nual	Vendorie 2 26.13 Vendor 3.4.13 comingso Lo be te mpkte 4.3.13	