

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345501	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2016
NAME OF PROVIDER OR SUPPLIER CROASDAILE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM DURHAM, NC 27705	
(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
K 000	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, two story, with a complete automatic sprinkler system and using special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count 110 Census 87 The deficiencies determined during the survey are as follows:	K 000		
K 038 SS=D	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: 42 CFR 483.70 (a) Based on observations, on 7/13/16 at approximately 11 AM onward, the following deficiencies were noted: The exit access was non-compliant, specific findings include: The egress door hardware set to physical therapy, door 48, required two ranges of motion for egress. Ref: 2000 NFPA 101 Sections 19.2.1, 7.2.1.5.4 Doors shall be operable with not more than one releasing operation. This deficiency affected one of approximately	K 038	What corrective action(s) will be accomplished by the facility to correct the deficient practice? On July 15, 2016 the deadbolt lock was removed from the therapy door to allow a single motion for egress. How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken? The Plant Operations Director and Associates toured the nursing home	7/28/16

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

TITLE

(X6) DATE

Electronically Signed

07/27/2016

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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K 038	Continued From page 1 eight smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 038	<p>auditing all egress doors to ensure all exits had single motion locks for egress. No further issues were found.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>The Administrator spoke with the Safety and Security Director on July 13, 2016 regarding the requirement for single motion locks for egress. On July 27, 2016, she also asked him to communicate with the contracted locksmith that all requests for lock installation needs to be approved/signed off by the Administrator, Plant Operations Director or Designee before the lock is installed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>The Administrator, Plant Operations Director or Designee will review the egress doors to ensure that all locks are single action release during weekly rounds. The Plant Operations Director or Designee will report audit findings and any corrective actions to the Quality Assurance Performance Improvement Committee during scheduled meetings x 6 months or until a pattern of compliance is achieved.</p>		