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 02/11/2020

NAME OF PROVIDER OR SUPPLIER

THE FOREST AT DUKE INC

STREET ADDRESS, CITY, STATE, ZIP CODE

2701 PICKETT ROAD
DURHAM, NC 27705

ID PREFIX TAG

E 000 Initial Comments E 000
An unannounced Recertification survey was conducted on 2/10/20 through 2/11/20. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparation. Event ID # DIY611.

F 000 INITIAL COMMENTS F 000
The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).

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

Electronically Signed

02/17/2020

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.