STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345070	A. BUILDING _____ B. WING _____	02/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEALTHCARE OF DURHAM	411 S LASALLE STREET 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
F 000	INITIAL COMMENTS The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).	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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345070	A. BUILDING 01 - MAIN BUILDING 01 B. WING MAR 27 2012	03/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEALTHCARE OF DURHAM	411 S LASALLE STREET DURHAM, NC 27705

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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 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding.	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: CFR 483.70(a) By observation on 3/8/12 at approximately noon the following building construction type was non-compliant, specific findings include; the penetration in the ceiling outside room #9 and #10 does not meet the required fire resistance rating.	K 012	K 012 1. The facility maintenance director serviced and caulked the penetration in the ceiling outside room number 9 and 10 with fire resistant caulking on 3/9/12. The caulking was re-inspected by the maintenance director on 03/10/11. 2. The facility maintenance director inspected all ceiling areas in the main corridors on 03/09/12 to insure no penetration were noted in the ceilings. 3. The administrator in-serviced the maintenance director and the maintenance department on 03/09/12 regarding preventive maintenance and inspection frequency of ceilings integrity.	4/6/12
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Vicky Mason-Burgess
TITLE: Director of Nursing
(X6) DATE: 3/23/12

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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	345070	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE HEALTHCARE OF DURHAM	411 S LASALLE STREET DURHAM, NC 27705

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K 018	Continued From page 1 are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	4. All ceiling areas in the main corridors will be inspected once weekly for 4 weeks and then monthly for 2 months by the maintenance director to insure no penetrations and/or 100 % compliance are noted in the ceilings. The results of this audit will be brought to and reviewed by the maintenance director in the monthly Quality Assurance Performance Improvement Committee meeting . The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director.	
K 051 SS=D	This STANDARD is not met as evidenced by: By observation on 3/8/12 at approximately noon the corridor doors were non-compliant, specific findings include doors to the dining room and storage room at nurses station #1 had gaps around the door hardware. NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the buildir g. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available.	K 051	K018 1. The facility maintenance director installed Cover and Striker plates around the door hardware to the dining room and storage room at nurses station #1 on 03/10/12. 2. All doors were inspected by the maintenance director on 03/10/12 to insure no gaps were around the door hardware. No other doors were found to be affected. 3. The administrator in-serviced the maintenance director and the maintenance department on 03/10/12 regarding preventive maintenance and inspection frequency of door hardware to insure no gaps around the door.	4/6/12

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K 051	Continued From page 2 There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051	4. All door hardware will be inspected once a week times 3 months and/or 100 % compliance by the maintenance director. The inspection results will be brought to and reviewed monthly in our Quality Assurance Performance Improvement Committee by the Maintenance Director. The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director.	
	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/8/12 at approximately noon the Fire Alarm Control Panel (FACP) was non-compliant, specific findings include the FACP not wired to a dedicated electrical circuit. The circuit EM1B #4 labeled fire alarm, when turned off, will drop power to the FACP but also the mechanical smoke dampers outside room #9 and #10 will close.		K051 1. A certified technician installed a dedicated electrical circuit on 03/14/12. The dedicated electrical circuit voltage was tested on 3/14/12. 2. The facility maintenance Director on 03/14/12 tested The dedicated electrical circuit and when turned off the mechanical dampers outside room #9 and # 10 closed. 3. The dedicated electrical circuit will be inspected weekly times four weeks and then monthly for two months and/or 100% compliance by the Maintenance Director. 4. The inspection results will be brought to and reviewed monthly in our Quality Assurance Performance Improvement Committee by the Maintenance Director. The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director.	4/6/12
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062		
	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/8/12 at approximately noon the required automatic sprinkler system was non-compliant, specific findings include documentation of the sprinkler certification			

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K 062	Continued From page 3 deficiencies are as follows: A. "Engineering survey of the central supply and staff lounge room on spacing of sprinkler heads' should be evaluated. B. "Replace painted sprinkler head" in unit coordinators office.	K 062	K062 1. The sprinkler heads were evaluated in central supply and the staff lounge. Two sprinkler heads were plugged in central supply and one sprinkler head was plugged in the staff lounge on 03/09/12. The sprinklers are spaced appropriately. The maintenance Director installed a new sprinkler head in the Unit Coordinator office on 03/09/12.	4/6/12
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/8/12 at approximately noon the following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include A. The HVAC system did not shut down with fire alarm activation. B. There was not an emergency shut down switch located at a readily observed station. C. The facility was using the corridor as a return air plenum. Note: If a waiver is requested, the provider must certify that the following conditions are met: (1) Air handling units must be equipped with smoke detectors. (2) There must be a complete corridor smoke detection system. (3)	K 067	2. The facility maintenance director inspected all sprinkler heads on 03/09/12 to insure that all sprinkler heads were spaced accordingly to specification. All sprinkler heads were inspected for paint on 03/09/12 to insure there was no paint on other sprinkler heads. 3. The administrator in-serviced the maintenance director and the maintenance department on 03/09/12 regarding preventative maintenance and inspection frequency of sprinkler heads. This inspection will be conducted once weekly for three weeks and then monthly for three months and/or 100% compliance by the Maintenance Director.	

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K 067	Continued From page 4 Smoke detectors must be wired to the fire alarm system. (4) Fire alarm system must shut down all air handling units when activated.	K 067	4. The inspection results will be brought to and reviewed monthly in our Quality Assurance Performance Improvement Committee by the Maintenance Director. The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director.	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/8/12 at approximately noon the facility's cooking system was not protected in accordance with NFPA 96 - Ventilation Control and Fire Protection of Commercial Cooking Operations. The kitchen hood had grills that did not cover the length of the exhaust hood and did not have a drip pan.	K 069	K067 1. Simplex Grinnell evaluated the HVAC system on 03/19/12. 2. Simplex Grinnell will install relays and emergency shutdown button on 04/06/12 to ensure the HVAC system will shut down. 3. We are requesting a waiver for K067 and submit the following: a. Simplex Grinnell to install two smoke detectors in air handling units on 4/6/12. b. There is a complete corridor smoke detector system tied into the fire alarm system. c. Air handlers shut down upon activation of the fire system by installation of relays by simplex Grinnell on 4/6/12. d. The fire alarm system will shut down all air handling units when activated, installation of smoke detectors and relays on 4/6/12.	4/6/12
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/25/09 at approximately noon the following means of egress was observed as noncompliant: specific findings include corridor door to storage room between exit #10 and the independent dining room swing into the corridor without a listed closure and the door does not	K 072		

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K 072	Continued From page 5 swing 180 degrees but leaves a projection into the corridor. NFPA 7.2.1.4.4 states during its swing, any door in a means of egress shall leave not less than one-half of the required width of an aisle, corridor, or landing unobstructed and shall not project more than 7 in. (17.8 cm) into the required width of an aisle, corridor, passageway, or landing, when fully open.	K 072	4. The maintenance director will test the emergency shutdown button to ensure the HVAC system will shut down. This audit will be conducted weekly times two weeks, then monthly times two months. The results of this audit will be brought to and reviewed by the maintenance director in the monthly Quality Assurance Performance Improvement Committee meeting. The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director. K 069 1. The facility maintenance director installed a stainless steel strip to cover to the length of the exhaust hood and drip pans were installed on each end on 03/15/12. 2. The facility maintenance director re-inspected the installation of the stainless steel strip and drip pans on 03/16/12 to insure all areas of kitchen hood/exhaust were covered. 3. The administrator in-serviced the maintenance director and the maintenance department on 03/15/12 regarding preventive maintenance and inspection frequency of the kitchen hood.	4/6/12

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K 072	Continued From page 5 swing 180 degrees but leaves a projection into the corridor. NFPA 7.2.1.4.4 states during its swing, any door in a means of egress shall leave not less than one-half of the required width of ar aisle, corridor, or landing unobstructed and shall not project more than 7 in. (17.8 cm) into the required width of an aisle, corridor, passageway, or landing, when fully open.	K 072	4. The kitchen/exhaust hood will be inspected weekly times four weeks and then monthly for two months and/or 100% compliance by the Maintenance Director. The inspection results of this audit will be brought to and reviewed by the maintenance director in the monthly Quality Assurance Performance Improvement Committee meeting . The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director. K072 1. The adjustable door closures for the corridor door to storage room between exit # 10 and the independent dining room was installed on 03/09/12 by the Maintenance Director. 2. All facility door closures were inspected by the Maintenance Director on 03/09/12. 3. The administrator in-serviced the maintenance director and maintenance department on 03/09/12 regarding inspection frequency of door closures. 4. All door closures will be inspected once weekly for three weeks and then monthly for three months by the Maintenance Director and/or 100% compliance. The inspection results will be brought to and reviewed monthly in our Quality Assurance Performance Improvement Committee by the Maintenance Director. The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director.	4/6/12