

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

PRINTED: 03/21/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2012
NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE - CAROLINA POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD 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 No deficiencies were cited as a result of the recertification survey and complaint investigation on 11-1-2012. Event ID # J38G11.	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.

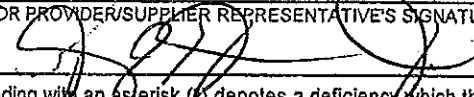
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - UNIHEALTH POST-ACUTE B. WING _____ DEC 27 2012	(X3) DATE SURVEY COMPLETED 12/04/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE - CAROLINA POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD 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	K 000		
K 012 SS=D	<p>This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This facility is Type V protected construction utilizing North Carolina Special locking arrangements, and is equipped with an automatic sprinkler system.</p> <p>CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1</p> <p>This STANDARD is not met, as evidenced by: Based on the observations and staff interviews on 12/4/2012 the following Life Safety item was observed as noncompliant in the rated ceiling in two areas, specific findings include:</p> <ol style="list-style-type: none"> The boiler on the 400 hallway had unsealed penetrations around its flue The equipment room on the 400 hallway had a PVC pipe penetrating the rated ceiling without being properly protected with a fire rated collar. 	K 012	<p>K012</p> <p>1. Corrective Action:</p> <ol style="list-style-type: none"> The boiler on the 400 hallway penetrations were sealed on December 4, 2012 and no longer have penetrations around the flue. On December 11, 2012 fire rated caulking was applied to the PVC pipe to properly protect the rated ceiling. <p>2. Others with Potential to be Affected:</p> <ol style="list-style-type: none"> The Maintenance Director will check all facility boilers to ensure that there are no penetrations around the flue by December 31, 2012. The Maintenance Director will check all areas of the ceiling to identify any penetrations of the fire rated ceiling by December 31, 2012. The Maintenance Director will ensure that any penetrations of the ceiling with PVC pipe will have the proper fire rated collars or sealing by January 9, 2012. <p>3. Measure/Systemic Change:</p> <ol style="list-style-type: none"> The Maintenance Director will check all boilers monthly for 4 months to ensure there are no penetrations around the flue. The Maintenance Director will check all areas of the ceiling monthly for 4 months to ensure there are no penetrations in the ceiling that do not have the proper fire rated collars. 	1/15/13
K 067 SS=E	<p>CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed</p>	K 067		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X6) DATE 12/21/12

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.

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

PRINTED: 12/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - UNIHEALTH POST-ACUTE B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE - CAROLINA POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD 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 067	<p>Continued From page 1 in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 12/4/2012 the following Life Safety item was observed as noncompliant in the basement boiler room near the laundry, specific findings include: The lower portion of the upper and lower ventilation system for the gas fired boiler in that space was not attached.</p> <p>CFR#: 42 CFR 483.70 (a)</p>	K 067	<p>4. Monitoring: 1. The Administrator will check each boiler for penetrations around the flue monthly for the next 4 months to ensure compliance. 2. The Administrator will randomly check areas of the fire rated ceiling for penetrations that do not have the proper fire rated collars for the next 4 months to ensure compliance. The Maintenance Director will report the results to the monthly PI Committee Meeting for follow-up or recommendations.</p> <p>K067 1. Corrective Action: The lower portion of the upper and lower ventilation system for the gas fired boiler was attached by the Maintenance Director on December 4, 2012.</p> <p>2. Other with Potential to be Affected: All boilers will be inspected by the Maintenance Director by December 31, 2012 to ensure the ventilation system has all portions attached as required.</p> <p>3. Measure/Systemic Change: The Maintenance Director will inspect all boilers monthly times 4 months to ensure the ventilation system has all portions attached as required.</p> <p>4. Monitoring: The Maintenance Director will report findings monthly to the PI meeting for tracking and trending.</p>	1/15/13
-------	--	-------	---	---------