

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2013
NAME OF PROVIDER OR SUPPLIER THE OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA RD WINSTON SALEM, NC 27103		
(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). Event ID XJ911.	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

REC'D MEDICAL CENTER
AUG 29 2013
PRINTED: 08/19/2013
FORM APPROVED
OMB NO. 0938-0391
AUG 29 2013
08/13/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345284	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2013
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NAME OF PROVIDER OR SUPPLIER THE OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 901 BETHESDA RD WINSTON SALEM, NC 27103
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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing 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 a complete automatic sprinkler system. LIC # NH0439 and the census for the facility was 131.	K 000	NFPA 101 Life Safety Code Standard Tag # K 045 This requirement will be met as follows: <u>The facility has taken corrective action for the residents affected by this practice by:</u> The 500 hallway was updated for exit discharge lighting on the emergency circuit to the public way. <u>The facility will identify other life safety issues having the potential to affect residents by the same deficient practice:</u>	09-27-13
K 045 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8	K 045	All exits updated for exit discharge lighting on the emergency circuit to the public way. <u>The following measures/systemic changes will be put in place to ensure that the deficient practice does not recur:</u> Assess all exit discharge lighting on the emergency circuit to the public way. <u>The facility will monitor its performance to ensure that solutions are achieved and sustained. The facility will evaluate the plan's effectiveness by:</u>	
K 069 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96	K 069	Maintenance Director will monitor compliance re: exit discharge lighting on the emergency circuit to the public way. Maintenance Director will report any items not compliant to the Quality Assurance Committee.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE
Susan C. Hallitt *Adam H. Strater* *08-27-13*

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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K 069	Continued From page 1 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 8/13/2013 the following Life Safety item was observed as noncompliant, specific findings include: There are two (2) nozzles for the hood suppression system that are not pointing in the direction of the range in the dietary department. CFR#: 42 CFR 483.70 (a)	K 069	NFPA 101 Life Safety Code Standard Tag # K 069 This requirement will be met as follows: <u>The facility has taken corrective action for the residents affected by this practice by:</u> The following was repaired: Two nozzles for the hood suppression system were fixed to point in the direction of the range in the dietary department. <u>The facility will identify other life safety issues having the potential to affect residents by the same deficient practice:</u> All nozzles on the range assessed to point in the direction of the range in the dietary department. <u>The following measures/systemic changes will be put in place to ensure that the deficient practice does not recur:</u> Facility has only one range in the kitchen. <u>The facility will monitor its performance to ensure that solutions are achieved and sustained. The facility will evaluate the plan's effectiveness by:</u> Maintenance Director will monitor for compliance by assessing the nozzles for the hood suppression system to assure that they are pointing in the direction of the range in the kitchen during monthly inspections. Corrective action will be taken if not compliant. Non-compliance will be reported to the Quality Assurance Committee.	08/19/13	