

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - UNIHEALTH POST-ACUTE CARE - CAROLINA POINT B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2015
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-CAROLINA POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705	
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K 000	INITIAL COMMENTS A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. In the exit conference all deficiencies noted were discussed with administration. Stories: 1 Construction Type V (111) Constructed: 6/4/2010 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count =140 Medicare/Medicaid - 93 Medicaid only - 0 At time of survey the: Certified Beds: Medicare/Medicaid - 140 Census - 93 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 012 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) Based on observations, on January 21, 2015 at approximately 9:00 AM onward, the following deficiencies were noted.. 1) The ceiling in resident room 106 bathroom has a hole in the ceiling that will need to be	K 012	1. The ceiling in resident room 106 bathroom will be repaired by the standard code to maintain the required fire resistance rating for the area. Contractor replaced it with 5/8 sheet rock. 2. The ceiling in the corridor near room	2/20/15

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

TITLE

(X6) DATE

Electronically Signed

02/13/2015

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 012	Continued From page 1 repaired in order to maintain the required fire resistance rating for the area. 2) The ceiling in the corridor near room 307 and nurse station has a hole covered with 3/8 inch sheetrock and will need to be repaired or covered with approved fire rated material in order to maintain the required fire resistance rating of the corridor. ref; NFPA 101: 18.1.6.2 This deficiency affected one resident room bathroom and one smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 012	307 and nurses station has been repaired with approved fire rated material with 58 sheet rock in order to maintain the required fire resistance rating of the corridor.		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) Based on observations, on January 21, 2015 at approximately 9:00 AM onward, the following deficiencies were noted. . 1) The corridor doors to the Therapy services room did not close and latch smoke tight. The inactive leaf for the double doors to the Therapy services was not self closing in order for both doors to close and latch smoke tight. NFPA 101: 18.3.6.3.1	K 018	Replaced broken latch with required for door closer to the therapy service room on 2/6/2015 and tested all door, function door closed and latched properly. Continue current practices of preventative maintenance that includes monthly inspections and testing of all fire doors to meet compliance with NFPA 101.19.3, 63.6 and 101.19.73	2/20/15	

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K 018	Continued From page 2 This affected one of approximately three resident treatment or common areas. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 018			
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) Based on observations, on January 21, 2015 at approximately 9:00 AM onward, the following deficiencies were noted. 1) There are holes and/or penetrations in the smoke wall located on 100 hall that were sealed in order to maintain the required fire resistance rating of the wall. PVC penetrations in the smoke wall will need to be sealed with an approved UL rated fire assembly. 2) The smoke/fire walls located in the main hall and 300 hall have holes and/or penetrations that	K 025	1. The 100 Hall smoke wall were properly sealed with approved UL Rated fine chalk and PVC penetration were sealed with approved UL fine collar and both sides of wall. 2. The smoke/fine walls located on 300 hall were sealed with approved UL Rated fine chalk	2/20/15	

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K 025	Continued From page 3 were not sealed in order to maintain the required fire resistance rating of the wall. PVC penetrations in the fire walls will need to be protected with approved UL rated fire assemblies. NFPA 101: 18.3.7.3 This deficiency affected three of approximately six smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke..	K 025			
K 061 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) Based on observations, on January 21, 2015 at approximately 9:00 AM onward, the following deficiencies were noted. 1) There was not an audible/visual signal at the fire alarm panel when the valve for the sprinkler riser was closed on the backflow preventor located in the hot box by the road. 2) There is a valve located on the accelerator line on the sprinkler system that is not electronically supervised. Any valve that will affect the operation of the sprinkler system will need to be protected with an electronically supervised tamper alarm. NFPA 72, 9.7.2.1 This deficiency affected the entire building. Failure to comply with minimum standards as	K 061	1. Repair switch on back flow prevent at road so the fine panel has an audible/visual signed 2. Value at sprinkler riser on accelerator was replace with the proper value	2/20/15	

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K 061	Continued From page 4 referenced increases the risk of death or injury due to fire and/or smoke.	K 061			
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) Based on observations, on January 21, 2015 at approximately 9:00 AM onward, the following deficiencies were noted. 1) There are sprinkler heads in the laundry room above the washing machines rated for Intermediate Temperature Classification, Glass Bulb Color of Green temperature rating of (200°F) in place of Ordinary Temperature Classification, Glass Bulb Color of Red (155°F) 2) A sprinkler head will need to be added in the pit for the hydraulically operated elevator. At the time of the inspection the elevator pit was not provided with sprinkler coverage. Ref: 2000 NFPA 101 Section 19.3.5 1999 NFPA 13 Section 5-13.8.1 CMS S&C 13-55-LSC This deficiency affected the laundry room area. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	1. Sprinkler heads located in the laundry room above washer were replaced with approved 155 degrees smoke heads. 2. Sprinkler head was added to pit of elevator to provide coverage.	2/20/15	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply	K 067		2/20/15	

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K 067	<p>Continued From page 5</p> <p>with the provisions of section 9.2 and are installed 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: 42 CFR 483.70(a)</p> <p>Based on observations, on January 21, 2015 at approximately 9:00 AM onward, the following deficiencies were noted.</p> <p>1) Access doors were not provided for the smoke duct detectors located on HVAC units in the attic on Main hall and 300 hall above the nurse station in order to allow for inspection and testing of the device.</p> <p>2) The smoke duct detector for the HVAC unit in the 400 hall mechanical room did not have an access door to allow for inspection and testing of the device.</p> <p>NFPA 90A: 2-3.4.1 This deficiency affected three of approximately six smoke duct detectors. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 067	<ol style="list-style-type: none"> 1. Access doors were addressed to 300 Hall HVAC units to allow inspections. 2. Access door were added to 400 Hall mechanical room to allow inspections. 3. Had HVAC (Lee's air condition company) came and inspected all HVAC units and added access door to all units that needed it. 		