

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

PRINTED: 06/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345542	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - THE FOREST AT DUKE B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2015
NAME OF PROVIDER OR SUPPLIER THE FOREST AT DUKE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2701 PICKETT 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 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. The facility is utilizing speical locking arrangements In the exit conference all deficiencies noted were discussed with administration. Stories: one Construction Type III (111) Constructed: 2007 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 4 Census - 0	K 000		
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations and document review on 4/22/2015 at approximately 9:00 AM onward, the	K 052	At the time of the Life Safety Inspection on April 22, 2015, it was discovered that the fire alarm annunciator panel behind the nurse <input type="checkbox"/> station did not have an	4/22/15

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

TITLE

(X6) DATE

Electronically Signed

05/11/2015

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 052	<p>Continued From page 1</p> <p>following deficiencies were noted:</p> <p>The facility failed to meet the requirements for an operating Fire Alarm Control Panel.</p> <p>The Fire Alarm Control Panel (FACP) located at the nurses station did not have an audible alert that was likely to be heard. The audible alert was very faint and staff needed to be very close to the FACP to notice the alert</p> <p>The deficiency affects the only FACP at the nurses station.</p> <p>Ref: NFPA 70 and 72 Section 9.6.1.4</p>	K 052	<p>audible alert that was able to be clearly heard.</p> <p>Upon close inspection after the survey, Schneider Electric discovered that a small screw had been placed into the hole where the audible alert emanates from.</p> <p>The screw was removed and the system alerted in a clearly audible tone. Corrective measures by the facility maintenance and security staff were taken to lock the panel to avoid further tampering.</p> <p>Monthly inspections of the fire alarm annunciator panel will be conducted during regularly scheduled fire drills to ensure that the panel operates properly.</p>		