

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

PRINTED: 07/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345443	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2016
NAME OF PROVIDER OR SUPPLIER OAK FOREST HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 5680 WINDY HILL DRIVE WINSTON SALEM, NC 27105	
(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 Existing Health Care section of the LSC and its referenced publications. The facility is utilizing speical locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: III (211) Constructed: 1993 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 170 Census = 166	K 000		
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 shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance	K 018		6/30/16

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

TITLE

(X6) DATE

Electronically Signed

06/02/2016

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 018	<p>Continued From page 1</p> <p>with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, and documentation review on 5/24/2016, at approximately 9:15 AM onward, the following deficiencies were noted:</p> <p>The facility doors on the corridor were non-compliant and the specific items include:</p> <p>The patient doors in the following locations were swinging in towards the door frame when left alone. Because of this condition there were items (room trash cans) stored in front of the doors obstructing the door from being closed while keeping the door from swinging in towards the door frames.</p> <ol style="list-style-type: none"> 1. Patient room 207 2. Patient room 209 <p>The deficiency affected 1 of approximately 12 smoke zones in the facility.</p> <p>Ref: 2000 NFPA 101 Sections 19.3.6.3.1</p>	K 018	<p>Oak Forest Health and Rehabilitation requests to have this Plan of Correction serve as written allegation of compliance. Our alleged date of compliance is 7/8/16. Preparation and or execution of the plan of correction does not constitute admission or agreement with either the existence of, or scope and severity of any cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and executed to ensure continuing compliance with Federal and State regulatory law.</p> <p>The patient doors on patient rooms A Wing Room 207 and A Wing Room 209 were fixed on 5/24/16 by replacing the metal hinges on each door to eliminate obstruction of the door.</p> <p>Director of Facility Services inspected all patient room doors on 5/24/16. All patient room doors were in compliance according to Life Safety Standards.</p> <p>Administrator retrained Director of Facility Services on 6/2/16 on the importance of complying with Life Safety Standards in regards to eliminating any obstruction to patient doors or other facility doors on the corridor.</p> <p>Director of Facility Services will also in-service all caregiving staff on the Life Safety Standards to comply with no</p>		

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K 018	Continued From page 2	K 018	obstruction to patient doors by 6/30/16. Director of Facility Services will inspect all patient room doors and facility doors on the corridor during weekly rounds. All issues will be reported and will be fixed immediately and will be reported to the Quality Assurance Meeting quarterly. Director of Facility Services will inspect patient room doors and facility doors weekly for 3 months and then monthly. The QA Safety Audit result will be discussed in the facility's team meeting weekly and ongoing quarterly in the Quality Assurance meeting.		
K 076 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, and documentation review on 5/24/2016, at approximately 9:15 AM onward, the following deficiencies were noted:</p> <p>The outside oxygen storage area non-compliant and the specific items include:</p>	K 076	<p>A tile barrier for correct storage to the outside oxygen storage area cylinders was installed 6/2/16.</p> <p>Director of Facility Services inspected area per Life Safety Standards on 6/2/16 to ensure compliance.</p>	6/2/16	

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K 076	Continued From page 3 The outside main oxygen storage area cylinders were not stored from the ground beneath to prevent rusting. During winter, cylinders stored in the open shall be protected against accumulations of ice or snow. The deficiency affected the entire facility. Ref: 2000 NFPA 101 Sections 19.3.2.4 NFPA 99 Section 4-3.5.2.2	K 076	Administrator retrained Director of Facility Services on 6/2/16 on the importance of proper medical gas storage and the Life Safety Standards. Director of Facility Services will inspect monthly to ensure storage area is free of rusting and an other weather damage. If there are findings, this will be fixed immediately and brought to the Quality Assurance Meeting. Director of Facility Services will continue to inspect monthly for 3 months and then quarterly. The QA Safety Audit will be discussed in the facility's team meeting and ongoing quarterly in the Quality Assurance meeting.		