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

PRINTED: 10/12/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 03 - HILLCREST CONVALESCENT CENTER B. WING 345001 05/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1417 W PETTIGREW STREET HILLCREST CONVALESCENT CENTER DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ΙD (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) **INITIAL COMMENTS** K 000 K 000 This 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. This building is Type II construction, two story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count = 120 + 34 = 154 Census = 110 + 33 = 143The deficiencies determined during the survey are as follows: K 061 NFPA 101 LIFE SAFETY CODE STANDARD K 061 6/20/16 SS=F Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired, 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) [K061]This plan of correction constitutes Hillcrest Convalescent Center, Inc.'s Based on observations, on 5/6/16 at (Hillcrest Durham's) written allegation of approximately 11 AM onward, the following compliance for the deficiency cited. deficiencies were noted: However, submission of the Plan of A. The automatic sprinkler system was Correction is not an admission that a non-compliant, specific findings include: The deficiency exists or that one was cited correctly. This Plan of Correction is sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall submitted to meet requirements not be silenced permanently except by established by state and federal law. reopening/restoration of the valve. (X6) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITI F

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.

Electronically Signed

05/20/2016

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		345001	B. WING		05/06/2016			
NAME OF PROVIDER OR SUPPLIER HILLCREST CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1417 W PETTIGREW STREET DURHAM, NC 27705				
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K 061	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		K	061	director or his designee will acknowled the trouble signal and confirm that the signal shall continue to sound again wi 90 seconds AND shall be displayed un reopening/restoration of the valve. Regarding note B: 1. The Five Year Flush inspection was completed May 18, 2016, and it is anticipated that the documentation will available for review within the next two weeks. 2. The Five Year Flush Inspection addressed the sprinkler system for the entire facility. 3. A reminder has been set to scheduthe next Five Year Flush inspection. 4. This plan of correction, the results the observation regarding the reprogramming of the audible alarm, at the 5 year flush inspection will be reviewed in the next regularly schedule Quality Assurance meeting and evaluator its effectiveness.	is designee will acknowledge signal and confirm that the continue to sound again within AND shall be displayed until estoration of the valve. The Year Flush inspection was May 18, 2016, and it is that the documentation will be review within the next two the sprinkler system for the sprinkler system for the eyear Flush inspection. The Year Flush Inspection will be review within the next two the sprinkler system for the eyear Flush inspection. The German of Correction, the results of the audible alarm, and the ush inspection will be the next regularly scheduled the unance meeting and evaluated		