

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

PRINTED: 02/27/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345070</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>DURHAM NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>411 S LASALLE STREET DURHAM, NC 27705</b>	
(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  This 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. This building is Type III construction, one story, with a complete automatic sprinkler system and using special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration.  At time of survey the: Total Certified Bed Count 126 Census 90  The deficiencies determined during the survey are as follows:	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 with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3	K 018		7/11/16

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

TITLE

(X6) DATE

Electronically Signed

06/29/2016

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>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 6/17/16 at approximately 10 AM onward, the following deficiencies were noted: The doors protecting corridor openings was non-compliant, specific findings include;</p> <p>A. The door to the beauty shop was missing a strike plate.</p> <p>B. The door to the beauty shop and payroll had two ranges of motion for egress.</p> <p>Ref: NFPA 101, 19.3.6.3 There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed.</p> <p>Reference NFPA 101, 7.2.1.4.5 The forces required to fully open any door manually in a means of egress shall not exceed 15 lbf (67 N) to release the latch, 30 lbf (133 N) to set the door in motion, and 15 lbf (67 N) to open the door to the minimum required width. Opening forces for interior side-hinged or pivoted-swinging doors without closers shall not exceed 5 lbs (22 N). These forces shall be applied at the latch stile.</p> <p>This deficiency affected one of approximately five smoke compartments.</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 018	<p>This Plan of Correction is prepared and submitted as required by law." By submitting this Plan of Correction, Durham Nursing and Rehabilitation Center, doesnot admit that the deficiency listed on this form exist, nor does the Center admit to any statements, finding, facts, or conclusions that form the basis for alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency".</p> <p>No resident was affected by this practice.</p> <p>Door to the beauty shop strike plate was replaced on 6/17/16 Door knobs to the beauty shop and payroll office have been change to a lock with one range of motion egress on 6/18/16</p> <p>All doors were checked on 6/18/16 and locks were changed on the doors that had more than one range of motion for egress on 6/28/16</p> <p>Maintenance Director will monitor doors to ensure no one has changed any door locks with any locks that have more than one range of motion for egress, all door locks need to be approved by the Maintenance Director.</p> <p>All negative findings will be reported to the quality Assurance Committee monthly.</p>	

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K 061 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</p> <p>Based on observations, on 6/17/16 at approximately 10 AM onward, the following deficiencies were noted: The automatic sprinkler system was non-compliant, specific findings include: The sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve.</p> <p>Reference NFPA 101, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 NFPA 13 "...distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system."</p> <p>NFPA 9.7.2.1 "...supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system...Supervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.</p> <p>This deficiency affected all smoke compartments. Failure to comply with minimum standards as</p>	K 061	<p>No resident was affected by this practice.</p> <p>Simplex Grinnel was called to come and inspect, and reset the system</p> <p>Simplex Grinnel to assure no future issues with anyone having the ability to silence or tamper with the system</p> <p>Maintenance Director will check daily times four months then weekly.</p> <p>All negative findings will be reported to the Quality Assurance Committee meeting monthly</p>	7/11/16	

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K 061	Continued From page 3	K 061			
K 066 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: 42 CFR 483.70(a)</p> <p>Based on observations, on 6/17/16 at approximately 10 AM onward, the following deficiencies were noted: The smoking regulations were non-compliant, specific findings include: Ashtrays of noncombustible material and safe design per paragraph 3 above were not provided.</p> <p>Reference: 2000 NFPA 101 19.7.4 as stated</p>	K 066	<p>No residents were affected by this practice</p> <p>Ashtrays were purchased on 6/18/2016</p> <p>All non compliant ashtrays were removed on 6/18/16</p> <p>The Maintenance Director's weekly preventative maintenance monitoring tool will include checking smoking area to</p>	7/11/16	

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K 066	Continued From page 4 above.  This deficiency affected one of approximately five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 066	ensure all ashtrays used meet life safety standards.  All negative findings will be reported to the Quality Assurance Meetings monthly	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: 42 CFR 483.70(a)  Based on observations, on 6/17/16 at approximately 10 AM onward, the following deficiencies were noted: The Heating, Ventilating and Air Conditioning (HVAC) system was non-compliant, specific findings include: The facility was using the corridor as a return air plenum. Note: A three year waiver requested was approved till 8/19/2018. The provider must certify that the following conditions are met: (1) Air handling units must be equipped with smoke detectors. (2) There must be a complete corridor smoke detection system. (3) Smoke detectors must be wired to the fire alarm system. (4) Fire alarm system must shut down all air handling units when activate.  This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 067	1. Durham Nursing and Rehabilitation Center would like to request a waiver for K067 as the facility is using the corridor as a return air plenum. All conditions are met. (1)Air handling units are equipped with smoke detectors. (2)There is a complete corridor smoke detection system. (3) Smoke detectors wired to the fire alarm system. (4) Air handler units are shut down when the fire alarm system is activated.	7/11/16
K 076	NFPA 101 LIFE SAFETY CODE STANDARD	K 076		7/11/16

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K 076 SS=D	<p>Continued From page 5</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, on 6/17/16 at approximately 10 AM onward, the following deficiency was noted: The oxygen storage was non-compliant, specific findings include; Full and empty oxygen cylinders were stored together.</p> <p>Reference NFPA 99 4-3.5.2.2b(2) If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly.</p> <p>This deficiency affected one of approximately five smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 076	<p>No resident was affected by this practice.</p> <p>The E tanks were separated on 6/17/16, and a sign was posted on each side of the wall above the E tanks indicating where the full tanks are stored and where the empty tanks are stored</p> <p>All license nurses will be inserviced by 7/5/16 on proper storage of E tanks</p> <p>Central Supply Clerk will monitor storage of E tanks through visual inspection of oxygen storage room daily.</p> <p>Monitoring tool on E tank storage to be completed daily for three months then weekly thereafter, all negative finding will be reported to the Quality Assurance Committee monthly for three months the monthly thereafter.</p>	