STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345081	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/23/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE & REHAB-ROSE MANOR	**4230 NORTH ROXBORO ROAD** **DURHAM, NC 27704**

(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 has a K67 deficiency waiver approved on 11/2014 for a three years to allow for the use of the corridor as a return air plenum. The facility is utilizing delayed egress locking systems. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: One Construction Type: III (211) Constructed: 1971 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 111 Census = 103 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and staff interviews on 8/23/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility inspection of the required exits was non-compliant the specific items include: The required exit from the employee service hallway has a drop off at the end of the sidewalk	K 038	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is	9/1/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/22/2016

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K 038	Continued From page 1 of 10 inches. Ref: 2000 NFPA 101 Section 19.2.1; 7.1.10; 7.2.5.3.3 This deficiency affected one of approximately 8 required exits from the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 038	prepared and/or executed solely because it is required by the provisions of federal and state law. It is the practice of this center to ensure that exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1 19.2.1 K038 9/1/16 1. Immediate notification to outside vendor for correction to drop off at end of sidewalk at required exit. Work performed and appropriate correction made to drop off to comply. 2. All other exits were inspected and no further issues noted. 3. Maintenance Director will inspect exit access monthly and during routine facility rounds and document in center Preventive Maintenance Log. 4. Preventive Maintenance Log will be reviewed by the Safety Committee quarterly to ensure continued compliance. Findings will be reported to QA and Performance Improvement Committee. Will review the audits to make recommendations to ensure compliance is sustained ongoing- and determine the need for further auditing	
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture will not leave the area in darkness. Lighting system shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8, 7.8	K 045		9/12/16

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K 045	Continued From page 2 This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and staff interviews on 8/23/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility inspection of the exit discharge lighting was non-compliant the specific items include: The required exit discharge lighting from door #4 is incomplete down the outside of the facility the public way. This condition may leave the exit discharge path in darkness in the event of an emergency power loss. Ref: 2000 NFPA 101 Section 19.2.8; 7.8.1.1; 7.8.1.4 This deficiency affected the exit discharge for two areas in the facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 045	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. It is the practice of this center to ensure illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture will not leave the area in darkness. Lighting system shall be either continuously in operation or capable of automatic operation without manual intervention. K045 1. Immediate notification of outside vendor for installation of appropriate lighting. The required exit discharge lighting for door #4 has been corrected. 2. No other exits affected - appropriate exit lighting in place. All other areas checked and corrected as needed. 3. Maintenance Director will routinely monitor outside lighting to ensure no other exits affected. Future compliance will be assured by facility Preventative Maintenance Program. 4. Maintenance Director will report	

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K 045	Continued From page 3	K 045	results of Preventive Maintenance Logs quarterly for review during the Quality Assurance and Performance Improvement Meetings. QA committee will review audits to ensure compliance.	
K 061 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 482.41(a) Based on the observations, and staff interviews on 8/23/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility inspection of the tamper alarms for the sprinkler system was non-compliant the specific items include: The sprinkler tamper alarm in the hot box outside of the facility had a sprinkler tamper alarm that did not work properly when tested. The sprinkler hot box has two sprinkler tamper valves and one closest to the street did not give a signal at the fire alarm when the valve was closed. Ref: 2000 NFPA 101 Section 19.7.6; 9.7.2.1 This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 061	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. It is the practice of this center to assure that the sprinkler tamper alarms are compliant in operation. K061 1. Immediate notification of outside vendor for repair of tamper switch. Tamper Switch was replaced in hotbox	8/25/16

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K 061	Continued From page 4	K 061	and functions correctly. The Tamper Switch has been restored to proper operation. 2. No other issues with Sprinkler System noted. 3. The Tamper Switches will be maintained through Quarterly inspections as outlined in the facility Preventative Maintenance Program that will be monitored by the Maintenance Director. 4. Preventive Maintenance Logs will be reviewed by the QA and Performance Improvement Committee quarterly to ensure continued compliance. 8/25/2016	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (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 This STANDARD is not met as evidenced by: 42 CFR 482.41(a) Based on the observations, and staff interviews on 8/23/2016 at approximately 9:15 AM onward, the following deficiencies were noted: The facility inspection of the storage of oxygen cylinders was non-compliant the specific items include: 1. The E type oxygen cylinders in the oxygen	K 076	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is	9/20/16

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K 076	Continued From page 5 storage room were not properly secured. The full cylinders had two different type of racks to secure the cylinders, the smaller rack was not designed to hold E size cylinders securely. 2. Full and empty oxygen cylinders were stored together. 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. Ref: 2000 NFPA 101 Section 19.3.2.4; NFPA 99 Section 4-3.5.2.1b (27); NFPA 99 4-3.5.2.2b(2) This deficiency affected one smoke of approximately 8 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke	K 076	prepared and/or executed solely because it is required by the provisions of federal and state law It is the practice of this center to assure that all oxygen storage areas remain in compliance with NFPA 99, Standard for Health Care Facilities. F076 1. Immediate correction made during survey to ensure appropriate storage of oxygen cylinders. Immediate notification to Oxygen vendor for additional tank holder. 2. Employees in-serviced on proper storage and securing of oxygen cylinders. 3. Management staff will inspect oxygen storage area daily x 1 week: then weekly for one month and then monthly thereafter to assure compliance. Oxygen room inspection will be documented in the center's Preventive Maintenance Logs. Random audits will also be conducted by staff to ensure compliance. On-going education as needed to ensure compliance for oxygen storage. 4. Oxygen Room Inspection Logs will be reviewed by the center QA and Performance Committee monthly x 3 months: then quarterly thereafter for compliance. 9/20/2016	