

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2015
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 5383 US 117 NORTH PIKEVILLE, NC 27863		
(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) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Frank Strickland on January 20, 2015. Records indicate this facility was first licensed or submitted on May 16, 1997 as a Home for the Aged (HA). The facility is currently licensed for forty special care-beds. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1996 Edition of the North Carolina State Building Code Section 409, Institutional Occupancy, and the 1996 Homes for the Aged and Infirm Minimum Desired Standards in effect at time of initial licensure. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 159	Laundry-Minimum One Res. Washer & Dryer SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (l) The requirements for laundry facilities are: (3) A minimum of one residential type washer and dryer each shall be provided in a separate room which is accessible by staff, residents and family, even if all laundry services are contracted. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, by limiting the resident's right to do their laundry. Findings on January 20, 2015: a. The Resident Laundry does not have the required washer or dryer, and the room is being	C 159		

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

TITLE

(X6) DATE

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C 159	Continued From page 1 used for storage.	C 159		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions. Findings: on January 20, 2015 a. The dishwashing machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the machine.	C 164		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by:	C 183		

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C 183	Continued From page 2 1. Based on observation, the facility failed to provide an environment in accordance with this Rule. This could affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on January 20, 2015 a. There was no documentation of the portable fire extinguisher monthly inspections, through-out the building.	C 183		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles near wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on January 20, 2015: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester at the following locations to include but not limited to: i. 200 Hall left exit exterior device, b. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested at the following locations to include but not limited to: i. Back center hall exterior device.	C 188		

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C 189	Continued From page 3	C 189		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintain in a proper operating manner by failing to ensure that the emergency equipment works to NC State Building Code. This could affect all residents, staff and visitors if the egress pathways were not illuminated in an emergency. Findings on January 20 2015: a. Wall-mounted emergency light(s) did not work on backup power when the test button was pushed in the following locations to include but not limited to: i. Corridor near bedroom 106. 2. Based on observation, the building was not maintained in a safe manner by failing to ensure that the all corridor doors are smoke resisting, as required by Code. This could affect all residents, staff and visitors by not containing smoke/fire in the room or compartment of origin. Findings on January 20, 2015: a. There were two 1/4 inch diameter holes through the door beside the door latching device in the following room: i. Janitor Closet near Bedroom 105.	C 189		

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C 189	Continued From page 4 3. Based on observation, the building was not maintained in a safe manner, by having doors that do not automatically latch into their frame. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room or compartment of origin. Findings on January 20, 2015: a. Corridor door to Bedroom 105 did not latch to its frame, b. Corridor door to Snack Room did not latch to its frame. 4. Based on observations, the Building was not maintained in a safe manner because of breaches through the fire-resistance-rated construction invalidates its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on January 20, 2015: a. In the Med Room there were gaps ranging from 1/8 to 3/8 inches around four metal conduits penetrating through the ceiling assembly, b. The Laundry Room exhaust vent did not have a radiation damper to protect the opening through the ceiling assembly, c. The fire sprinkler escutcheon had drop down from the ceiling, exposing an unprotected opening in the Sprinkler Riser Room.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This	C 199		

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C 199	Continued From page 5 requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not ventilating area where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on January 20, 2015: d. The exhaust system did not work at the following locations to include but not limited to: i. Men Toilet Room 100 Hall (Employee Toilet Room), ii. Women 100 Hall Across for Living Room, iii. Janitor Closet.	C 199		