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FORM APPROVED

## Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X) PROVIDER/LICENSURE/REGULATORY IDENTIFICATION NUMBER<br><br>HAL007014          | ANNUAL CONSTRUCTION<br>A. BUILDING 01<br><br>B. YARD                                                                     | 100% DATE SURVEY COMPLETED<br><br>11/04/2014 |
| NAME OF PROVIDER OF SERVICE<br><br>CLARA MANOR     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS CITY STATE ZIP CODE<br>1216 PAMLICO STREET<br>WASHINGTON, NC 27889 |                                                                                                                          |                                              |
| 04.10<br>PREV<br>TAG                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10<br>PREV<br>TAG                                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | 100<br>DATE PRE<br>TAG                       |
| C 000 Initial Comments                             | <p>This report is of a Biennial Construction Survey done by Bob Gethel on November 4, 2014.</p> <p>Records indicate this facility was first licensed or submitted on September 1, 1962 as a Home for the Aged (HIA) housing 30 beds. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1987 North Carolina State Building Code(s) for Group D Institutional.</p> <p>Deficiencies were noted which will require a plan of correction.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                                                                          |                                              |
| C 101 Existing Licensed Fac- No less than 71 Rules | <p>SECTION 0300 - PHYSICAL PLANT<br/>N.C. NCAC 13F 0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows:</p> <p>(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building fire protection equipment was not maintained in a</p> |                                                                                   |                                                                                                                          |                                              |

CONSTRUCTION SECTION

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Division of Health Service Regulation

LABORATORY: REVIEW OF PROVIDER/SUPPLIER/REGULATORY SIGNATURE

STATE FORM

100

CY1221

TITLE

DATE

Administration

1-21-15

Construction, sheet 1 of 1

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL007014                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                             | (X3) DATE SURVEY COMPLETED<br><br>11/04/2014   |
| NAME OF PROVIDER OR SUPPLIER<br><br>CLARA MANOR  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1218 PAMLICO STREET<br>WASHINGTON, NC 27889 |                                                                                                                 |                                                |
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| C 101                                            | Continued From page 1<br><br>safe manner. This would effect all residents by not detecting smoke and activating the fire alarm.<br><br>Findings on 11/04/2014:<br>a) Room 9 has a detector hanging from the ceiling by the wires. b) The Living Room Activity Closet opens into a room that is open to the corridor and has no detection.                                                                                                                                                                                                                                                                                                                                                    | C 101                                                                                | A <del>Reattached</del> and Sealed<br>B Sealboard Security will install heat or smoke detector                  |                                                |
| C 123                                            | Bedroom Location-Outside Wall, Access To<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(d) The requirements for the bedroom are:<br>(4) Bedrooms shall be located on an outside wall and off a corridor. A room where access is through a bathroom, kitchen, or another bedroom shall not be approved for a resident's bedroom;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the bedroom was not maintained in accordance with this Rule.<br><br>Followup Findings 11/04/2014:<br>a) The private bedroom on the front left side of the building does not meet the requirement that all bedrooms be located off a corridor. | C 123                                                                                |                                                                                                                 |                                                |
| C 164                                            | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;                                                                                                                                                                                                                                                                                                                                      | C 164                                                                                |                                                                                                                 | Has been discussed and is not a Residents Room |

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| C 154                                            | Continued From page 2<br><br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building was not maintained in accordance with this Rule because toilets are coming loose from the floor. This would effect all residents using the toilets by exposing them to leaks and odors from a broken wax seal.<br><br>Findings on 11/04/2014: Toilets are coming loose from the floor in the following locations: a) The front toilet room #2 has a toilet coming loose from the floor. b) Bathroom of private apartment has a toilet coming loose. c) Front right hall toilet coming loose from floor. Secure.                                                               | C 154                                                                                | A replaced flange<br>B install new bolts<br>C Replaced flange                                                   |                                              |
| C 189                                            | Building Equipment Maintained Safe, Operating<br><br>SECTION 0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(e) 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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would effect all residents by potentially siphoning waste water into the potable water system.<br><br>Findings on 11/04/2014: | C 189                                                                                |                                                                                                                 |                                              |

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| C 189                                            | Continued From page 3<br><br>The following areas need a vacuum breaker: a) The spray hose on the Beauty Shop sink has no vacuum breaker. b) Spray hose in private apartment shower has no vacuum breaker.<br><br>2. 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.<br><br>Findings on 11/04/2014:<br>a. There is a door with missing door hardware separating the office from the private apartment.<br>b. The 1-hour fire resistance rated ceiling located in the private apartment was penetrated by an attic access hatch that has a single layer of gypsum resting on wood casing that does not maintain the fire resistance rating of the roof ceiling assembly.<br>c. The ceiling of the private apartment closet has unprotected penetrations by CATV cable.<br>d. The ceiling of the exterior mechanical room has unprotected penetrations by exhaust flue, HVAC duct, and the joints are not sealed to maintain the fire resistance rating of the ceiling.<br>e. The vents in the ceiling of the mop room are open to the attic but are not equipped with radiation dampers or other alternative means of protection to maintain the fire resistance rating of the ceiling.<br>f. The office utility room has an unprotected wall penetration by cable. | C 189                                                                                | A Vacuum breaker installed<br>B Vacuum breaker installed<br><br>A installed hardware<br>B 1/2" steel installed<br>2 layers of 5/8" Sheetrock installed with 3/4" Plywood in middle.<br>C Fire Caulk<br>D installed metal & Fire Caulked plus mud<br>E will install damper if needed<br>F Fire caulked |                                              |

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| C 189                                            | Continued From page 5<br><br>The Exit sign/Emergency light at the Nurse Station is not working.<br><br>6. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing the ice machine drain line to be in contact with the floor drain. This would effect all residents by potentially contaminating the ice.<br><br>Findings on 11/04/2014:<br>The drain line on the kitchen ice machine is resting on the floor drain.<br><br>7. Based on observation, the building was not maintained in a safe manner by allowing the improper storage of oxygen bottles. This would effect all residents by exposing them to potential injury when unsecured cylinders fall over.<br><br>Findings on 11/04/2014:<br>The office has oxygen bottles that are not secured properly in a holder designed for that purpose. | C 189                                                                                | ice machine line replaced with 3/4 PVC and has 2" drop                                                          |  |                                              |
| C 191                                            | Unvented & Portable Elec. Heaters Prohibited<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.<br>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.                                                                                                                                                                                                                                                                                  | C 191                                                                                | Bottles removed and now ones have holders                                                                       |  |                                              |

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| C 191                                            | Continued From page 6<br><br>This Rule is not met as evidenced by<br>1. Based on observation, the building was not maintained in a safe manner because portable electric heaters were in use. This would effect all residents in the event that a portable electric heater was the source of a fire<br><br>Findings on 11/04/2014: Portable electric heaters were found in use in the following locations: a) Private apartment, b) Bedroom 12. | C 191                                                                                | A removed<br>B removed                                                                                          |                                              |