PRINTED: 02/11/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096041	A. BUILDING: 01 B. WING _____	01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRYSIDE VILLAGE	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	RECEIVED FEB 18 2015 CONSTRUCTION SECTION The facility is requesting a waiver to this rule and citation. See attached letter.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Member/ Manager — (X6) DATE: 2/12/15

STATE FORM 6899 KQOM21 If continuation sheet 1 of 6

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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	The community will contact the local building inspector and request an inspection of the current situation to verify whether or not it is in compliance since the current piping has been in place since the building was built in 1999 and has passed every inspection in the past. In the event the current piping situation is not acceptable the community will make the necessary changes to ensure that the piping is in compliance.	3/20/15
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	The community will provide documentation of the portable fire extinguisher monthly inspections, throughout the building. A Maintenance/Housekeeping designee will ensure that the inspections are carried out on a monthly basis and documented.	3/20/15

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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	The ground-fault circuit-interrupter electrical power receptacles cited will be replace to ensure that they are working properly. The Executive Director will ensure that the GFCI receptacles are monitored on a quarterly basis to verify they are working properly.	3/20/15

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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	Wall mounted emergency light cited near bedroom 106 will be repair or replaced to ensure it is operating properly. The Executive Director will ensure that the wall mounted emergency lights are monitored on a monthly basis to verify that they are operating properly. The two ¼ holes cited on the janitors closet beside the door latching device will be repaired.	3/20/15 3/20/15

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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.	C 189	Corridor doors cited to bedroom 105 and snack room will be repaired to ensure that they latch properly to the frame.	3/20/15
	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.		The gaps cited in the Med Room around the four metal conduits penetrating through the ceiling assembly will be repaired to ensure that there are no penetrations through the ceiling assembly. A radiation damper will be installed in the Laundry Room exhaust vent to protect the opening through the ceiling assembly.	3/20/15 3/20/15
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	The fire sprinkler escutcheon that had dropped from the ceiling exposing an unprotected opening in the Sprinkler Riser Room will be repaired to meet code.	3/20/15

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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	The exhaust system cited that serves the men's and women's toilets and the janitor closet will be repaired to ensure proper ventilation per the rule.	3/20/15

Countryside VILLAGE
ALZHEIMERS • MEMORY CARE

February 16, 2015

Re: Countryside Village
Pikeville, NC
FID #970521
HAL096041

Dear Ed,

Per our conversation last week following your recently Construction Section Biennial survey at Countryside Village located in Pikeville I am writing to request a waiver to the rule regarding (Section.0300 –Physical Plant 10A NCAC 13F .0305 Physical Environment) requiring a residential type washer and dryer be provided.

As I stated in our conversation DHSR inspected and approved the physical plant as is on December 15, 2011 and the licensed was issued. I have attached a copy of the final approval from Charles Brown on December 15, 2011. Countryside Village is a secured special care unit serving only residents with Alzheimer's disease or other memory loss disorders.

This requirement would endanger the residents that we serve at our community and clearly makes no sense. This issue was discussed prior to the community being licensed and everything was approved by DHSR in December of 2011. No changes have been made since the approval. I respectfully ask you to forward this request to Steve Lewis and remove the citation.

If you have any questions please give me a call at 336-707-3063.

Sincerely,

Michael C. Bateman
Owner
Countryside Village

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Construction Section
2705 Mail Service Center • Raleigh, North Carolina 27699-2705
http://www.ncdhhs.gov/dhsr/

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Steven C. Lewis, Chief
Phone: 919-855-3893
Fax: 919-733-6592

December 15, 2011

Mr. Michael C. Bateman, President
Countryside Village (Countryside Living)
5383 US Highway 117 North
Pikeville, NC 27863

RE: Project No. HA-2933-ND/CBB
FID No. 970521
Countryside Village (Countryside Village)
Convert Facility to Special Care Unit
Pikeville (Wayne County)

Dear Mr. Bateman:

The referenced project above was inspected on December 13, 2011, and was found to be acceptable. We have notified the Adult Care Licensure Section that the project was ready for use as of December 14, 2011. This completes the documentation needed for us to close out our files for this project.

Please use our Project No. HA-2933-ND/CBB on all correspondence related to this project. If you have any questions or if we can be of any further assistance, please contact me at the telephone number or email address listed below.

Sincerely,

Charles Brown

Charles Brown
Engineer
DHSR Construction Section
charles.b.brown@dhhs.nc.gov
(919) 855-4666

cc: DHSR Adult Care Licensure - Paulette Brock (via email only: *paulette.brock@dhhs.nc.gov)*
Jim White –Triad Design Group (via e-mail only)

5383 US Highway 117
Pikeville, NC
27863
919-242-6369
countrysidevillage.com

Countryside Village

Fax

To: Ed Miller From: Mike Bateman

Fax: Pages: 9

Phone: Date: 2/17/15

Re: cc:

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Ed see attached. If you have any questions you can reach me at 336-707-3063