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
	HAL032020	A. BUILDING: 01 B. WING	03/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

CONSTRUCTION SECTION
APR 27 2015
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(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 This report is of a Biennial Construction Survey done by Bob Getchell on March 19, 2015. Records indicates this facility was first licensed or submitted on 09/22/1999 as a HA. The facility is currently licensed for 30 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 and the applicable portions of the 1996 Rules for the Licensing of Adult Care Homes, and, the 1999 revision of the North Carolina State Building Code(s), Institutional Occupancy. Deficiencies were noted which will require a new plan of correction.	C 000	**C189, #1** **Corrective Action:** A representative from Simplex fixed the delayed egress door at D201 Mechanical Room. **Identifying Life Safety Issues:** Maintenance Department tested all of the delayed egress doors to ensure proper functioning in the event of fire alarm activation. **Systemic Changes:** Security will check the delayed egress doors each month during the scheduled fire drills and document their findings.	3-19-15 3-19-15 5-1-15
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, egress from all areas was not maintained in a safe manner by having a delayed egress door that would not unlock in the direction of egress. This would effect all residents by not allowing free egress in an emergency. Findings on 03/19/2015:	C 189	**Monitored:** The results of the audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #2a.** **Corrective Action:** The opening around the ceiling pipe above the ceiling entrance to D208 Mechanical Room was sealed. **Identifying Life Safety Issues:** Maintenance Department representative completed an inspection of all areas above the ceiling tile. Corrective action was taken for any issues found during inspection.	3-25-15 4-3-15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jennifer D King — TITLE: Assistance in Living Administrator — (X6) DATE: 4-27-2015

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C 189	Continued From page 1 a. The delayed Egress door at D201 Mechanical Room did not release upon alarm. The Delayed Egress locking system at this door was also equipped with a key operated emergency release switch located within 3 feet of the door. The facility implemented a Plan of Protection to inservice all staff of the situation and ensure that staff have the key to the emergency release switch. 2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 03/19/2015: There are unprotected penetrations in the walls and ceilings in the following locations: a) sprinkler pipe penetration above ceiling at entrance to D208 Mechanical Room, b) The kitchen mop room walls and ceilings have pipe penetrations that have been sealed with an unrated orange foam product. c. There is an unprotected pipe penetration in the Laundry wall at the sink. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814. 3. Based on observation, the building plumbing equipment was not maintained in a safe manner by not maintaining the clearance of a discharge	C 189	**Systemic Change:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #1) to inspect all areas above the ceiling tile and walls below the ceiling tile for unprotected penetrations or unapproved sealant in the fire rated walls, ceilings. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #2b.** **Corrective Action:** The pipe penetrations in the kitchen mop room walls and ceilings have been sealed with the approved sealant. **Identifying Life Safety Issues:** Maintenance Department representative completed an inspection of all areas above and below the ceiling tile. Corrective action was taken for any issues found during inspection.	4-27-15 3-26-15 4-3-15

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C 189	Continued From page 2 pipe from the top of the drain. This would effect all residents by potentially contaminating the ice. Findings on 03/19/2015: The drain line on the ice machine is inserted into the drain. Provide a 2" air gap between the discharge pipe and the surface of the drain. 4. Based on observation, the building exit signage was not maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency. Findings on 03/19/2015: Exit sign at Dining Room exit door is not illuminated. 5. Based on observation, the building electrical system was not maintained in a safe manner by allowing residents to use expansion blocks in the outlets. This would effect all residents by potentially overloading electrical circuits in the bedrooms. Findings on 03/19/2015: Outlet expansion devices were observed in Room D109. 6. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment or room of origin. Findings on 03/19/2015: The following doors have issues: a) Dining Room door from corridor has hold open device however closer has been removed so door	C 189	**Systemic Changes:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #1) to inspect all areas above the ceiling tile and walls below the ceiling tile for unprotected penetrations or unapproved sealant in the fire rated walls, ceilings. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #2c.** **Corrective Action:** The pipe penetration in the laundry room was sealed. **Identifying Life Safety Issues:** Maintenance Department representative completed an inspection of all walls affected by pipe penetration. Corrective action was taken for any issues found during inspection.	4-17-15 4-23-15 4-24-15

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C 189	Continued From page 3 won't close when released. b) The coordinated doors from the corridor to the Country Kitchen are wedged open and must be adjusted so they will close and latch when released in an emergency. 7. Based on observation, the building was not maintained in a safe manner because toilets are coming loose from the floor. This would effect all residents using the toilets by exposing them to leaks from a broken wax seal. Findings on 03/19/2015: There are toilets coming loose from the floor in the following locations: a) Room D109 bathroom, b) Room D104 bathroom. 8. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 03/19/2015: a. The 1-hour fire resistance rated ceiling above the tile in the kitchen has been penetrated by a flexible HVAC duct and multiple flexible conduit. b. The 1-hour fire resistance rated walls above the tile in the corridor outside the Laundry have been penetrated by a flexible HVAC duct. c. The 1-hour fire resistance rated walls in D205 Mechanical Room have been penetrated by a flexible HVAC duct.	C 189	**Systemic Changes:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #1) to inspect all areas above the ceiling tile and walls below the ceiling tile for unprotected penetrations or unapproved sealant in the fire rated walls, ceilings. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #3** **Corrective Action:** The drain line was fixed to allow for a 2 inch air gap between the discharge pipe and the surface of the drain. **Identifying Life Safety Issues:** Maintenance Department representative checked all areas with a drain to ensure there was a 2 inch gap between the discharge pipe and the surface of the drain. **Systemic Change:** Maintenance Director or designee will utilize the preventative maintenance software to generate a monthly work order (Attachment #2) to audit the gap in the drain pipe.	4-27-15 4-21-15 4-21-15 4-27-15

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C 189	Continued From page 4 9. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components in the attic. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 03/19/2015: a. The 1-hour fire resistance rated smoke wall near D117 has unprotected penetrations by wire and condult b. The 1-hour fire resistance rated smoke wall near D201 Mechanical has unprotected penetrations by wire and conduit	C 189	**Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #4** **Corrective Action:** The exit sign at the dining room door was fixed. **Identifying Life Safety Issues:** Maintenance Department representative checked all the exit signs in the building for proper illumination. Corrective action was taken for any issues found during inspection.	4-9-15 4-9-15
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 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 building exhaust ventilation was not maintained in accordance with	C 199	**Systemic Change:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #3) to inspect all exit signs for proper illumination. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #5** **Corrective Action:** The expansion block was removed from D109.	4-27-15 3-27-15

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C 199	Continued From page 5 this Rule. Findings on 03/19/2015: The exhaust fan in the Kitchen Mop Room is not working.	C 199	**Identifying Life Safety Issues:** Maintenance Department representative completed an inspection of all resident rooms looking for expansion blocks. Corrective action was taken for any issues found during inspection. **Systemic Change:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #4) to audit a sample set of resident rooms for expansion blocks. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #6a** **Corrective Action:** Maintenance Department installed spring loaded hinges on the dining room door from the corridor. **Identifying Life Safety Issues:** Maintenance Department representative checked all of the doors with closures to make sure they closed properly when the device is released. Corrective action was taken for any issues found during inspection.	4-27-15 4-27-15 4-24-15 4-24-15

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C 199	Continued From page 5 this Rule. Findings on 03/19/2015: The exhaust fan in the Kitchen Mop Room is not working.	C 199	**Systemic Change:** Maintenance Director or designee will utilize the preventative maintenance software to generate a monthly work order (Attachment #5) to inspect all doors with hold open devices to ensure proper closure when released. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #6b** **Corrective Action:** The wedge was removed and the Maintenance Department representative adjusted the cylinder on the door. **Identifying Life Safety Issues:** Maintenance Department representative checked all doors to make sure they were not wedged opened. Also, that they closed when released. Corrective action was taken for any issues found during inspection. **Systemic Change:** Maintenance Director or designee will utilize the preventative maintenance software to generate a monthly work order (Attachment #6) to inspect all doors to ensure they close properly when released.	4-27-15 4-23-15 4-24-15 4-27-15

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C 199	Continued From page 5 this Rule. Findings on 03/19/2015: The exhaust fan in the Kitchen Mop Room is not working.	C 199	**Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #7** **Corrective Action:** The toilet flanges in D109 and D104 were tightened. **Identifying Life Safety Issues:** Maintenance Department representative checked all toilets in resident rooms and public bathrooms to look for loose toilets. Corrective action was taken for any issues found during inspection. **Systemic Change:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #7) to inspect a sample set of toilets in resident rooms and public bathrooms to look for loose toilets. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings.	3-27-15 4-27-15 4-27-15

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C 199	Continued From page 5 this Rule. Findings on 03/19/2015: The exhaust fan in the Kitchen Mop Room is not working.	C 189	**C189, #8a** **Corrective Action:** HVAC contractor installed a radiation damper in the kitchen ceiling above the tile. **Identifying Life Safety Issues:** HVAC contractor inspected all areas above the ceiling tile. Corrective action was taken for any issues found during inspection. **Systemic Change:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #1) to inspect all areas above the ceiling tile and walls below the ceiling tile for unprotected penetrations or unapproved sealant in the fire rated walls, ceilings. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings.	3-25-15 4-3-15 4-27-15

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C 199	Continued From page 5 this Rule. Findings on 03/19/2015: The exhaust fan in the Kitchen Mop Room is not working.	C 199	**C189, #8b** **Corrective Action:** HVAC contractor installed a radiation damper above the ceiling tile in the hall outside the laundry room. **Identifying Life Safety Issues:** HVAC contractor inspected all areas above the ceiling tile. Corrective action was taken for any issues found during inspection. **Systemic Change:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #1) to inspect all areas above the ceiling tile and walls below the ceiling tile for unprotected penetrations or unapproved sealant in the fire rated walls, ceilings. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #8c** **Corrective Action:** HVAC contractor installed a radiation damper in D205 Mechanical Room.	3-25-15 4-3-15 4-27-15 3-25-15

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C 199	Continued From page 5 this Rule. Findings on 03/19/2015: The exhaust fan in the Kitchen Mop Room is not working.	C 199	**Identifying Life Safety Issues:** HVAC contractor inspected all areas. Corrective action was taken for any issues found during inspection. **Systemic Change:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #1) to inspect all areas above the ceiling tile and walls below the ceiling tile for unprotected penetrations or unapproved sealant in the fire rated walls, ceilings. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #9a** **Corrective Action:** The opening in the wall above the ceiling entrance to D117 was sealed. **Identifying Life Safety Issues:** Maintenance Department representative completed an inspection of all areas above the ceiling tile. Corrective action was taken for any issues found during inspection.	4.3.15 4.27.15 3-25-15 4-3-15

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C 199	Continued From page 5 this Rule. Findings on 03/19/2015: The exhaust fan in the Kitchen Mop Room is not working.	C 199	**Systemic Change:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #1) to inspect all areas above the ceiling tile and walls below the ceiling tile for unprotected penetrations or unapproved sealant in the fire rated walls, ceilings. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C189, #9b** **Corrective Action:** The opening in the smoke wall above the ceiling tile near D201 was sealed. **Identifying Life Safety Issues:** Maintenance Department representative completed an inspection of all areas above (and below) the ceiling tile. Corrective action was taken for any issues found during inspection.	4-27-15 3-26-15 4-3-15

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C 199	Continued From page 5 this Rule. Findings on 03/19/2015: The exhaust fan in the Kitchen Mop Room is not working.	C 199	**Systemic Change:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #1) to inspect all areas above the ceiling tile and walls below the ceiling tile for unprotected penetrations or unapproved sealant in the fire rated walls, ceilings. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings. **C199, #1** **Corrective Action:** The replacement exhaust fan for the kitchen mop room has been ordered and will be installed upon deliver **Identifying Life Safety Issues:** Maintenance Department representative checked all areas with exhaust fans to ensure proper functioning. Corrective action was taken for any issues found during the inspection.	4-27-15 4-30-15 4-27-15

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C 199	Continued From page 5 this Rule. Findings on 03/19/2015: The exhaust fan in the Kitchen Mop Room is not working.	C 199	**Systemic Change:** Maintenance Director or designee will utilize preventative maintenance software to generate a monthly work order (Attachment #8) to inspect all areas with exhaust fans to ensure proper functioning. **Monitored:** The results of the monthly audit will be presented during the Quality Assurance Performance Improvement Committee meetings.	4-27-15