

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/27/2015
NAME OF PROVIDER OR SUPPLIER SUTTON'S RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4258 HWY 13 NORTH GOLDSBORO, NC 27534		
(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 is a Report of a Biennial Survey done by Bob Getchell on March 27, 2015. Based on information gathered from our files, the Facility was first licensed or submitted for licensure as a Home for the Aged on or about October 1971. Capacity increases were approved on or about June 9, 1978 and November 17, 1982 bringing the total capacity to Forty (40) Beds. Based on the above information, the original facility is required to meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code, Section 516- Group D Institutional Buildings. The later addition to the facility must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code, Section 409.1, Institutional Unrestrained. Deficiencies were noted which will require a new plan of correction.	C 000	CONSTRUCTION SECTION MAY 12 2015 RECEIVED	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (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	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrator

(X5) DATE

4/21/15

STATE FORM

4899

3S4H21

If continuation sheet 1 of 7

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C 101	Continued From page 1 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; This Rule is not met as evidenced by: 4 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components required by the Code in effect when the building was constructed. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 03/27/2015: The kitchen door to the Dining Room has the following issues: a) Door is bowing, has gaps around it and can not resist the passage of smoke. b) The door has only a deadbolt and can not positively latch when released to resist the passage of smoke. c) The door is being held open by a wedge.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.	C 111	The kitchen doors are being ordered and will be installed and be fixed when they come in.	6/8/15

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUTTON'S RETIREMENT CENTER

4258 HWY 13 NORTH
GOLDSBORO, NC 27534

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C 111	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the current fire and sanitation reports were not available at the time of the survey. 4 Findings on 03/27/2015 The following reports were not available at the time of the survey: a) Sanitation report for the building, b) Sanitation report for the building, c) Sanitation report for the kitchen, d) Fire Marshalls Report, e) Fire Alarm Panel Annual Test Report.	C 111		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. 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 corridors blocked by furniture. This would effect all residents by not allowing free egress in an emergency. Findings on 03/27/2015. The back exit corridor near the main Dining Room has a couch and drink machine reducing the width of the corridor to 4 feet.	C 150	Reports are available for review in office. Fire inspection fee will schedule by June. The couch has been moved and corridor is not blocked by furniture.	6/8/15 6/8/15
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	Continued From page 3 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, doors were not maintained in a safe manner by having throw bolts on a corridor door. This would effect all residents by a potential for lock in. Findings on 03/27/2015: The following doors were found to have a throw bolt installed: a) The maintenance shop door at the back of the left corridor, b) Bedroom 9 (removed during survey) 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 03/27/2015: a. The attic firewall above the left end cross corridor doors has unprotected penetrations by wires and cable. b. The draftstop door in the attic was left open, c. The Utility Room closet ceiling is missing the ceiling tiles, d. The doorknob on Room 18 has come loose	C 189	The throw bolts have been removed. 4/15/15 The door has been closed 4/15/15 The ceiling tile has been replaced. 4/15/15 The doorknob has been fixed 4/15/15	

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STATE FORM

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C 189	Continued From page 5 The Utility room at the Nurse Station has a water heater with exposed wiring that is missing a junction box cover. 6. Based on observation, the facility was not maintained in a safe manner by having broken window glass. This could affect all residents and staff by not keeping out pests and/or maintaining the proper temperature in habitable areas. Findings from 03/27/2015: The Living Room in the front of the left wing has a broken window. 7. Based on observation, the facility was not maintained in a safe manner by having a broken dryer exhaust vent. This could affect all residents and staff by not keeping out pests. Findings from 03/27/2015: The backdraft damper for the dryer exhaust duct is broken.	C 189	Junction box cover has been replaced Covinent Glass has been contacted to replace glass, coming this week to fix. The vent has been replaced.	4/15/15 5/25/15 4/15/15
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.	C 199		

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C 199	Continued From page 6 (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 this Rule. Findings on 03/27/2015: Exhaust fans have issues in the following locations: a) Bath/Shower Room near the Activity room has a fan out, b) The exhaust fan next to HVAC unit #2 is venting into the attic.	C 199	David is working on looking on finding a motor.	6/8/15	