STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092017	A. BUILDING: **01** B. WING _____	**08/07/2015**

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C 000	Initial Comments Report of a Biennial Construction Complaint Survey by Ed Miller and Billy Bryant on August 7, 2015. Records indicates this facility was first licensed or submitted on March 25, 1991 as a HA. The facility is currently licensed for 62 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, and applicable portions of the 1991 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1991 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Physical plant deficiencies were noted which require a plan of correction.	C 000		
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, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on August 7, 2015: a. The eight-foot wide Central corridor was being used to storage furniture and, restricts the effective corridor width to five feet.	C 150		

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C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors in good repaired. Findings on August 7, 2015: a. The VCT floor tiles around the commode were loose in bedroom 106's Toilet Room. b. There was a 2 inch diameter hole, ¾ inches deep in the Central Corridor floor between the Kitchen and Dining room Door, creating a tripping hazard. c. The carpet in the corridor, outside the Parlor, was unravelling, creating tripping hazards.	C 155		
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	C 164		

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C 164	Continued From page 2 have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on August 7, 2015: a. In the corridor near Bedroom 210 and 213, in the walls above the doors and ceiling had previously repaired cracks. The repairs have loosened and are about to fall out. b. Behind the commode in Bathroom near Bedroom 210, the gypsum wallboard was damage and mold existed. c. Behind the clinical sink in the Utility Room, the gypsum wallboard was damaged, had open joints and mold existed. d. Some shower wall tiles in the Bathroom near Bedroom 208 are loose, allowing water to enter the wall. e. The ceiling was stained from pervious leaks. Locations of specific examples include but are not limited to: i. Utility Room ii. Dining Room iii. Library, iv. Laundry (Clean Linen) f. The walls have received more than normal damage and look tattered. Locations of specific examples include but are not limited to: i. Nurse Station ii. Corridor wall outside of Parlor.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing	C 166		

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C 166	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on August 7, 2015: a. The floor drain grate for the shower in the Bathroom near Bedroom 210 was at least 5/8 inch below the finish floor, creating a tripping hazard. b. In the Dining room the, ceiling supply register was rusty. c. In the Staff Lounge the commode was missing in its toilet seat.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (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 residents areas, with the required individual towels and/or towel bars for each resident. Findings on August 7, 2015: a. There was no means to hang a second towel	C 175		

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C 175	Continued From page 4 in Bedroom 214 or the adjoining Bathroom. b. The towel bar in Bedroom 214 was broken.	C 175		
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: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on August 7, 2015: a. Through-out the building, there was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance tags.	C 183		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the	C 185		

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C 185	Continued From page 5 shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Manager the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on August 7, 2015: a. The Facilities day in divided has three working shifts daily but only performed 2 second shift and 1 first shift rehearsals, for the last 12 months.	C 185		
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 maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed	C 189		

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C 189	Continued From page 6 and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on August 7, 2015: a. Corridor doors were blocked open with beds and will not close with normal force, and/or motion. Locations of specific examples include but are not limited to: i. Bedroom 217 ii. Bedroom 116 2. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on August 7, 2015: a. Corridor door to Bedroom 215 was equipped with a double cylinder dead bolt, in addition to the latch set. When the double cylinder dead bolt is locked a key would be required to exit the room. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on August 7, 2015: a. An exit sign in the Dining Room had inappropriate chevrons graphics that misrepresent the way to egress from the room during an emergency. 4. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors the 1991 NC State Building Code defines	C 189		

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C 189	Continued From page 7 as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on August 7, 2015: a. The Kitchen to Dining pair of door leafs have an excessive gap meeting edges, ranging between acceptable to ¾ inches. This gap is not smoke tight. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on August 7, 2015: a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system, there has been no record keeping of the monthly inspections. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively latch into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on August 7, 2015: a. Corridor door to Lounge, near Library, did not latch to its frame. 7. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its	C 189		

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C 189	Continued From page 8 integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on August 7, 2015: a. The one hour fire-resistance-rated ceiling assembly had a 3/4 inch hole with cable penetration not sealed in the Medical Records Office. b. In the Laundry, the escutcheon plate on the gas pipe had drop down exposing an opening through the one-hour fire-resistance-rated ceiling assembly. 8. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on August 7, 2015: a. Several portable medical oxygen cylinders were stored standing up in beverage crates not secured to the structure. Locations of specific examples include but are not limited to: i. 1 Bottle, Bedroom 212. Deficiency corrected before Construction Surveyors departed Site. ii. 2 Bottles, Bedroom 112 corridor side Closet. Deficiency corrected before Construction Surveyors departed Site. iii. 2 Bottles, Medical Records Office. Deficiency corrected before Construction Surveyors departed Site.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 191		

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C 191	Continued From page 9 (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. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 prevent the use of unvented & portable electrical heater in the facility. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on August 7, 2015: a. A portable electric heater was found in the Office of the Director of Health Care.	C 191		
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 10 (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 and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on August 7, 2015: a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to: i. Laundry, ii. Water Heater/Janitor Closet, iii. Bedroom 118.	C 199		