STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049016	A. BUILDING: **01** B. WING _____	**07/28/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIN VILLAGE	**999 TABOR ROAD** **OLIN, NC 28660**

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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Frank Strickland on July 28, 2015. Records indicate this facility was originally licensed or submitted as a Home for the Aged on April 1, 1968. There was a later addition to the building on May 4, 1987 that increased the total capacity to 64 beds. Based on this information, the older portion of the facility was surveyed using the 1967 NC Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the rules for Adult Care Homes of Seven or More Beds. The newer portion of the building, to the rear and left of the fire wall nearest the kitchen, was reviewed using the 1978 NC State Building Code, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the 2005 rules for Adult Care Homes of Seven or More Beds Physical plant deficiencies were noted which require a plan of correction.	C 000		
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. This Rule is not met as evidenced by: 1. Based on record review, and interview with Manager, the facility failed to provide in the facility, current (completed within the last twelve	C 111		

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C 111	Continued From page 1 months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on July 28, 2015: a. The current annual Kitchen Sanitation Inspection Report was not available for review, b. The current annual Fire Marshal Inspection Report was not available for review, c. The current annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review.	C 111		
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, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on July 28, 2015: 1. The return HVAC and ventilation grilles and their radiation dampers have an excessive	C 164		

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C 164	Continued From page 2 accumulation of dust/lint on the Maintenance Room.	C 164		
C 165	Housekeeping and Furnishings-Sanitation Grade SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; (e) 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 maintain a sanitation scores of 85 or above at all times in facilities with 13 beds or more in accordance with this Rule. This deficiency affects all residents, staff and visitors by not having clean and sanitary facilities.to live and work in. Findings on July 28, 2015: 1. The facility received a Sanitation score of 82.5 on June 8, 2015. Manager stated that items where corrected and has requested a re-inspection from Environmental Health Department.	C 165		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge)	C 183		

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C 183	Continued From page 3 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 July 28, 2015: a. Through-out the building, including the "K" extinguisher in the kitchen, there was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance tags.	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 in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on July 28, 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 in Manager's Restroom.	C 188		

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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 the fire protection equipment was not maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on July 28, 2015: a. The fire alarm system's heat detector was dangling from the ceiling by its power/operational wires. Locations of specific examples include but are not limited to: i. Restroom across from Bedroom 8, ii. Dining Room, iii. Coke Room, iv. Bath 7. b. The heat detector in Coke room had a bent sensor disk. 2. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on July 28, 2015:	C 189		

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C 189	Continued From page 5 a. There was gap around cables that penetrate through the fire-resistance-rated wall assembly near the speaker at the Nurse station. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on July 28, 2015: a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to: i. Corridor next to Bedroom 4, ii. Corridor next to Bedroom 25 b. The one wall-mounted self-contained emergency light did not have adequate light output to cover the entire left front corridor. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained. This would affect all staff, by allowing unsafe conditions to persist. Findings on July 28, 2015: a. In the Maintenance Room, many items are being stored directly in front of the electric panels, encroaching upon the required clear working space. b. Light fixture on kitchen ramp was falling down from the ceiling and had no globe c. The exit sign in Dining was falling down from the ceiling. d. The electrical power receptacle cover plate was broken in the Nurse Station.	C 189		

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C 189	Continued From page 6 6. Based on observation, the Building was not maintained in a safe and operating condition, because the there was no exit sign to 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 July 28, 2015: a. There is no directional exit sign directing you to exit the smoking shed. 7. 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 door leafs not fitting into their fames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on July 28, 2015: a. The corridor door assembly to the Office Assistance Office had a ¼ inch to 3/8 inch gap between the top edge of the door and the bottom of the doorframe's stop. 8. 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/automatically latching 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 July 28, 2015: a. Bedroom 10, the corridor door does not latch when using normal closing force. b. Bedroom 2 door set was loose. c. The panic hardware on the Cross Corridor door near Bedroom 26 were missing their end	C 189		

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C 189	Continued From page 7 covers.	C 189		
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 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 July 28, 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. Kitchen staff toilet,	C 199		