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
	HAL088006	A. BUILDING: 01 B. WING	06/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNMORE PLANTATION	515 W. KAPP STREET DOBSON, NC 27017

(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 on June 17, 2015. Based on information gathered from our files, the Facility was first licensed on March 1, 1973. The facility is currently licensed for Sixty (60) Beds, including Thirty (30) Special Care Beds. Based on the above information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations - Homes for the Aged and Infirm; the applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds; and the 1967 North Carolina State Building Code - Institutional Occupancy. Deficiencies were noted which require a plan of correction.	C 000	CONSTRUCTION SECTION JUL 30 2015 RECEIVED	
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 Assistant Administrator, the facility failed to provide all fire and building safety inspection reports in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any system's deficiency that may be discovered with required inspections. Findings on June 17, 2015: a. The records indicated that the Annual Fire Officials Report was over a year old on May 19,	C 111	Annual Fire Officials report was completed on 4/20/15 See attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shannon Hardy | TITLE: Admin Assistant | (X6) DATE: 7/17/2015

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C 111	Continued From page 1 2014. b. The records indicated that the Annual Fire Alarm System Report was over a year old on May 20, 2014.	C 111	Annual Fire Alarm System Service was completed	4/20/15
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that plumbing fixtures, are designed to provide privacy in group settings. Findings on June 17, 2015: a. There was no privacy provide at some of the plumbing fixtures. Locations of specific examples include but are not limited to: i. Patient Bath across from Bedroom 111, ii. Patient Bath across from Bedroom 109, iii. Patient Bath across from Bedroom 127, iv. Patient Bath across from Bedroom 125.	C 132	Will order and install privacy partitions by	8/10/15
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	C 155		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNMORE PLANTATION	615 W. KAPP STREET DOBSON, NC 27017

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C 155	Continued From page 2 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 clean and in good repair. Findings on June 17, 2015: a. In the following rooms, the floor tiles were chipped, cracked, broken and/or swollen and raised, creating tripping hazards. Locations of specific examples include but are not limited to: i. Bedroom 109, ii. Bedroom 106.	C 155	Replaced flooring and in good repair	7/16/15
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 exposing them to, unclean conditions and equipment in disrepair. Findings on June 17, 2015: a. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to contaminate the	C 164	Pipe was repaired to meet the minimum requirements	6/23/15

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C 164	Continued From page 3 ice if it gets clogged.	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 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. 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 June 17, 2015: a. The HVAC grilles, ventilation grilles, and their radiation dampers have an excessive accumulation of dust/lint. Locations of specific examples include but are not limited to: i. Left Side Women Pubic toilet room , ii. Dining room return near Kitchen.	C 166	Cleaned and are dust/Lint free	6/23/15
C 174	Bedroom Furnishings-Table, Mirror, Chairs 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: (2) a bedside type table;	C 174		

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C 174	Continued From page 4 (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the furniture clean and in good repair. Findings on June 17, 2015: a. In Bedroom 109, there was a chair with a torn seat bottom.	C 174	Chair was removed on	7/17/15
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, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained at the required 30 feet maximum	C 189		

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C 189	Continued From page 5 spacing. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on June 17, 2015: a. There is a 45 to 48 feet gap in the smoke detectors in the right side front hall and left side front to back hall. 2. Based on observation, the Building was not maintained in a safe manner by not maintaining the boiler room's one-hour fire-resistance-rated enclosure. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on June 17, 2015: a. The door to the boiler room from the laundry had it door closer removed. b. The wall between the boiler room from the laundry had an abandoned 3-inch plastic pipe penetration. 3. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on June 17, 2015: a. The left side firewall's door was impaired and may not contain a fire. It had broken veneers around the latch bolt. Note: The door is generally in poor condition having a repaired split on the hinge side and the veneers at the stiles have been chipped away from traffic. 4. Based on observation, the Building was not maintained in a safe and operating condition,	C 189	Industrial Fire and Safety will install smoke detectors to meet the minimum requirements by Door closer will be replaced by the abandoned 3-inch pipe has been capped off since pipe became abandoned. Added fire calking on Firewall doors were ordered on 6/22/15 and will be installed by	8/10/15 8/10/15 7/17/15 8/10/15

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C 189	Continued From page 6 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 June 17, 2015: a. The exit sign illumination did not work on backup power when the test button was pushed at the following locations to include but not limited to: i. Exit right rear, b. The exit sign illumination did not work on normal power or backup power when the test button was pushed at the following locations to include but not limited to: i. Exit to Locked courtyard, ii. Exit Left rear, iii. Kitchen exit. 5. 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 safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on June 17, 2015: a. There were unapproved multiple plug surge protectors without inhtegral overcurrent protection through-out the building. 6. 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 June 17, 2015:	C 189	CONSTRUCTION SECTION AUG 12 2015 RECEIVED All EXIT Signs have been repaired and are in good working condition A previous Biennial Survey Follow-up approved the surge protectors that were currently being used during the 6/17/15 Biennial Survey. Date of Biennial Survey Follow-up 11/19/2013. Original Biennial Survey 7/24/2013. Hood system service was completed on 4/20/2015 and 6/23/2015	7/17/15 Removed surge prote Will replac with strip surge prote that are r regulato Standa

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C 189	Continued From page 7 a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in April 2015, there has been no record keeping of the monthly inspections.	C 189	Maintenance man will inspect and initial monthly inspections	7/1/2015
	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 frames 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 June 17, 2015: a. The corridor Dutch door to the right Med Room had an open gap between the leaves, allowing smoke to pass through.		Dutch door was repaired and in good working Condition	6/23/15
	8. Based on observation, the Building was not maintained in a safe and operating condition, because some 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 June 17, 2015: a. The Patient Bathroom across from Bedroom 111, the corridor door does not latch because the door rubs the floor/threshold and will not close, when using normal closing force. b. The corridor Dutch doors to the Med Rooms had top leaves that did not automatically latch into the bottom leaves. c. The Left Women Public Toilet Room door does not latch because the door rubs the frame and will not close, when using normal closing force.		Door will be repaired and in good working condition by Spring loaded latches will be installed for automatic latching by Door will be repaired and in good working condition by	8/10/15 8/10/15 8/10/15

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C 189	Continued From page 8 9. 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 and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on June 17, 2015: a. Corridor door to the following rooms were blocked with a bed and will not close with normal force, or motion. Locations of specific examples include but are not limited to: i. Bedroom 101, ii. Bedroom 103. b. The Right side Cross Corridor door was wedged open part of the time during the survey. 10. 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 June 17, 2015: a. The left firewalls in the attic had an unfirestopped cable penetrations through the wall. b. There were gaps around cables that penetrate through the fire-resistance-rated ceiling assembly Locations of specific examples include but are not limited to: i. Left side Med Room, ii. Kitchen fire alarm bell, iii. Commercial hood System box. c. The Admin Office had two 2-inch open-ended sleeves with unsealed cable bundles penetrating the fire-resistance-rated ceiling assembly. d. A conduit in the copy room had unfiresopped	C 189	Rearranged room. Door closes with normal force or motion. 6/17/15 Wedges removed 6/17/15 Fire rated calking was added around cable penetration 6/24/15 Fire rated calking was added to ceiling penetrations 6/22/15 Fire rated calking was added 6/22/15 Fire rated calking was added 6/22/15	

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C 189	Continued From page 9 cable penetrating the gap around the outdide of the outside of the conduit through the fire-resistance-rated ceiling. 11. 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 June 17, 2015: a. The Pantry door was locked from the kitchen side with a hasp device and padlock, b. The walk-in refrigerator was equipped with hasp hardware and padlock that foils the use of override device.	C 189	Hasp device and padlock have been removed from pantry door and walkin cooler.	6/22/15
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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	C 191		

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C 191	Continued From page 10 used by resident or combustible material were near. Findings on June 17, 2015: a. A portable electric heater was found in the front Admin Office.	C 191	Portable electric heater was removed	7/17/15
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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. This would affect all residents, staff and visitors by exposing them to water temperature outside of the limits set in the Rule. Findings on June 17, 2015: a. Bedroom 113 sink hot water was 96 degrees Fahrenheit.	C 195	Hot water heater was adjusted. Monthly water temps will continue to be conducted by Maintenance man.	6/23/15
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

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C 199	Continued From page 11 (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 facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on June 17, 2015: b. The exhaust ventilation was running but did not remove the required CFM's of ventilation required by the Rule. Locations of specific examples include but are not limited to: i. Patient Bath across from Bedroom 109, ii. Women public toilet room on left side. a. The exhaust ventilation was not working. Locations of specific examples include but are not limited to: i. Women public toilet room on right side, ii. Men public toilet room on right side.	C 199	Motors will be replaced and in good working condition by 8/10/15 Motors will be replaced and in good working condition by 8/10/15	

Surry County Fire Marshal's Office

FIRE PREVENTION INSPECTION REPORT
ORDER TO COMPLY
1218 State Street, Suite 600
Mount Airy, NC 27030

Occupant Name:	Dunmore Plantation	**Inspection Date:**	4/20/2015
Address:	515 West Kapp Street	**InspectionType:**	Reinspection
Suite:			
City:	Dobson	**Inspected By:**	Jimmy Ashburn (336) 783-9040
Section:	67		

Pass Fail N/A

North Carolina Fire Code 2012

Floor 1

Chapter 9 Fire Protection Systems

☐ ☒ ☐ 904.2.1 Automatic fire suppression system in commercial hoods

✔ ***Violation cleared on 4/20/2015***

ALL VIOLATIONS/HAZARDS NOTED ABOVE SHALL BE CORRECTED IMMEDIATELY. THE PREMISES WILL BE REINSPECTED ON THE REINSPECTION DATE LISTED ABOVE. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE SURRY COUNTY FIRE MARSHAL'S OFFICE AT (336) 783-9040.

INDUSTRIAL FIRE & SAFETY, INC.

PO BOX 1352
MOUNT AIRY, NC 27030
Phone: 336-789-5400 Fax: 336-789-0320

Invoice

04/24/2015	789

Bill To	Ship To
DUNMORE PLANTATION PO BOX 705 DOBSON, NC 27017	DUNMORE PLANTATION DOBSON, NC 27017

P.O. Number	Terms	Rep	Ship	Via	S.O. No.	Project
	Net 30	RPH	04/24/2015		25771	

Quantity	Item Code	Description	Price Each	Amount
1	FSP1	FIRE ALARM SYSTEM SERVICE	225.00	225.00
1	HS	HOOD SYSTEM SERVICE	60.00	60.00
1	450ML	450 ML FUSE LINK	8.00	8.00T
		SURRY COUNTY TAX	7.00%	0.56

Thank you for your business.

Total $293.56