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
	HAL016002	A. BUILDING: 01 B. WING	R 07/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEEDHAM ADULT CARE HOME	916A S SANDY HOOK ROAD SHELOH, NC 27874

(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 Follow-up Construction Survey conducted by Greg Cates and Billy Bryant on July 8, 2015. Some of the previously cited deficiencies have not been corrected and will require further action.	(C 000)		
(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 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: 1. 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 July 8, 2015 include: New latching hardware has been installed on the	(C 101)		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Krissina M White — TITLE: Admin. Asst. — (X6) DATE: 8/10/15

PRINTED: 07/22/2015
FORM APPROVED

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
	HAL016002	A. BUILDING: 01 B. WING _____	R 07/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEEDHAM ADULT CARE HOME	916A S SANDY HOOK ROAD SHILOH, NC 27974

(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 Follow-up Construction Survey conducted by Greg Cales and Billy Bryant on July 8, 2015. Some of the previously cited deficiencies have not been corrected and will require further action.	(C 000)	CONSTRUCTION SECTION AUG 03 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 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: 1. 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 July 8, 2015 include: New latching hardware has been installed on the	(C 101)		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

PRINTED: 07/22/2015
FORM APPROVED

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
	NAL018002	A. BUILDING: 01 B. WING	R 07/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEEDHAM ADULT CARE HOME	916A S SANDY HOOK ROAD SHILOH, NC 27874

(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 101)	Continued From page 1 Dining Room door however the keeper on the door frame has not been installed so the door still does not positively latch.	(C 101)	Correction completed on July 9, 2015 by maintenance department. The door will now positively latch. POC- Daily observance of door to check for compliance will be performed.	7-9-2015
(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 fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm. Findings on March 27, 2015 include: a. The sprinkler report dated 1-13-15 indicated the water gong alarm is not working. Findings on July 8, 2015 include: Administrator provided a copy of a contract with the Sprinkler contractor to make the necessary repairs to the water gong however no date of completion was evident. b. The sprinkler report dated 1-13-15 indicated the 155 degree dry pendant heads installed in 2005 are due for their 10 year inspection / replacement.	(C 189)	a. Water gong alarm was replaced on 7-14-2015 with an electric bell and power has been provided. Noted to be in working order. b. Attached you will find report from VSC for work complete. POC- Continue with annual inspection by VSC.	7-14-2015

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	HAL018002	A. BUILDING: 01 B. WING	R 07/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEEDHAM ADULT CARE HOME	918A S SANDY HOOK ROAD SHILOH, NC 27974

(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 189)	Continued From page 2 Findings on July 8, 2015 include: Administrator provided a copy of a contract with the Sprinkler contractor to make the necessary repairs to the pendant heads however no date of completion was evident. c. The tags on the fire extinguishers indicate monthly checks are not being performed per NFPA 10. d. The tag on the Ansul fire suppression system indicate monthly checks are not being performed per NFPA 10. f. The sprinkler head on the back porch has an escutcheon that has slid down.	(C 189)	Completed 7-14-2015 , refer to attachment included from VSC work order. POC- c & d to be completed first of every month. f. Has been replaced, Refer to attachment included from VSC work order.	7-14-2015 7-9-2015 7-14-2015

1417 Miller Store Road, Suite C
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FIELD WORK ORDER

CUSTOMER NO. # [redacted] FIELD WORK Order # 21015

VSC Fire & Security, Inc. (the Company) proposes to furnish the work and/or materials described below, subject to the terms and conditions outlined below and on the reverse of this document.

(authorize the Company to proceed with the work)
Kristina White Kristina
Print Name Signature
TECH(S): Mike

CONTACT: Rodney Heatherly PHONE: (252) 336-2700
JOB NAME: 9/6 A Sandy Hook Rd. Shiloh, NC
JOB ADDRESS: Needhams Adult Care
CUSTOMER BILLING NAME:
CUSTOMER BILLING ADDRESS:
BILLING TELEPHONE: DAY WORK
DATE: 7/14/15 CONTRACT NO.
BY: EXTRA
BILL TO: CUSTOMER ADDRESS JOB ADDRESS

QUANTITY	ITEM NO.	MATERIAL	PRICE	DESCRIPTION OF WORK
1		120V Electric Bell		To provide labor, tools and
1		½" plug		material to remove water
				motor gong and wiring and
				provide an electric bell. Bell
				was wired to switch plug in to
				a junction box. Electrician is to
				provide power at junction box.
				Also replaced (7) dry pendant
				sprinkler heads on dry system.
				System is now Back in Service.

LABOR

TECH INITIAL	ST	OT	DT	TRAVEL	TOTAL HOURS
MH	8				

VALVE SEAL #

CONFIRMED MUST NOTIFY WORK ORDERED BY FIXED PRICE

NOTE: THIS FIELD WORK ORDER IS EXPRESSLY SUBJECT TO AND INCLUDES THE TERMS AND CONDITIONS ON THE REVERSE SIDE HEREOF.

SIGNATURE: Kristina White DATE 7-14-15 Placed back into service ____ hrs/min