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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
	HAL084001	A. BUILDING: 01 B. WING	04/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

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C 000	Initial Comments This Report is of a Biennial Construction Survey done by Bob Getchell on April 21, 2015. Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about July 1, 1986 for Thirty (30) Beds. Based on the above information, the facility is required to meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes; and, the 1978 North Carolina State Building Code Revision 5, Section 409/ Institutional Occupancy - Group I. Deficiencies were noted which will require a new plan of correction.	C 000	CONSTRUCTION SECTION JUN 01 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:	C 101		

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

Administrator — 5/28/15

STATE FORM 6899 M2ZS21 If continuation sheet 1 of 8

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C 101	Continued From page 1 1. Based on observation, the building exit signage was not maintained in a safe manner. This would effect all residents if confusion was caused by not clearly directing residents to the exits. Findings include: a. The left (facing the facility from the street) evacuation route from the basement is not clearly marked. From the corridor, there is not an exit directly visible and no directional exit sign visible. With the kitchen door open, a door to the outside from the kitchen is visible, making it appear the exit path may pass through the kitchen. Exiting through a commercial kitchen is not in conformance with the NC State Building Code. 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 if smoke and fire were not contained in the room of origin. Findings include: The kitchen separation from the corridor is being accomplished by an accordion door. At the time of survey indication of the fire resistance rating of the accordion door was not identified. This is not in accordance with the requirement for corridor doors in an unsprinklered Institutional Occupancy to be of 1 3/4 solid wood or the equivalent. Note: Although the corridor was sprinklered, no fire sprinkler coverage was identified in the kitchen.	C 101	1 a.) A directional exit/evacuation sign will be placed on the corridor wall 2) a survey of the facility will be done to insure that all evacuation/exit routes are posted throughout the facility 3) Checking evacuation/exit signage will be placed in the facilities preventive maintenance plan and checked monthly *4) On a monthly basis the administrator will check to make sure evacuation/exit signage is clearly visible throughout the building. 2.) A 1¾ solid wood door will be placed between the kitchen and the corridor 3) a survey of the facility will be done to insure proper doors separate all rooms adjacent to the corridor. 4) Checking corridor doors will be added to the preventive maintenance plan and checked monthly *5) On a monthly basis the administrator will check to make sure corridor doors meet separation requirements.	June 20 June 20
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 133		

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3. The Vanford Sprinkler Company has been contacted to determine if Sprinklers are needed in the kitchen. will send a written letter it [illegible] is needed

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C 133	Continued From page 2 ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner because a toilet grab bar is coming loose from the wall. This would effect all residents using the hall toilet by exposing them to fall hazards Findings include: The basement corridor bathroom has a toilet grab bar coming loose from the wall.	C 133	1. 1) The toilet grab bar in the basement corridor bathroom has been re-attached to the wall 2) A survey of the facility will be done to insure that all toilet grab bars are securely fixed to the wall. 3) Checking to confirm that all toilet grab bars are securely fixed to the wall in all bathrooms will be added to the facility's preventive maintenance program and checked monthly. 4) On a monthly basis, the administrator will check to confirm that all toilet grab bars in bathrooms are securely fixed to the wall.	June 2015
C 144	Med Prep Area-Sink with Lever Handles SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: 1. Based on observation, hand washing equipment was not maintained in a safe manner by having nurse sinks without lever handles. This would effect all residents by exposing them to pathogens. Findings include: a. The 2nd floor med room has a med sink that is not equipped with lever or a single action handle	C 144	1. 1) Lever handle will be added to the med sink in the second floor med room. 2) A survey will be conducted to insure that all med room sinks are equipped with lever handles 3) Checking to insure that all med room sinks have lever handles will be added to the facility's preventive maintenance program and checked monthly. 4) On a monthly basis, the administrator will check to confirm that all med room sinks are equipped with lever handles.	June 2015

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C 144	Continued From page 3 for infection control.	C 144	1. a. 1) Chairs blocking the access to the basement corridor door have been removed. 2) A survey will be done to insure that no furniture is blocking access to corridor exit doors. 3) Checking to insure that no furniture is blocking access to corridor exit doors will be added to the facility's preventative maintenance plan and checked monthly. 4) On a monthly basis, the administrator will check to insure that no furniture is blocking access to any corridor exit door.	June 20
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 exit doors that were obstructed by furniture. This would effect all residents by not allowing free egress in an emergency. Findings Include: a. The right basement corridor exit door has a row of chairs blocking access to the handrail and the door.	C 150		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and 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	C 153	1. a. 1) The deadbolt will be removed from the dining room door and single motion door hardware added to that door. 2) A survey will be done to insure that all exit doors are equipped with single motion door hardware. 3) Checking to insure that all exit doors are equipped with (over) →	June 20

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C 153	Continued From page 4 door hardware that took multiple hand motions to open. This would effect all residents by not allowing free egress in an emergency. Findings include: a. The dining room has a door that opens to the outside and is marked with an exit sign but is equipped with both a locking doorknob and a deadbolt.	C 153	Single motion door hardware will be added to the facility's preventive maintenance plan and checked monthly. *1) On a monthly basis the administrator will check to insure that all exit doors are equipped with single motion door hardware.	
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 sprinkler equipment was not maintained in a safe manner due to obstruction of the sprinkler heads. This would effect all residents in the area by obstructing sprinkler coverage. Findings include: In the basement corridor adjacent to the Dining Room and Kitchen lattice has been installed in the ceiling which obstructs the spray pattern of the sprinklers. 2. Based on observation, the building exit signage was not maintained in a safe manner.	C 189	1) Lattice adjacent to the Dining Room and kitchen will be removed so that it does not obstruct the spray pattern of the sprinkler. due 7-9 2) A survey will be done to insure that no sprinkler spray pattern in the facility is obstructed. 3) Checking to insure that no sprinkler spray pattern in the facility is obstructed will be added to the facility's preventive maintenance plan and checked monthly. *4) On a monthly basis the administrator will check to insure that no sprinkler spray pattern is obstructed.	

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C 188	Continued From page 5 This would effect all residents by not keeping the exits visible in an emergency. Findings include: Exit signs are not visible due to blockage and/or lights burned out in the following locations: a) Exit sign at right basement exit b) Exit sign at Dining Room exit, c) Exit sign at kitchen exit. 3. 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 include: a. The ceiling in the basement chapel has been sealed with a thin layer of masonite. b. The ceiling in the kitchen has been sealed with fiberglass reinforced plastic. c. The ceiling in the Laundry and Laundry closet has an open plumbing chase to the first floor. d. In the mechanical equipment room off the basement maintenance shop the ceiling is open to the 1st floor. e. In the basement pantry/storage area a chase open to the 1st floor has been enclosed with plywood. f. The 2nd floor left bathroom has no gypsum behind the fiberglass reinforced plastic panels under the sink. g. Near the 2nd floor back right fire exit door the corridor wall has been patched with luan plywood. 4. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would effect all	C 188	2. 1) The exit sign at the right basement exit, the Dining Room exit, and the kitchen exit will be relocated/repaired so that the exits are clearly visible 2) A survey will be done to insure that all exit signage is clearly visible 3) Checking to confirm that all exit signage is clearly visible will be added to the facility's generator maintenance plan & checked monthly 4) On a monthly basis the administrator will check to confirm that all exit signage is clearly visible. 3. 1) The fire resistant ratings of building components will be updated to include the chapel ceiling, the kitchen ceiling, the laundry and laundry closet ceiling, a chase in the storage area, the panels under the sink in the second floor bathroom, and the second floor corridor wall. 2) A survey will be done to insure that the fire resistant rating of all building components has been maintained 3) Checking to insure that fire resistant rating of all building components has been maintained will be added to the facility's	June 30

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C 189	Continued From page 6 residents by potentially siphoning waste water into the potable water system. Findings Include: The spray hose on the Beauty Shop sink has no vacuum breaker. 5. 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 Include: The following walls and ceilings have unprotected penetrations: a. The Employee Lounge ceiling has PVC pipe penetration that needs a fire collar, and other penetrations by pipe. b. Laundry Room ceiling has gaps at the rated ceiling tiles, c. Mechanical Equipment Room has holes to the maintenance shop, d. Storage Area/Pantry, e. Dining Room, f. Copy room, g. Linen Closet, h. Room 8 These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814. 8. Based on observation, the facility was not maintained in a safe manner by having doors that did not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire	C 189	yearly by the maintenance supervisor & checked monthly * On a monthly basis, the administrator will check to confirm that the fire resistant ceiling of all buildings consistently do have vacuum breakers. * 4. All vacuum breaks will be added to the spray hose on the laundry sink and shop sink. 6/20 2) A survey will be done to insure that all units that have a spray hose have a vacuum breaker. 3) Checking to confirm that all spray hoses on sinks will be added to the facility's preventive maintenance supervisor and checked monthly * On a monthly basis the administrator will check to insure that all spray hoses on sinks are equipped with a vacuum breaker. 5. Fire stop and fire collars/sleeves will be added to unprotected penetrations of employee lounge, laundry room, mechanical room, pantry, dining room, copy room & room 8. 2) A survey will be done to insure that there are no unprotected penetrations in walls and ceilings 3) Checking to confirm that there are no unprotected penetrations in walls and	

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C 189	Continued From page 7 compartment or room of origin. Findings Include: The following doors do not close and latch properly: a. Beauty Shop door held open with wedge, b. Employee Lounge door has a gap at the top, c. Laundry Room door is 6-panel hollow core door without a closer and door frame has no jambs for door to seal against. (Laundry is 17x12). 7. Based on observation, the kitchen ice machine was not maintained in a safe manner. This would effect all residents by potentially contaminating the ice. Findings include: a. The ice machine drain line was inserted into the drain line. Provide an air gap between the discharge pipe and the drain. 8. Based on observation, the facility was not maintained in a safe manner by having a fire rated door that did not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment or room of origin. Findings include: The 1st floor center stair door did not close and latch when activated by the fire alarm system.	C 189	ceiling will be added to the facility's preventive maintenance system & checked monthly. *1) On a monthly basis, the administrator will check to confirm that there are no unpainted construction (ie walls and ceilings. 6.1) Doors in the Beauty shop, employee lounge, and laundry will be repaired/replaced to insure that all doors close and latch properly (laundry door will be replaced) June 30 2) a survey will be done to insure that all doors close and latch properly. 3) Checking to insure that all doors close and latch properly will be added to the facility's preventive maintenance system and checked monthly. *4) On a monthly basis, the administrator will check to confirm that all doors close and latch properly.	

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