PRINTED: 10/23/2015
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
	HAL041010	A. BUILDING: 01 B. WING _____	10/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	1510 DEEP RIVER ROAD HIGH POINT, NC 27265

(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 report is of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on October 7, 2015. This facility was first licensed as a Home for the Aged on April 1, 1965, and currently serves 93 residents. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the licensing of Adult Care Homes, and, the 1958 North Carolina State Building Code(s), Institutional Occupancy. Deficiencies were noted which will require a new plan of correction.	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	C 101		

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C 101	Continued From page 1 maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: a. The HVAC ductwork in the kitchen and pantry was modified and changed from metal duct to plastic flexible duct, however no radiation dampers were installed in three of the ceiling vents. b. Three HVAC vents have been added to the system in the hallway ceiling outside the Administrators office, however the ceiling penetrations are not protected by radiation dampers. c. In the closet at room 103 the attic access hatch is missing 1 layer of 5/8 " gypsum, and the hatch is supported by wood casing instead of 1/4" angle iron. d. In the Beauty Shop the exhaust fan does not appear to have a radiation damper. Verify this ceiling penetration is protected by a radiation damper.	C 101	→ Heating & Air Vendor is working on this. → In process. → Hatch is repaired and the wood casing is replaced with 1/4" angle iron. → In process.	11/20/15 11/20/15 11/03/15 11/20/15
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL 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 facility was not	C 133		

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C 133	Continued From page 2 maintained in a safe manner by not providing a grab bar at the toilet. Findings Include: The room 307 bathroom has no grab bar at the toilet.	C 133	→ Grab bar at the toilet 307 has been installed.	11/02/15
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 manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: a. The attic fire wall over room 112 has unprotected penetrations by two sprinkler pipes and other unprotected penetrations by wire and conduit b. The 1-hour fire resistance rated basement ceiling has two holes cut in the gypsum near the stairs. c. The attic smoke barrier wall over the cross corridor doors in the SCU has unprotected	C 189	→ The unprotected penetrations have been sealed/corrected → Two holes have been repaired → Unprotected penetrations were sealed	11/02/15 10/26/15 11/02/15

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C 189	Continued From page 3 penetrations by conduit and pipe. d. The Housekeeping closet at room 305 has a plastic access panel installed in the ceiling which compromises the 1-hour fire resistance rating. e. The Laundry room has 3 unprotected PVC penetrations in the ceiling, and, a hole in the wall at the water heater. f. The closet ceiling at the Nurse Station near room 401 has unprotected penetrations. g. Room 306 bathroom has a gap at the sprinkler escutcheon revealing an opening to the attic. h. In the electrical closet at the kitchen entrance an un-rated foam sealant has been used in the ceiling . I. In the utility/phone room an un-rated foam sealant has been used in the ceiling . j. In the SCU water heater room an un-rated foam sealant has been used in the ceiling . k. In the Med Room there is an unprotected penetration in the ceiling l. In the kitchen there is an unprotected penetration in the ceiling by a water line near the dishwasher. 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. 2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch. Findings include: The following doors have issues: a) Cross corridor door at room 311 won' t close and latch, b) Room 303 door will not close and latch, c) Room 106 door was wedged open d) Room 110 door was wedged open.	C 189	→ 5/8" thick type x gypsum board installed - → Laundry Room caulking completed → Caulking completed. → Caulking completed. → Completed. → ASTM E-814 Fire caulk used to seal. → Regulatory fire caulk used to seal. → Ceiling caulked. → Completed and Sealed (all caulking done with ASTM E-814 - → Corrected - → Corrected - → Corrected - → Corrected -	11/03/15 10/26/15 11/03/15 11/03/15 11/03/15 11/03/15 11/03/15 11/03/15 11/03/15 10/19/15 10/19/15 10/19/15 10/19/15

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C 189	Continued From page 4 3. Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency. Findings include: Exit signs and emergency lights are not working in the following locations: a) Exit sign at room 311 has no battery backup, b) Exit sign at front entrance to Day Room is not working on battery backup. c) Emergency light #5 in the Dining Room is not working.	C 189	→ Installed new light w/ battery backup. → Corrected. → New light installed.	11/03/15 10/27/15 11/03/15
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, the building exhaust ventilation was not maintained in accordance with	C 199	(All old exit lights were replaced with new lights having battery backup.)	

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C 199	Continued From page 5 this Rule. Findings include: The exhaust fan is not working in the Soiled Utility at room 305	C 199	→ New fan & motor have been ordered. New fan was installed in Soiled utility. The following measures are in place to safe guard against deficient practices recurring. ① Preventive Maintenance Program in place. - Exit lights are checked daily. - Emergency lighting tested monthly. - Exhaust fans checked on a weekly basis. - All doors monitored for proper closure and latching by housekeeping. - Remaining vigilant to new penetrations around pipes/ceiling so that caulking is done right away. (Documentation in place for monitoring)	10/20/15 11/03/15