

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/20/2015
NAME OF PROVIDER OR SUPPLIER LAWDALE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 601 LAKESIDE DRIVE GARNER, NC 27629		
(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 Followup Survey done by Bob Getchell on October 20, 2015. The followup survey revealed that all deficiencies were not corrected, therefore a new plan of correction is required.	(C 000)		
(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 have walls, ceilings, and floors or floor coverings kept clean and in good repair. Followup Findings on October 20, 2015: ✓ b. Behind the commode in Bathroom near Bedroom 210, the gypsum wallboard was damage and mold existed. ✓ d. Some shower wall tiles in the Bathroom near Bedroom 208 are loose, allowing water to enter the wall.	(C 164)	b. Repairs Completed d. Repairs Completed	11/30 11/30
(C 166)	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	(C 166)		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 5

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{C 188}	Continued From page 1 (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 Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on August 7, 2015: ✓ a. The floor drain grate for the shower in the Bathroom near Bedroom 210 was at least 5/8 inch below the finish floor, creating a tripping hazard. ✓ b. In the Dining room the ceiling supply register was rusty.	{C 188}	Repairs 2. Completed b. Repairs Completed	11/30 11/30
{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 some corridor doors were held open by	{C 189}		

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(C 189)	Continued From page 2 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. Followup Findings on October 20, 2015: a. Corridor doors were blocked open with beds and will not close with normal force, and/or motion. Locations of specific examples include but are not limited to: ii. Bedroom 116 4. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors the 1991 NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Followup Findings on October 20, 2015: A. i) The Kitchen to Dining pair of door leafs have an excessive gap meeting edges which is not smoke tight, ii) The wire glass in the door is broken. 7. 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 August 7, 2015: ✓a. The one hour fire-resistance-rated ceiling assembly had a 3/4 inch hole with cable penetration not sealed in the Medical Records Office. ✓b. In the Laundry, there is an unprotected	(C 189)	2. Relocate Beds away from Corridor door. Repairs Completed 11/30 2i Install Smoke Seal on Doors. 12/15 2ii Replace Wire Glass Repairs Completed 11/30 7a. Repairs Completed 11/30 7b. Repairs Completed 11/30	

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(C 189)	Continued From page 3 penetration by conduit through the one-hour fire-resistance-rated ceiling assembly above the disconnect box.	(C 189)		
(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 used by resident or combustible material were near. Followup Findings on October 20, 2015: ✓ a. A portable electric heater was found in the Office of the Director of Health Care.	(C 191)	2. Repairs Completed	11/30
(C 199)	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be	(C 199)		

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(C 199)	Continued From page 4 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. Followup Findings on October 20, 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. Laundry, ii. Water Heater/Janitor Closet,	(C 199)	a. Repairs Completed	11/30