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
	HAL019020	A. BUILDING: 01 B. WING	10/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA MEADOWS FAIRWAYS	700 A CAROLINA MEADOWS CHAPEL HILL, NC 37517

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C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 10-6-2015. This facility was first submitted on 3-23-2004, for a new 3 story I-2 Occupancy building at 700, an existing 2 story Group R Occupancy constructed in 1991 to undergo a change of Occupancy to I-2 at 700A and a 1 story Assembly Occupancy at 300 to be sprinklered and used for the required dining area. The facility is currently licensed for 95 beds including a 15 bed Special Care Unit. Therefore the facility was surveyed for conformance with the 1996 Rules for Licensing of Adult Care Homes, the 2002 NC State Building Code and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes.	C 000		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: Based on observation, one of the kitchen counter receptacles in room 220 was not ground fault protected. Unprotected receptacles on kitchen counters could cause a shock or electrocution hazard.	C 188	The outlet was replaced. An initial tour of all units will be conducted to ensure all outlets near wet locations are properly installed by maintenance member. As a unit turns over or repair is made thereafter to an outlet, it will be replaced will the same type of appropriate outlet. The refurbishment supervisor will be responsible to ensure installation of correct outlet.	11/2/15
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	Continued From page 1 (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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the fire alarm system worked but it was showing a "Common Trouble" condition and the Trouble audible alarm had been silenced. Based on interview with staff, the Trouble is believed to be with the secondary phone line for alarm notification. Fire alarm systems that are not kept in proper working order may fail to work in an actual fire condition. 2. Based on a review of documents, the last sprinkler inspection report cites low residual pressure during a flow test. Low pressure could prevent the sprinkler system from working properly. 3. Based on observation, several fire rated corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The 1¾ hour fire rated door from the corridor to the sprinkler riser room was equipped with a mechanical "kick-down" to hold it open. b. The fire rated door from the corridor to the soiled linen room on the 700A side of the facility will not latch when closed. c. The fire rated door from the corridor to	C 189	1. Daily observation of the fire alarm system will be conducted on rounds by security for "trouble" indications. Concerns for the fire panel will be reported to the maintenance supervisor. The maintenance supervisor will be responsible for prompt resolution to the "trouble" indication. A new phone line was installed on 11/12/15. 2. Low pressure is checked during annual sprinkler system inspection by an outside provider. Reports for low pressure will be reported to director of building operations for follow up and resolution. Records of the water pressure will be kept by the maintenance supervisor. 3. Corridor doors will be visualized during fire drills to check for timely closing, door kicks and latching by maintenance staff and/or desginees. Findings will be documented on the fire drill report form. The forms will be kept and monitored by the maintenance supervisor and findings indicating repair will be addressed and completion of task monitored by the director of building operations. a. The door kick was removed. b. Door latches repaired. c. Door latches repaired.	10/15/15 11/1/15 12/1/15 11/11/15

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C 189	Continued From page 2 stairwell 2 will not latch when closed. 4. Based on observation, the cross-corridor smoke barrier doors are equipped with latching hardware. When the doors were closed by activation of the fire alarm system some doors failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread through the corridor to the remainder of the facility. Findings include: a. One of the cross-corridor smoke barrier doors near room 210 did not latch when closed. b. One of the cross-corridor smoke barrier doors near room 211 did not latch when closed. 5. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes, sleeves and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. There was no ceiling radiation damper provided in the 10 inch by 10 inch ceiling HVAC duct penetration in the 2nd floor laundry on the 700 side of the facility. b. Unsealed 4 inch sleeve in the telephone room on the 2nd floor on the 700 side of the facility. c. Holes in attic smoke barrier wall above room 211. d. Unsealed sleeves (3) above the ceiling near room 101 penetrating the stair tower. e. Many holes in the one-hour suspended ceiling in the pump room. f. Unprotected 2 ft. by 4 ft. lay-in light fixture in	C 189	4. Doors were tested for latching capabilities and successfully latched after repair. Doors will be visualized during fire drills for latching during release. Findings will be documented on the fire drill sheets. The sheets will be kept and monitored by the maintenance supervisor and findings indicating repair will be addressed and completion of task monitored by the maintenance supervisor. 4a. The cross-corrider door by 210 was repaired b. The cross-corrider door by 211 was repaired. 5. Inspection of walls and ceilings for holes, sleeve, penetrations and damper inspections are included into monthly inspections done by maintenance staff. Inspections are to be turned into the maintenance supervisor for oversight, task distribution and completion. 5a. Fire damper installed on 11/6/15. b. - e. Holes were fire caulked on 11/14/15. f. An one hour fire rated cover ordered on 12/16/15.	11/11/15

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C 189	Continued From page 3 this one-hour suspended ceiling in the pump room. g. Holes above ceiling in the smoke barrier wall near room 110. h. Plastic access panel, 6 inches by 8 inches, above the electric panel in the eletrical room near the elevator lobby. i. Unsealed penetration above ceiling in the smoke barrier wall near room 111. j. A portion of the corridor wall above the ceiling, near the smoke barrier doors near room 111, stops a few inches below the floor above. k. Holes and cracks in one-hour suspended ceiling in the sprinkler room. l. Unprotected 2 ft. by 4 ft. lay-in light fixture in the one-hour suspended ceiling in the sprinkler room. m. Holes in wall above ceiling into the stair tower near room 120. n. Unsealed sleeve through the floor/ceiling assembly to the upper floor above the suspended ceiling in the copy room. o. Unsealed penetrations in the ceiling of the main mechanical room on the 700A side of the facility. p. Unsealed penetrations through the floor/ceiling assembly above the suspended ceiling in the corridor near the 700A stairs. 6. Based on observation, the sampling tube for the duct mounted smoke detector in the mechanical room close to The Green was dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. 7. Based on observation one of the sprinkler heads in the attic above the the 700 side of the facility was covered in insulation. Sprinkler heads	C 189	5g. Holes sealed with fire caulk on 11/5/15. h. Plastic panel was replaced with metal access panel on 11/14/15. i. Penetration area sealed with fire caulk on 11/5/15. j. Wallboard added to meet floor above on 12/15/15. k. Holes and cracks sealed with fire caulk on 11/6/15. l. One hour fire covers for fixtures ordered 12/16/15. m. - p. Penetrations were sealed with fire caulk on 11/11/15. 6. The sampling tube was cleaned. Cleaning of the tube was added to the an annual cleaning schedule at time of annual fire alarm system inspection. Oversight and montoring will be the responsibility of the maintenance supervisor. 7. Insulation was removed. Inspection of obstacles that may obstruct the sprinkler system will be conducted in attic on semi-annual attic inspection conducted by maintenance staff.	11/5/15 11/14/15 11/5/15 12/15/15 11/16/15 12/16/15 11/11/15 11/9/15 11/4/15

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C 189	Continued From page 4 that are obscured with insulation may be delayed in reacting to a fire. 8. Based on observation, one of the lights in the 700A stairwell was not working. Failure to provide proper lighting in stairways could delay an evacuation in an emergency. 9. Based on observation, the alarm sounding device over an emergency magnetic lock release switch in the Activity room in Special Care did not sound when lifted. Alarm sounding devices that do not work could allow resident elopement. 10. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: There were 3 tall portable medical oxygen cylinders stored in a group behind a single chain that was only about 6 inches from the floor. 11. Based on observation the safety release latching hardware on the walk-in freezer and refrigerator was damaged and disabled. In its place, there was a hasp and padlock on the doors to both. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the space. 12. Based on observation, the hose on the shower wand in room 113 was long enough to reach the 4 inch deep shower basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of	C 189	8. Light bulb was replaced. Replacement of light bulbs will be included on daily inspection by security and will also take corrective action. All staff are also to observe daily for outages to report to work order system. 9. Alarm sounding device was replaced on 11/12/15. Random checks for sounding devices to be checked during fire drills by security and noted on form. any non-functioning devices will be replaced and oversight done by maintenance supervisor. 10. Chain was raised to midway the height of the tanks. 11. Old lock and hinges were removed from the walk-in-freezer. 12. New vacuum breaker was installed. Vacuum breakers will be checked upon unit turnover and will be the responsibility of the refurbishment supervisor.	11/9/15 11/12/15 11/12/15 11/06/15 11/10/15

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C 189	Continued From page 8 siphoning contaminated water into the water system unless a vacuum breaker is installed. 13 Based on observation, there was a hole in the exterior soffit above the exit door from the 700A stairwell. Holes in exterior trim can allow birds and other pests to enter the facility.	C 189	13. Hole in the soffit was sealed with fire caulk on 11/5/15.	11/5/15
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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Findings include: a. There were 2 portable electric heaters in room 231. b. There was a portable electric heater was in the Activities office. c. There was a portable electric heater was in the kitchen closet.	C 191	a. Portable heaters in apartment 231 was removed. b. Portable heater in activities office was removed. c. Portable heater in kitchen closet was removed.	10/7/15 11/15/15 11/15/15

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C 193	Continued From page 6	C 193		
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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: Based on observation, there is a lock-out feature provided for the wall oven in the Special Care Activities area. However, the oven was energized and there was no staff immediately present to supervise. Energized, unsupervised ovens could allow residents to be burned. Note: This deficiency was corrected during the survey.	C 193	The oven and microwave was locked. Staff have been advised that the locking device be locked at all times except when in use with a staff member present. The key is kept in an area not accessible to residents. The locking device will be monitored by the care coordinator or supervisor on an on-going basis.	10/6/15
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 7 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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; a. The exhaust system was not working in the mop sink room off the sprinkler room. b. The exhaust system was not working in the soiled utility room with a hopper near room 120. c. There was no exhaust provided in the Special Care Laundry.	C 199	a. The exhaust fan was replaced on 11/25/15. b. The exhaust fan in the soiled utility room was replaced on 11/25/15. c. A new exhaust system was installed in the special care laundry room.	11/25/15 11/15/15 12/09/15