

PRINTED: 11/25/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL040008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/05/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SNOW HILL ASSISTED LIVING

1328 S. E. SECOND STREET
SNOW HILL, NC 28580

(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 on November 5, 2015. This Facility was first licensed as a Home for the Aged on November 6, 1996 for Forty (40) Resident Beds. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code Section 409.1 Group I Unrestrained Occupancies. Deficiencies were noted which will require a new plan of correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, the fire drills are not being conducted on the proper schedule. This could cause personnel to not know their responsibilities in a fire emergency. Findings include: Some fire drills are being conducted at shift change using personnel from both shifts. Each shift must have separate fire drills to specifically train personnel on that shift to evacuate residents, without guidance from personnel on other shifts. 2. Based on observation, current reports were	C 111	C-1 One will be done per shift per quarter	

Division of Health Service Regulation

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

TITLE

(X5) DATE



owner

12-16-15

STATE FORM

If continuation sheet 1 of 7

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SNOW HILL, NC 28580**

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C 111	Continued From page 1 not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Sanitation report for the building, b) Fire Marshall's Report,	C 111	Have attached	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (B) 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 maintained in a safe manner by having a loose grab bar at the toilet. Findings Include: The room 109 bathroom has a loose grab bar at the toilet.	C 133	Reinstalled the Grab Bar	12/7/15
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	C 164		

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NAME OF PROVIDER OR SUPPLIER SNOW HILL ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 S. E. SECOND STREET SNOW HILL, NC 28580		
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C 164	Continued From page 2 facilities. This Rule is not met as evidenced by: 1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition. Findings include: a) Room 210 has furniture with handles loose/missing on the drawers. b) Room 208 has furniture with handles loose/missing on the drawers. c) Room 203 has furniture with handles loose/missing on the drawers. d) Room 105 has furniture with handles loose/missing on the drawers. e) Room 104 has furniture with handles loose/missing on the drawers. f) Room 102 has furniture with handles loose/missing on the drawers	C 164	Have replaced missing handles on all furniture	12/1/15
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (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 was not maintained in a safe manner by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder.	C 166		

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C 186	Continued From page 3 Findings include: The oxygen bottles are being stored in a beverage crate that can not adequately prevent them from tipping over.	C 186	Have replaced the crate with proper storage container	11/6/15
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 fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire. Findings include: a. The sample tubes for the HVAC duct mounted smoke detectors were dirty in the HVAC unit over the center section 2. Based on observation, the building mechanical equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire. Findings include: Radiation dampers in the HVAC ceiling vents are	C 189 1-a	Sample tubes were cleaned and will be checked on a monthly base	11/6/15

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STATE FORM

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20Z521

If continuation sheet 4 of 7

Division of Health Service Regulation

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C 189	Continued From page 4 disabled, or have activated in the following locations: a. Soiled Linen room b) Laundry room damper has been tied open, c) Dining Room d) Pantry 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 affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: a. The HVAC vent in the Laundry/water heater room is falling out of the ceiling b. The flue escutcheons on the two gas-fired water heater exhausts in the Laundry / water heater room have slid down and no longer cover openings to the attic. c) Activity Room has an unprotected penetration in the wall d) The Kitchen ceiling has unprotected penetrations by Ansul piping e) The kitchen ceiling has a sprinkler escutcheon that has a gap revealing an opening to the attic. f) Dining Room has a gypsum patch covering a hole in the ceiling. Repair and refinish g) The Nurse Station has an unprotected penetration in the ceiling. h) The corridor med room door at the Nurse station has a hole over the knob i) Room 105 bathroom has wall and ceiling joints that are separating. j) There is a hole over the door in the Care Coordinators office These unprotected openings are not in conformance with the requirement to use a	C 189 2-A-d 3-a 3-b 3-c 3-d 3-e 3-f 3-g 3-H 3-I	All flues have been replaced on radiation dampers Remounted vent slid the escutcheons back up the pipe and secured will patch hole in wall by 12-31-15 Have patched the ceiling by Ansul piping Replaced escutcheon will repair ceiling by 12/31/15 will patch hole by 12/31/15 will plug hole in door by 12/31/15 will repair hole over the office by 12/31/15	12/1/15 11/6/15 12/9/15 12/9/15 12/9/15 12/

Division of Health Service Regulation

STATE FORM

6602

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C 199	Continued From page 6	C 199		
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 this Rule. Findings include: The exhaust fans are not working in the following locations: a) Laundry b) Room 209 shared bathroom c) Bathing Room near 207 d) Room 110 shared bathroom	C 199		
		1-a b c d	Have ordered new motors should have them by 1-5-16	

N.C. Department of Health and Human Services
Division of Public Health
Environmental Health Section
Inspection of Hospitals, Nursing Homes, Adult
Care Homes and Other Institutions

Score: 98
Date of Insp/Chg: 11/2-7/15
Status Code: A

Health Department: Greene Co.
Current Facility ID: 06040000014
Old Facility ID: _____

Water Supply: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Public Water Supply
Wastewater System: ☒ Community ☐ On-Site System
Name of Establishment: Snow Hill Assisted Lvg. Permitted: Randy + Paula Armstrong
Location Address: 1328 S.E. 2nd St. Mailing Addr: _____

City: Snow Hill State: NC Zip: _____ City: _____ State: _____ Zip: _____

FLOORS, WALLS AND CEILINGS: [1309, 1310]

- Floors easy to clean, no obstacles, drains where needed..... 2 1
- Floors clean, carpet clean, dry, odor free..... 2 1
- Walls and ceilings cleanable, clean, good repair..... 2 1

LIGHTING, VENTILATION, MOISTURE CONTROL: [1311]

- Lighting at least 10 foot candles 30 inches above floor..... 2 1
- Ambient air temperature 65° to 85° F, equipment clean..... 2 1
- No evidence of microbial growth..... 2 1.5
- Indoor smoking limited to dedicated smoking rooms..... 2 1

TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: [1312]

- Facilities conveniently located, clean and in good repair..... 2 1
- Toilet rooms free of storage, handwash signs posted..... 1 1
- Bedpans, urinals, bedside commodes and crutches basins properly cleaned and disinfected..... 1 1
- Hand sinks used only for intended purpose..... 2 1
- Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device..... 3 1.5
- Lavatory and bathing hot water between 100° and 116° F..... 2 1
- Disinfectant accessible, properly used..... 2 1

WATER SUPPLY: [1313]

- Approved water supply, no cross-connections..... 4 2
- Quantity and hot water sufficient, backup water supply plan..... 2 1

DRINKING WATER FACILITIES, ICE HANDLING: [1314]

- Water fountains clean, good repair, properly regulated..... 2 1
- Drinking utensils properly handled..... 2 1
- Ice protected, dispensed, equipment clean, in good repair..... 2 1

LIQUID AND SOLID WASTES [1315, 1316]

- Wastewater disposed of properly..... 4 2
- Solid waste stored properly, areas clean, facilities for cleaning..... 4 2
- Solid waste disposed of frequently, no insect breeding or nuisance..... 2 1
- Medical wastes handled and disposed of properly..... 2 1

VERMIN CONTROL, PREMISES: [1317]

- Vermis excluded..... 3 1.5
- Approved pesticides properly stored and handled..... 2 1
- Premises clean, no breeding places or rodent harborage..... 2 1
- Pet areas clean, veterinary records available..... 2 1

Comments: #3 - some mildew on bath walls (shown)
#5 - some dusty blinds

MISCELLANEOUS: [1318]

- Adequate storage, area clean, items properly stored..... 1 1
- Mop sinks provided and used..... 1 1
- Medication carts clean, sharps containers affixed, food and utensils handled properly..... 2 1
- Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions..... 2 1

FURNISHINGS AND PATIENT CONTACT ITEMS: [1319, 1312]

- Furniture clean and in good repair. Mattresses clean, dry, odor free..... 2 1
- Linen changed when soiled. Soiled linen handled properly..... 2 1
- Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately..... 2 1
- Patient contact items in good repair, properly stored, cleaned and disinfected..... 1 1

FOOD SERVICE UTENSILS AND EQUIPMENT: [1320]

- Approved utensils and equipment, cleaned and sanitized..... 2 1
- Activity kitchens used only for approved activities..... 1 1
- Handwash lavatory provided wherever food is handled..... 2 1

FOOD SUPPLIES AND PROTECTION: [1321, 1322, 1323]

- Food supply complies with 15A NCAC 18A .2600..... 4 2
- Food brought by employees or visitors handled properly..... 1 1
- Milk and milk products comply with 15A NCAC 18A .1200..... 2 1
- Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 3 hours of being removed from temperature control..... 4 2
- Food storage units with thermometers, maintain temperatures..... 1 1
- Food stored above floor..... 1 1
- No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals..... 2 1

EMPLOYEES: [1324]

- Clothing clean, no tobacco used while handling food..... 1 1
- Hands properly washed or decontaminated..... 3 1.5
- Persons with infections excluded from food service work..... 2 1

TOTAL 2

Rept. Received by: Samuel Smith

Inspection by: Wally K. Myers EHS ID# 0365 Comment Sheet Attached ☒ Yes ☐ No

INSTRUCTIONS: Purpose: Revised Statute 190A-265 requires the Commission for Public Health to adopt rules governing the regulation of institutions. 15A NCAC 18A .1304 specifies the contents of an inspection form to assess the results of inspections made of institutional facilities. This form is developed to be used in making inspections of ambulatory, children's homes, and similar institutions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the establishment or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section. Disposition: This form may be destroyed in accordance with Standard-P.H.S., Inspection Records, of the Records Retention and Disposition Schedule for County/Division Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from Environmental Health Section, 1633 Mail Service Center, Raleigh, NC 27609-1613. (COUNCIL 52-01-00)

HEH 1313 (Revised 7/12)
Environmental Health Section

Whitcap Linen

252-796-6777
1-800-791-2976

Comment Addendum to Food Establishment Report

Establishment Name: <u>Snow Hill Assisted</u>	Establishment ID: <u>0604016000</u>	Date: <u>11-26-15</u>
Location Address: <u>1328 SE 2nd St</u>	☒ Inspection ☐ Re-Inspection	Status Code: <u>A</u>
City: <u>Snow Hill</u> State: <u>NC</u>	☐ Visit	Category#: <u>4</u>
County: <u>Crow</u> Zip: _____	☐ Verification	
Wastewater System: ☒ Municipal/Community ☐ On-Site System	☐ Name Change	
Water Supply: ☒ Municipal/Community ☐ On-Site Supply	☐ Status Change	
Permittee: <u>Paula and Randy Armstrong</u>	☐ Pre-Opening Visit	
Telephone: _____	☐ Other _____	

[illegible]

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 9-405.11 of the food code.
#1	PIC must be present @ all times. 2.102.11
#13	Stack foods according to Cook. 2.302.11 C.D.T
#21	Date mark all cooked food stored in cooler 3.501.17 C.D.T
#36	Eliminate Plac. 6.501.11
#45	Replace gaskets in cooler and ice maker. Refrigerator in laundry area is not commercial grade.

Person in Charge (Print & Sign): _____

Regulatory Authority (Print & Sign) _____

Verification Required Data

REHS ID#

REMS Contact Phone Number:

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program

Cell 10 is an equal opportunity employer.

Post-Deployment Health Assessment Report, ACPH

Food Establishment Inspection ReportScore: 93

Establishment Name: Snow Hill Assisted Living Establishment ID: 06040160001
Location Address: 1308 SE 2nd Street
City: Snow Hill State: North Carolina
Zip: 28580 County: Catawba
Permittee: Barla and Randy Armstrong
Telephone: _____
☒ Inspection ☐ Re-inspection
Wastewater System:
☒ Municipal/Community ☐ On-Site System
Water Supply:
☒ Municipal/Community ☐ On-Site Supply

Date: 11/26/15 Status Code: A
Time In: 10:30 Time Out: _____
Category#: 4
FDA Establishment Type: Institution Cofcator
No. of Risk Factor/Intervention Violations: 3
No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions

Public Health Intervention/Control Measures to prevent foodborne illness or injury

Compliance Status		OUT	CDI	R	VR
Supervisor: _____ Date: _____					
1	IN/OUT	PIU Present: Demonstration - Certification by Accredited program & performance duties	3	0	
Inspector: _____ Date: _____					
2	IN/OUT	Management, employee knowledge, responsibilities & reporting	3	0	
3	IN/OUT	Proper use of receiving, redistribution & certification	3	0	
Food Handler: _____ Date: _____					
4	IN/OUT	Proper eating, drinking or tobacco use	2	0	
5	IN/OUT	No discharge from eyes, nose or mouth	1	0	
Food Handler: _____ Date: _____					
6	IN/OUT	Hands clean & properly washed	4	0	
7	IN/OUT	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	0	
8	IN/OUT	Handwashing sinks supplied & accessible	2	0	
Inspector: _____ Date: _____					
9	IN/OUT	Food obtained from approved source	2	0	
10	IN/OUT	Food received at proper temperature	2	0	
11	IN/OUT	Food in good condition, safe & unadulterated	2	0	
12	IN/OUT	Required records available: stock/stock tags, parasite destruction	2	0	
Inspector: _____ Date: _____					
13	IN/OUT	Food separated & protected	3	0	
14	IN/OUT	Food contact surfaces cleaned & sanitized	2	0	
15	IN/OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	0	
Potentially Hazardous Food Time/Temperature Log(s)					
16	IN/OUT	Proper cooking time & temperatures	2	0	
17	IN/OUT	Proper reheating procedures for hot holding	2	0	
18	IN/OUT	Proper cooling time & temperatures	2	0	
19	IN/OUT	Proper hot holding temperatures	2	0	
20	IN/OUT	Proper cold holding temperatures	2	0	
21	IN/OUT	Proper date marking & disposition	2	0	
22	IN/OUT	Time on a public health control procedure & records	2	0	
Inspector: _____ Date: _____					
23	IN/OUT	Consumer advisory provided for raw or undercooked foods	1	0	
Highly Potentially Hazardous _____ Date: _____					
24	IN/OUT	Potentially hazardous foods; prohibited foods not offered	2	0	
Critical _____ Date: _____					
25	IN/OUT	Food additives approved & properly used	1	0	
26	IN/OUT	Toxic substances properly identified stored & used	2	0	
Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan					
27	IN/OUT	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	0	

Good Retail Practices

Child Health Problems: Preventive measures to control the addition of pathogens, chemicals, and physical agents in foods.

Compliance Status				OUT	CD	R	VF
Food Handler Hygiene				2007, 2008, 2009			
20	in	OUT	Food handlers use gloves when required	1	0.5	0	
21	in	OUT	Water and ice from approved source	2	1	0	
22	in	OUT	Vermin obtained for specialized processing methods	1	0.5	0	
Food Temperature Control				2007, 2008			
31	in	OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	
32	in	OUT	Hot food properly cooked for hot holding	1	0.5	0	
33	in	OUT	Approved thawing methods used	1	0.5	0	
34	in	OUT	Thermometers provided & accurate	1	0.5	0	
Food Presentation				2007			
41	in	OUT	Food properly labeled; original container	2	1	0	
Food and Food Component				2007, 2008, 2009, 2010			
50	in	OUT	Insects & rodents not present; no unauthorized animals	2	0.5	0	
51	in	OUT	Contamination prevented during food preparation, storage & display	2	1	0	
52	in	OUT	Personal cleanliness	1	0.5	0	
53	in	OUT	Wiping cloths properly used & stored	1	0.5	0	
54	in	OUT	Washing fruits & vegetables	1	0.5	0	
Food Service Utensils				2007, 2008			
61	in	OUT	In-use utensils properly stored	1	0.5	0	
62	in	OUT	Utensils, equipment & linens properly stored, dried & handled	1	0.5	0	
63	in	OUT	Single-use & single-service articles properly stored & used	1	0.5	0	
64	in	OUT	Gloves used properly	1	0.5	0	
Food and Equipment				2007, 2008, 2009			
70	in	OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	2	1	0	
71	in	OUT	Warewashing facilities installed, maintained & used; hot strips	1	0.5	0	
72	in	OUT	Non-food contact surfaces clean	1	0.5	0	
Food Facilities				2007, 2008, 2009			
80	in	OUT	Hot & cold water available; adequate pressure	2	1	0	
81	in	OUT	Plumbing installed; proper backflow device	2	1	0	
82	in	OUT	Rawage & waste water properly disposed	2	1	0	
83	in	OUT	Toilet facilities properly constructed, supplied & cleaned	1	0.5	0	
84	in	OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0	
85	in	OUT	Physical facilities installed, maintained & clean	1	0.5	0	
86	in	OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0	
TOTAL DEDUCTIONS:				7.0			

