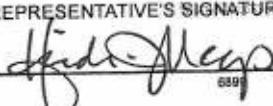


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2016
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NAME OF PROVIDER OR SUPPLIER MEADOWVIEW ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 250 HIGHWAY 210 WEST SMITHFIELD, NC 27577
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(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 January 28, 2016. This facility was first licensed as a Home for the Aged serving 60 residents on April 7, 1998. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and, the 1996 North Carolina Building Code(s) (1998 Revision), 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 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the door locks do not meet NC State Building Code requirements for	C 101		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 3/7/16
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Division of Health Service Regulation

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C 101	Continued From page 1 'Special Locking Arrangements' in effect at the time of construction or alteration. This would affect all residents by not allowing free egress in an emergency. Findings include: a. The push button maglock over ride switches at the exits on the 300 Hall are momentary. This does not meet the requirement for the emergency release switches to be on/off switches which do not rely on electronics or relays to unlock the door. b. There is no master over ride switch for the magnetically locked doors on the 300 Hall at the Nurse Station within the unit.	C 101	1-1 correction made by facility maintenance. On-Off, residential style switches installed to prevent the possibility of electrical failure within the self-arming switch previously installed. 1-2 Master over ride switch installed by Simplex-Gemell for the magnetically locked doors on the 300 hall at the Nurses Station.	2/18/16 2/18/16
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 maintained in a safe manner by not providing securely fastened hand grips in the bathrooms and/or toilet rooms Findings Include: a) The tub in the bathroom near room 201 has no hand grips on either side of the tub. b) The hand grip on the shower wall in the tub/shower room near room 201 is loose.	C 133	(a) New Grips installed by facility maintenance (b) Shower grip replaced by facility maintenance	2/15/16

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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 resident furnishings in bedrooms and other areas were not maintained in good condition. Findings include: a) Room 306 has furniture with handles loose/missing on the drawers. b) Room 305 has furniture with handles loose/missing on the drawers.the finish worn to the bare wood	C 164			
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: Based on observation, the building was not maintained free of hazards by improper storage	C 166	(a) Handle was replaced using suitable handle to provide proper function by facility maintenance (b) Furniture handles replaced and drawers replaced by facility maintenance	2/16/16 2/16/16	

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C 166	Continued From page 3 of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder. Findings include: The oxygen bottles are being stored loose on the floor, and also in beverage crates that can not prevent them from tipping over.	C 166	5(e) Oxygen tanks secured by facility maintenance-	3/5/16
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 smoke barrier wall over room 301 has an unprotected penetration by a computer wire b. The Boiler Room ceiling has two unprotected penetrations by threaded rod. c. The Med Room has a sprinkler escutcheon dropped revealing an unprotected penetration in the ceiling.	C 189	1-(a) Tape repaired in a workman like manner using appropriate materials and practices by facilities maintenance. (b) All open penetrations noted on handwritten report were sealed with appropriate fire caulk by facility maintenance. (c) Escutcheon was returned to correct positioning by facility maintenance.	2/15/16 2/15/16 2/15/16

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C 189	Continued From page 4 d) The Med Room has an HVAC vent that has a radiation damper activated. e. The attic smoke barrier wall over the cross corridor doors at the Nurse Station/Activities Room has an unprotected penetratipon by wire f. The Physical Therapy Room has two unprotected ceiling penetrations by conduit. g. The Janitors Closet/Phone Room near the Beauty Shop has unprotected ceiling penetrations by cable. h) The draftstop wall over the entry to the 200 Hall is split open, tape is falling off, and there are unprotected penetrations around HVAC ducts penetrating the wall. 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) The Laundry Room door is being held open by a table b) The Living Room door is being held open by a chair. c) The Activities Room door is being held open by a chair 3. 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. Findings include: a. The sample tubes for the HVAC duct mounted	C 189	1(d) Damper was reset, and appropriate link was installed by facility maintenance. (e) Penetrations were sealed with appropriate material, tape was repaired in a workman like manner by facility maintenance. (f) Ceiling penetration sealed with fire caulk by facility maintenance. (g) All open penetrations noted on handwritten report were sealed with appropriate fire caulk by facility maintenance. 2(a),(b),(c) Doors held open or blocked open have been corrected and staff instruction on preventing these occurrences have been performed by facility maintenance. 3(a) The sample tubes for the HVAC duct mounted smoke detectors in the attic have been cleaned by the facility maintenance.	2/15/16 2/15/16 2/15/16 2/15/16 2/15/16

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C 189	Continued From page 5 smoke detectors in the attic were dirty throughout the building. 4. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would affect all 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. Install vacuum breaker on beauty shop sink spray hose.	C 189	4. The community has purchased and will install a UPC Certified 3/11/16 Salon Shampoo Bowl Faucet Sprayer + Vacuum Breaker to be installed by the facility maintenance.	
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.	C 199		

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C 199	Continued From page 6 Findings include: a) The exhaust fan in the Janitors Closet in the Laundry is not working. b) The exhaust fan in bathroom 306 is not working. c) The exhaust fan in bathroom 101 is not working.	C 199	1. (a)(b)(c) All fans were serviced by outside HVAC contractor and are operational.	2/15/16

Heidi Keys

From: Heidi Keys <HKEYS@nc.rr.com>
Sent: Monday, March 07, 2016 12:45 PM
To: Heidi Keys
Subject: Fwd: Your Amazon.com order

Heidi Keys

----- Original message -----

From: auto-confirm@amazon.com
Date: 03/07/2016 12:41 PM (GMT-05:00)
To: HKEYS@nc.rr.com
Subject: Your Amazon.com order



Order Confirmation

Hello Heidi Keys,

Thank you for shopping with us. You ordered "UPC Certified Salon Shampoo...". We'll send a confirmation when your item ships.

Details

Order #114-6071879-0579446

Arriving:
Friday, March 11 -
Wednesday, March 16

Ship to:
Heidi Keys
MEADOWVIEW ASSISTED LIVING...



Total Before Tax: \$59.99
Estimated Tax: \$0.00
Order Total: \$59.99

We hope to see you again soon.
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\$8.99



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