

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL054051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/09/2016
NAME OF PROVIDER OR SUPPLIER LENOIR ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2773 PINWOOD HOME ROAD PINK HILL, NC 28572		
(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 is a Report of a Construction Follow-up Survey conducted by Greg Cates on March 9, 2016. Most of the previously cited deficiencies have been corrected however some deficiencies remain incomplete and require further action.	{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 observations, the facility failed to ensure that the building meets the NC State Building Code regarding delayed egress. This deficiency directly affects all residents, personnel, and visitors who may have to exit the Special Care wing in an emergency by delaying exiting of the facility in the event of an emergency.	{C 101}		

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

TITLE

(X6) DATE

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{C 101}	Continued From page 1 Findings on March 9, 2016: a- The delayed egress doors on both ends of the Special Care wing are not equipped with signage designating them as delayed egress. 2- Based on observations, the facility has failed to maintain the fire safety evacuation plans to accurately reflect the footprint of the facility. Findings on March 9, 2016: a- Temporary evacuation plans have been posted in the rear addition (300/400 Halls) and new Special Care Unit however permanent fixtures have not been installed.	{C 101}		
{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 observations, fire safety systems are not maintained safe and operating. These deficiencies may affect residents, staff, or visitors who live, work, or visit the facility. Findings on March 9, 2016:	{C 189}		

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{C 189}	Continued From page 2 d- The EXIT signs in the following locations have the directional arrows punched and are directing people in incorrect directions for exiting. 2- On the inside of the SCU entrance/ EXIT door. 2- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings on March 9, 2016: a- The one-hour rated ceilings are not sealed due to penetrations or damage to the construction system. Locations include but are not limited to: 7- Men/ Guest- ceiling damage/ large hole. 5- Based on observations, the facility has failed to ensure that the doors operate correctly to prevent the passage of fire or smoke. Findings on March 9, 2016: a- The corridor doors in the following areas do not close completely and latch. Locations include but are not limited to: 6- Resident Room 217 6- Based on observations, the facility has failed to	{C 189}		

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{C 189}	Continued From page 3 maintain the fire and smoke doors to prevent the passage of fire or smoke. This affects all occupants of the building in the event of a fire emergency. Findings on March 9, 2016: d- The fire door located in the SCU releases upon alarm, but drags on the carpet, preventing it from closing.	{C 189}		
{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 observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness.	{C 199}		

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{C 199}	Continued From page 4 Findings on March 9, 2016: a- The exhaust fan in the SCU Bath 2B is not operating	{C 199}		