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
	HAL013041	A. BUILDING: 01 B. WING	03/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT PLEASANT HOUSE	935 PAGE DRIVE MOUNT PLEASANT, NC 28124

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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Frank Strickland on March 29, 2016. Records indicate this facility was first licensed on 11/05/1990 with a capacity of (45) beds. A (29) bed addition to the facility was completed in 1996 increasing the capacity (74) beds. Based on this information the facility is required to meet the 1987 (for the original structure) and the 1993 (for the 1996 addition), Rules for the Licensing of Adult Care Homes and the applicable components of the 2005 Licensing of Adult Care Homes of Seven or More Beds. The facility must also meet the requirements of the 1978 (with revisions) North Carolina State Building Code for Group I - Institutional Unrestrained Occupancy (for the original structure) and the 1991 (w/revisions) North Carolina State Building Code for Group I - Institutional Unrestrained Occupancy for the 1996 addition to the facility. Physical plant deficiencies were noted which require a plan of correction.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with state law.	
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	C 101		

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C 101	Continued From page 1 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, and interview with Staff in Charge, the facility, which was equipped with Special Locking (magnetic locks) on the exit doors, failed to meet the requirements as defined by the NC State Building Code, which permits the installation of Special Locking on exit doors of buildings that are protected throughout, by an approved supervised automatic fire detection system or an automatic sprinkler system. In buildings that are not protected throughout, there could be a dangerous delay in detecting the start of a fire. Findings on March 29, 2016: a. New Wing Bedroom Closets - there was no automatic fire detection in these rooms, b. New Wing Activity Room Storage- there was no automatic fire detection system in this room, c. New Wing Dining Storage- there was no automatic fire detection system in this room, d. New Wing Business Manager Office - there was no automatic fire detection system in the closet of this room, 2. Based on observation, the Building was not maintained in a safe and operating condition, because by not having properly working delayed egress system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on March 29, 2016: a. East Corridor Exit to Sun Room - the delayed egress lock on this door, did not initiate the	C 101	First Fire Protection has been contracted to install automactic Fire dectection for points a., b., c., and d. Estimated completion Date: 4/29/2016	

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C 101	Continued From page 2 irreversible process to unlock. This is not in conformance with the Code Requirement that the process begin in 3 seconds and is irreversible. 3. Based on observation, the Building failed to meet NC State Building Code at the time of initial Licensing by not having all the required components of a properly operational delayed egress locking system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on March 29, 2016: a. Most doors in the means of egress and equipped with delayed egress - these doors either had no readily visible sign near the release device that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS", or the letters were not at least one inch high, as specified by Code. 4. Based on observation, the Building did not meet the NC State Building Code at the time of initial Licensing by not have adequate fire alarm system componenets. Findings on March 29, 2016: a. Basement Exit Stair - there was not manual fire pull at this location. 5. Based on observation, the Building did not meet the NC State Building Code at the time of initial Licensing, by not have adequate fire protection systems protecting the openings through fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin. Findings on March 29, 2016: a. Housekeeping - the duct penetrating the one-hour fire-resistance-rated ceiling was not	C 101	We have contracted First Fire Protection correct this issue. Estimated completion: 4/29/2016 First Fire Protection has been contracted to resolve this issue. Mt Pleasant House to put up "PUSH DOOR CAN BE OPENED IN 15 SECONDS" signs. Estimated Date of Completion: 5/1/2016 First Fire is being contracted to install fire pull at Basement Exit Stair location. Estimated Date of Completion: 5/15/16	

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C 101	Continued From page 3 equipped with a radiation damper, and none of the exception were identified,	C 101	The duct penetrating the one hour fire fire resistant rated ceiling will be equipped with a damper. Estimated completion: 4/29/2016	
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 failed to ensure that all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on March 29, 2016: a. New Wing Bedroom Bathrooms - the showers were not equipped with hand grips,	C 133	Hand grips will be installed in all showers in New Wing Bedroom Bathrooms by MKM Builders. Estimated Date of Completion: 5/20/16	
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.	C 164		

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C 164	Continued From page 4 This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. 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 on March 29, 2016: a. Sun room - 4 l portable medical oxygen cylinders were stored standing up in this room, not secured to the structure, 2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on March 29, 2016: a. New Wing Corridors - the VCT floor covering was dirty and had areas around the doorframes and corners that had a build-up of wax/dirt, b. Bedroom 15 - the texture ceiling was in flaking off around the speaker, c. Old Wing East Spa - the ceramic tile shower had mold growth in its corners, d. Old Wing East Spa - the ceramic tile shower had a broken tile, e. Old Wing East Spa - the ceiling was stained for a previous leak,	C 164	All oxygen containers have been moved to the proper Oxygen Storage Room and are secured. VCT flooring will be cleaned. Estimated completion: 5/5/2016 The texture ceiling has been repaired The ceramic tile in shower has been cleaned. The broken tile has been replaced The ceiling stain has been corrected	4/21/16 4/21/16 4/21/16 4/21/16 4/21/16
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:	C 188	This rule area has been met by installing a GFCI outlet fixture at New Wing Med Room sink.	4/21/16

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C 188	Continued From page 5 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on March 29, 2016: a. New Wing Med Room - a electrical power receptacle was within six feet of the sink, and was not ground fault protection,	C 188		
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 building components fail to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on March 29, 2016: a. Bedroom 38 - the corridor door had missing and damaged veneers around the latch bolt, b. Bedroom 17 - the corridor door had missing and damaged veneers around the latch bolt,	C 189	The referenced missing or damaged veneers around latch bolts in bedrooms 38 and 17 have been repaired and meet rule area compliance.	4/21/16

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C 189	Continued From page 6 2. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the building. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on March 29, 2016: a. Sun Room Front Entrance - the exit discharges on to a patio that is surrounded on three sides with wall and the previously open side the vegetation has grown up closing any egressing. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire safety equipment was in disrepair. This would affect all residents, staff and visitors by not properly notifying occupants of an alarm. Findings on March 29, 2016: a. Basement - the audible and visible annunciation devices did not function when the fire alarm system was activated. b. Old Wing West Corridor - the visible annunciation device did not function when the fire alarm system was activated. 4. Based on observation and testing, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on March 29, 2016: a. Corridor near Bedroom 36 - the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed,	C 189	Greenscapes Landscaping has been contracted to remove vegetation to allow egress. Estimated Date of Completion: ~~5/15/16~~ 5/5/16 First Fire has been contracted to make repairs on basement audio and visual annunciation device and Old Wing West Corridor visible annunciation device. (see attached quotation) Estimated Date of Completion: 4/25/16 BMS Construction Services has performed repair on wall mounted, self-contained emergency light. Backup power is operational when test button is pushed.	4/21/16

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C 189	Continued From page 7 5. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings on March 29, 2016: a. Old Wing West Wing -the back leaf of the cross-corridor fire doors did not latch when the fire alarm system released the doors, b. Old Wing East Wing -the back leaf of the cross-corridor fire doors did not latch when the fire alarm system released the doors, c. Old Wing East Wing -the back leaf of the cross-corridor fire doors vertical rod hardware dragged the floor,	C 189	Latching mechanisms and hardware for Emergency/Fire Doors have been repaired to full working order	4/21/16
	6. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors keeping rooms the NC State Building Code defines as "Hazardous Area" separated from the rest of the Building. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on March 29, 2016: a. Maintenance Room - the door closure to the corridor door had been removed,		Maintenance room door closure has been re-installed with new closure.	4/21/16
	7. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the flame spread and smoke development of the finishes to rooms. This could affect all residents, staff and visitors if more smoke and or fire is produce because the finish do not meet the limits set by the NC Building Code. Findings on March 29, 2016: a. Storage Room - the ceiling was covered with burlap sacks,		Burlap sack material has been removed from Storage Room ceiling.	4/21/16

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C 189	Continued From page 8 8. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated ceiling 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 March 29, 2016: a. RCC Office - there was a gap was around a cable that penetrated through the fire-resistance-rated ceiling assembly, b. Basement Boiler Room - there was a gaps around a water pipes that penetrated through the fire-resistance-rated ceiling assembly, c. Basement Boiler Room - there was a gaps around the high intake air duct that penetrated through the fire-resistance-rated ceiling assembly, d. Business Manager Office - there was a gap was around a cable that penetrated through the fire-resistance-rated ceiling assembly, e. Basement Porch - Leaks had deteriorated the one-hour fire-resistance-rated gypsum ceiling assembly to a point where the tape and joint compound had disappeared, f. Bedroom 23 - the Bathroom exhaust fan did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly, 9. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on March 29, 2016:	C 189	Pentrations and gaps in fire-resistance -rated ceiling assemblies have been repaired with UL rated fire-rated caulk to include: RCC Office, Basement Boiler Room, Business Manager Office Bedroom 23. BMS has been contracted to repair Basement Porch ceiling. Estimated Date of Completion: ~~5/15/16~~ 5/5/2016 Positve/automatic latching mechanism has been ordered from on Northern Tool Old Wing Activity Room door. BMS (Building Construction Services) will install once received. Estimated Date of Completion: 4/29/16	4/21/16

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C 189	Continued From page 9 a. Old Wing West Actively Room - the inactive leaf of the double doors did not have a positive latching device to latch to its frame, therefore the active leaf had no latched leaf to latch into,	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 Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on March 29, 2016: a. Housekeeping - the local exhaust ventilation system did not remove the required air to dissipate the odors, b. Soiled Linen Behind Housekeeping - the local exhaust ventilation system did not remove the required air to dissipate the odors,	C 199	Housekeeping and Soiled Linen room exhaust ventilation system requires new motor in order to function. Motor has been ordered from HD Supply and BMS (Building Maintenance Services) will install. Estimated completion: 5/15/2016	