

Division of Health Service Regulation

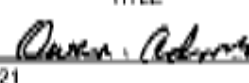
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/13/2016
NAME OF PROVIDER OR SUPPLIER SENIOR CITIZENS VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 504 WEST CANAL DRIVE DUNN, NC 28334			
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C 000	Initial Comments This report is of a Biennial Construction Survey done by Bob Getchell on July 13, 2016. This facility was first licensed as a Home for the Aged with a capacity of (65) Sixty-Five Residents on or about July 1, 1978. Therefore the facility must meet the 1987 North Carolina State Building Code - Institutional Occupancy; the 1977 Minimum Standards and Regulations for Homes for the Aged; and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. An addition from 1985 included an Activity Room. This addition must meet the 1978 North Carolina State Building Code-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	C 101			

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

TITLE

(X6) DATE

8-8-2016

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1043006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/13/2016
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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the building fire alarm system does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration. This would affect all residents by not allowing free egress in an emergency Findings include: The Activity Room closet has no detection device installed and connected to the fire alarm system	C 101	Have scheduled contractor to install smoke detector in closet in Dayroom that will tie into existing alarm system	8/19/16	
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, current reports were 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 Marshalls Report, c) Fire Alarm Panel Annual Test Report	C 111	a) Last sanitation for building was July 2015, Kitchen sanitation was June 2016. Will request building sanitation inspection b) Have spoken with Fire Marshall & went over findings, he stated when items were corrected pertaining to him, he would come & do his inspections c) Fire Alarm panel test report already complete	8/19/16 8/5/16	
C 133	Bathrooms-Hand Grips	C 133			

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C 133	Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) 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: The following areas have loose hand grips: a) Room 127 bathroom b) Shower room near room 120, c) Room 110 bathroom	C 133	a,b,c) Have already tighten bars in 3 rooms, will be going through all handrails in halls & bathrooms to make sure bolts & handrails are tight. Have requested employees to notify Administrator anytime they notice a loose handrail or bar	8/19/16
C 188	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 free of hazards by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder.	C 188		

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C 166	Continued From page 3 Findings include: Unsecured oxygen bottles were found in the following locations: a) Two bottles unsecured in corridor under the fire panel. b) Two bottles unsecured in room 129 c) The Nurses Storage Room on the corridor has 4 oxygen bottles unsecured.	C 166	a,b,c) Have had discussion with staff concerning having extra O2 bottles in building with proper storage containers. Have already had O2 provider bring extra storage containers made specifically for holding tanks	8/19/16
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. 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 by not having fire protection equipment operable for use in an emergency. Findings include: a) The inspection tags on the fire extinguishers indicate that routine monthly inspections are not being performed per NFPA 10 b) The inspection tags on the Ansul hood suppression system indicate that routine monthly inspections are not being performed per NFPA 17A	C 183	Have contacted Fire Protection System to have fire extinguishers & Ansul system serviced & Hood cleaned Have set up employee as Safety Coordinator, monthly monitoring & sign off of extinguishers & Ansul system (along with other duties) will be assigned to her	8/19/16
C 189	Building Equipment Maintained Safe, Operating	C 189		

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C 189	Continued From page 4 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 left attic fire wall was penetrated by multiple open sleeves containing pipes and cables that are not sealed with an approved firestop system. b. The right attic fire wall was penetrated by multiple open sleeves containing pipes and cables that are not sealed with an approved firestop system. c. The left draftstop wall has numerous unprotected penetrations by pipe and cable. d. The right draftstop wall has numerous unprotected penetrations by pipe and cable. e. Throughout the building there are unprotected penetrations in the corridor ceiling by cables next to the cameras and wi-fi transmitters. f. The draftstop doors need a hook to secure the doors in the closed position. g. Throughout the building the resident rooms have an unprotected CATV cable penetration in	C 189	a-k) Attic/all fire walls & smoke walls will be examined for any penetration & will be sealed with concrete in fire walls & fire caulk or fire foam other walls Ceiling in each room closet, etc., in entire building will be examined and any penetration from cable or wires will be filled with fire caulk or fire foam Draftstop doors will have spring attached for keeping close	8/19/16 8/19/16

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C 189	Continued From page 7 c) Emergency Light near room 110 not working on battery backup, 6. Based on observation, windows were not maintained operable to provide ventilation, Findings include: a) Throughout the building the bedroom windows have been painted shut and can not be opened for fresh air.	C 189	All windows in building will be checked to make sure that none are painted shut and can be opened.	8/19/16	
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 has the following issues:	C 199			

