

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL084009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
NAME OF PROVIDER OR SUPPLIER WOODHAVEN COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 1930 WOODHAVEN DRIVE ALBEMARLE, NC 28001		
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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on August 17, 2016. This facility was first licensed or submitted for licensure as a Home for the Aged serving 64 residents on or about December 31, 1998. On or about April 25, 2011 and addition and renovation was approved, bring the total capacity to Seventy-Six (76) Residents, 48 of which reside in the Special Care Unit. 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- Institutional Occupancy-Unrestrained; and the new addition must meet the 2009 North Carolina State Building Code, Section 407, Group I-2. Deficiencies were noted which require a 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",	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 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 facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required components for doors with " Special Locking System ". This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings on August 17, 2016: a. Building - the " Special Locking System " does not have a wiring diagram and a system components location map posted at the fire alarm panel. b. Old Main Entrance (off of lobby) - is now cased opening that has a non-working alarmed protective cover over an emergency release toggle switch. The switch appears not to control any device and could confuse staff, and first responder during an emergency.	C 101		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the	C 154		

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C 154	Continued From page 2 control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on August 17, 2016: a. AL TV Lounge Exit - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device b. SCU Dining Room - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device. c. SCU Newest Wing - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device. d. AL Nurse Station - this "Special Locking System" master override switch had a non-working alarmed protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154		
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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C 164	Continued From page 3 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: 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on August 17, 2016: a. Bedroom 114 Bathroom - the wall between the door and the shower was marred up by a walking aid (walker). b. Bedroom 114 Bathroom - the caulk patch on the floor near the shower has deteriorated and is creating a tripping hazards. c. Activity Room - the carpet was stained in high use areas. d. SCU Dining - paint on the ceiling was peeling near the exterior exit..	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.	C 166		

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C 166	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 August 17, 2016: a. Oxygen Room - a portable medical oxygen cylinder was stored standing up in an unslotted beverage crates not secured to the structure. b. Bedroom 114 Bathroom -a portable medical oxygen cylinder was crammed into a crevice-like area in a walker for transport around facility 2. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner, free of all obstructions and hazards This could affect all residents, staff and visitors if in a fire the dampers do not close completely and in a timely manner to contain the fire and smoke within the room of origin. Findings on August 17, 2016: a. Nurse Station Staff Restroom - the exhaust fan was falling out of the ceiling. 3. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on August 17, 2016: a. Bedroom 114 Bathroom - the grate for the shower floor drain was not installed in the drain, creating a tripping hazard.	C 166		

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C 188	Continued From page 5	C 188		
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: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff and visitors by not providing ground fault protection to these devices. Findings on August 17, 2016: a. Bedroom 100 Bathroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle had a burned on its neutral blade.	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's emergency equipment was not maintained in a safe and in operating condition. This would affect	C 189		

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C 189	Continued From page 6 residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on August 17, 2016: a. Corridor near AL Nurse Station - the self-contained emergency light #14 did not work on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages. b. Corridor near SCU Nurse Station - the self-contained emergency light #A-6 did not work on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages. c. Corridor near Bedroom 311 - the self-contained emergency light #A-10 did not work on backup power when tested. Emergency lighting must illuminate the egress pathway during power outages. d. Cross-Corridor Doors near 200 Hall Activity - the exit sign did not work on backup power when tested. Exit signs must work on backup power to provide directions during power outages. 2. Based on Observation, fire rated doors of hazardous areas were not being 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 residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on August 17, 2016: a. Soiled Linen entrance into Laundry - the 45 min rated corridor door with door closure did not close and latch into its frame on its own power. b. Clean Linen exit from laundry - the 45 min rated corridor door with door closure did not close and latch into its frame on its own power.	C 189		

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C 189	Continued From page 7 3. Based on observation, the Building was not maintain in a safe manner. This could expose residents, staff and visitors to fire if there was enough fuel for fire to grow beyond the ability of the Building to contain it. Findings on August 17, 2016: a. Bedroom 114 - the vacant bedroom was being used to storage combustible materials like mattresses, beds, wood furniture, diapers, box, etc. 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on August 17, 2016: a. AL Electrical Room - there were two open ended sleeves with cable bundles not firestopped as it penetrate the fire-resistance-rated ceiling assembly. b. Laundry - there was a gap around a gas pipe not firestopped as it penetrate the fire-resistance-rated ceiling assembly. c. Resident Care Manager - there was a cable not firestopped as it penetrate the fire-resistance-rated ceiling assembly. 5. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on August 17, 2016: a. AL Activity Room - without applying extra force, the corridor door did not close and latching, which allows the passage of fire and smoke. b. Bedroom 205 - without applying extra force, the corridor door did not close and latching, which allows the passage of fire and smoke. c. Bedroom 215 - the corridor door did not latch into its frame, which allows the passage of fire	C 189		

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C 189	Continued From page 8 and smoke. d. Bathroom 300- the rosette for the replacement corridor doorhandle did not completely cover the opening(s) in the door made for the previous hardware, which allows the passage of fire and smoke. e. Bedroom 312 - without applying extra force, the corridor door did not close and latching, which allows the passage of fire and smoke. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on August 17, 2016: a. SCU Dining - there fire sprinkler escutcheon plates' middle sections have dropped down from the fire-resistance-rated ceiling, allowing the spread of fire and smoke. b. SCU Office - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling, allowing the spread of fire and smoke. c. Kitchen Cooler - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated ceiling, allowing the spread of fire and smoke. d. Mech Service - the fire sprinkler escutcheon plate was missing it middle section, exposing openings through the fire-resistance-rated ceiling, allowing the spread of fire and smoke. e. Water Heater Room on 300 Hall - the fire sprinkler escutcheon plate was missing it middle section, exposing openings through the fire-resistance-rated ceiling, allowing the spread of fire and smoke. f. Bedroom 310 - the fire sprinkler escutcheon plate and piping had dropped down from the fire-resistance-rated ceiling.	C 189		

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C 189	Continued From page 9 g. Bedroom 311 - the fire sprinkler escutcheon plate and piping had dropped down from the fire-resistance-rated ceiling. h. Warming Kitchen - the fire sprinkler escutcheon plate and piping had dropped down from the fire-resistance-rated ceiling. 7. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on August 17, 2016: a. Corridor Exit near Laundry - the panic hardware on the exit door was missing its end cover. 8. Based on observation, the electrical system was not being maintained safe. Findings on August 17, 2016: a. AL Electrical Room - a cart was being stored directly in front of the electric panel, preventing quick access in any emergency.	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;	C 199		

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C 199	Continued From page 10 (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 August 17, 2016: a. Laundry - the exhaust ventilation system did not work, allowing a build-up of odors.	C 199		