

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/16/2016
NAME OF PROVIDER OR SUPPLIER MT PLEASANT HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 935 PAGE DRIVE MOUNT PLEASANT, NC 28124		
(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 Report of a Follow Up Survey by Billy S. Bryant conducted on 09/16/2016. Deficiencies noted during the previous Follow-Up Survey conducted on 05/26/2016 remain to be corrected.	{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, 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	{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 buildings that are not protected throughout, there could be a dangerous delay in detecting the start of a fire. Findings on 09/16/2016: b. New Wing Activity Room Storage- there was no automatic fire detection system in this room. c. New Wing Dining Storage- there was no access to this room to verify if an automatic fire detection device was installed. 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 the door did not have an irreversible unlocking function when activated. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency. New Finding on 09/16/2016: a. East Corridor Exit to Sun Room - The delayed egress locking mechanism is currently not in operation. If the provider does not want to keep the door's delayed egress lock in operation then the components shall be removed. If the provider wishes to keep the door's delayed egress lock, then repair the and test the delayed egress lock so it will operate as required by code. 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.	{C 101}		

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{C 101}	Continued From page 2 Findings on 09/16/2016: a. 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".	{C 101}			