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
	HAL097010	A. BUILDING: 01 B. WING _____	09/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES OF WILKES TRADITIONAL LIV	206 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659

(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 Biennial Construction Survey by Dennis Harrell on 9-13-2016. Records indicate this facility was first licensed as a Home for the Aged serving 72 residents on 1-15-1998. There was a capacity increase to 102 beds in January of 2012. Therefore the facility must meet the 1996 Rules for the Licensing of Adult Care Homes and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven Beds or More. The older portion of the facility was surveyed using the 1996 NC State Building Code, 1997 revision, Section 409 Group I- Unrestrained Occupancy and the newer addition using the 2009 NC State Building Code, Section 407 Group I-2 Occupancy.	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;	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL097010	A. BUILDING: 01 B. WING	09/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES OF WILKES TRADITIONAL LIV	206 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659

(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 101	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the facility is not in compliance with Section 1012.6 of the 1996 NC State Building Code as relates to the Special (magnetic) Locking. Section 1012.6 requires a wiring diagram under glass adjacent to the fire alarm panel. No wiring diagram was provided.	C 101	C101 Kris Huffman will be completing the wiring diagram to be placed under glass adjacent to the fire alarm panel. This will be completed by 10-14-16.	by 10-14-16
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: Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated in May of 2015. Buildings must be inspected and approved annually as required to ensure all systems can operate properly an actual emergency.	C 111	C111 The fire Marshal performed inspection and approved all systems can operate properly in an emergency on 9-28-16. A copy of this report is included.	9-28-16
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. This Rule is not met as evidenced by:	C 166		

FIRE OFFICIAL INSPECTION ORDER)
STATE OF NORTH CAROLINA)
COUNTY OF WILKES)
IN RE:)

TOWN OF NORTH WILKESBORO
FIRE OFFICIAL

TOWN OF NORTH WILKESBORO FIRE DEPRTMENT
709 NINTH STREET
NORTH WILKESBORO, NORTH CAROLINA 28659
336-838-2552 VOICE336-838-1299 FACSIMILE

NOTICE OF ORDER

YOU ARE HEREBY NOTIFIED that this is an official ORDER of the Town of North Wilkesboro Fire Official Fire Code stating the defects found to exist in the above referenced structure or building, and further requiring that you as owner, agent, or person in control of said structure or building have to complete the specified repairs or improvements.
You are further notified that as said owner, agent, or party in control of said building or structure may appeal this ORDER of the Town of North Wilkesboro Fire Official by serving upon the Town of North Wilkesboro Fire Official at the above address by mail or otherwise within _____ the specified grounds of appeal per Section 108 N.C. Fire Code.

Name of Facility: Village at Wilkes — Phone#: 336-667-2211 — Date of Inspection: 9.28.16

Street & No.: 206 Old Brodyway Road — Unit or Suite#: — City: North Wilkesboro — Zip Code: 28659

Name of Tenant: — Emergency Phone Number of Tenant:

Name & Address of Owner: Kevin Byrd — Emergency Phone Number of Owner:

Nature of Inspection: ( ) Routine ( ) Re-Inspection — ( ) Requested ( ) Fireworks — ( ) Certificate of Occupancy

Type of Construction: I II III IV V — Hydrant Location: ( ) Acceptable ( ) Not Acceptable — Functional: ( ) Yes ( ) No

Occupancy Category: Assembly Business Educational Hazardous Factory Institutional Mercantile Residential Storage

HYDRANT FLOW: KNOX BOX Yes ( ) No ( )

		MANDATED CORRECTIONS DESCRIPTION & LOCATION	CODE SECTION
A EXITS & ESCAPES	1. Number of Exit Doors: _____ Adequate: Yes ( ) No ( )		
	2. Blocked ( ) Locked ( )		
	3. Exit Signs: Good (✓) Unsatisfactory ( ) Not Required ( )		
	4. Emergency Lights: Good ( ) Unsatisfactory ( ) Not Required ( )	Need Batteries Replaced	
	5. Panic Hardware: Good (✓) Unsatisfactory ( ) Not Required ( )		
	6. Self-Closing Device: Good (✓) Unsatisfactory ( ) Not Required ( )		
	7. Number of Stairways: _____ Adequate: Yes ( ) No ( )		
	8. Open ( ) Closed ( ) Wood ( ) Metal ( ) Masonry ( )		
	9. Handrails Adequate: Yes ( ) No ( ) NA ( )		
	10. Landings Adequate: Yes ( ) No ( ) NA ( )		
	11 . Occupancy Card Posted: Yes ( ) No ( ) NA ( )		
	12. Other:		

B FIRE SYSTEMS

1. Fire Alarm: Yes (✓) No ( ) Adequate: Yes ( ) No ( )
2. Fire Alarm Last Serviced: 2016
3. Smoke Detectors: Yes (✓) No ( ) Adequate: Yes ( ) No ( )
4. Sprinkler System: Yes (✓) No ( ) Last Serviced 2016
5. Standpipe System: Yes (✓) No ( ) Last Serviced 2016
6. Number of Fire Extinguishers: [illegible]
7. Date Last Changed: 2016 Good (✓) Unsatisfactory ( )
8. Fixed Hood Extinguisher System: Yes (✓) No ( ) Not Required ( )
9. Date Last Serviced: 2016 Adequate: Yes ( ) No ( )
10. FDC Sign: Yes (✓) No ( )
11. Spare Sprinkler Heads: Yes ( ) No ( )
12. Ceiling Clearance: Yes (✓) No ( )
13. Other: Watch ceiling clearance / Rings on ceiling mechanical room

C CONST.

1. Fire Rated Corridors-Walls: Yes (✓) No ( ) Adequate:Yes ( ) No ( )
2. Fire Rated Ceilings: Yes (✓) No ( ) Adequate: Yes ( ) No ( )
3. Flame Spread Rating Adequate: Yes (✓) No ( )
4. Fire and Draft Stopping Adequate: Yes (✓) No ( )
5. Other:

D HEATING

1. Heating System: Gas ( ) Electric (✓) Oil ( ) Wood ( ) Other ( )
2. Condition: Good (✓) Fair ( ) Unsatisfactory ( )
3. Chimney and Flues: Metal ( ) Masonry ( ) N/A ( )
4. Condition: Good ( ) Fair ( ) Unsatisfactory ( )
5. Other:

E ELEC.

1. Electrical: Good (✓) Fair ( ) Unsatisfactory
2. Excessive Use of Extension Cords: Yes ( ) No (✓)
3. Open Breakers: Yes ( ) No (✓)
4. Covers Missing on Electrical Boxes: Yes ( ) No (✓)
5. Proper Sized Fuses/Breakers: Yes (✓) No ( )
6. Electrical Panel Clearance: Yes (✓) No ( ) Adequate ( )
7. Other:

F GENERAL

1. Housekeeping: Good (✓) Fair ( ) Unsatisfactory
2. Excessive Storing of Combustibles: Yes ( ) No (✓)
3. Storage Under Stairs: Yes ( ) No (✓)
4. Flammable Liquid Storage: Yes ( ) No (✓)
5. Chemical Storage: Yes (✓) No ( )
6. Address Posted: Yes (✓) No ( )
7. Other:

A true copy of this ORDER was delivered to [signature] owner, agent, or person in control of the above premises by,

[signature] TOWN OF NORTH WILKESBORO FIRE OFFICIAL

0243

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL097010	A. BUILDING: 01 B. WING _____	09/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES OF WILKES TRADITIONAL LIV	206 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659

(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 166	Continued From page 2 Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. 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 include: Several portable medical oxygen cylinders were stored in unapproved cardboard delivery boxes. Note; This deficiency was corrected during the survey.	C 166	C166 Administrator contacted Aeorcare (oxygen supplier) and company came to facility and removed the small tanks that were stored in the cardboard holder. This company is now aware of our delivery procedures and they will not leave oxygen cylinders in these unapproved boxes again.	9-13-16
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the only records available onsite included no description of what the rehearsal involved.	C 185	C185 Future fire drills that are conducted will have comments noted on performance and recommendations. Maintenance staff responsible for these are aware of this requirement.	9-13-16
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL097010	A. BUILDING: 01 B. WING _____	09/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES OF WILKES TRADITIONAL LIV	206 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659

(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 189	Continued From page 3 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, several battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Non-functioning lights include: a. DON office, b. Laundry (2), c. Corridor near room 412, d. Remote serving, e. New living room in Special Care Unit. 2. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. One smoke barrier door near room 106, equipped with latching, was dragging the floor and did not close when activated by the fire alarm system. Note; This deficiency was corrected during the survey. b. One smoke barrier door near room 111, did not latch closed when activated by the fire alarm system.	C 189	C189 The following emergency light batteries have been replaced: DON office, corridor near Room 412, remote serving, SCU New living room, and one in laundry. The other emergency light fixture in the laundry room had to be replaced. This will be complete by 10-14-16. During monthly fire drills, the smoke Barrier doors will be checked for proper functioning. Maintenance staff is aware of this requirement.	10-7-16 10-14-16 9-13-16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL097010	A. BUILDING: 01 B. WING _____	09/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES OF WILKES TRADITIONAL LIV	206 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659

(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 189	Continued From page 4 Note; This deficiency was corrected during the survey. c. The door to bedroom 114 would not latch when closed. d. The door to bedroom 411 would not latch when closed.	C 189	C189 Maintenance staff is taking the door lock off and will be repaired by a lock smith by 10-14-16.	10-14-16
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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; a. The exhaust system was not working in the bathroom off room 112. b. The exhaust system was not working in housekeeping in Special Care.	C 199	C199 Contacted Associated Heating and Air On 10-10-16. They recommended facility contact an Air Balancing Monitoring Company: Watts Services. Associated H&A stated that they are at least 3-4 weeks out to fix anything, once this company provides the engineering information needed. We have contacted the company and had to leave messages. We anticipate being on their consultative schedule by 10-14-16. We are requesting a waiver so that this can be completed as we do not anticipate it will be completed within this month. As of today, the fans that we have are working. There may be a need for more to meet the requirement stated.	