

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2016
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 Follow-up Survey by Dennis Harrell on 10-19-2016. Several deficiencies were not corrected. Further action is required.	{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, the facility recently installed Special (magnetic) Locking on the 3 exits from the Special Care Unit. Based on interview with the facility owner and staff and with the installer, Delayed Egress locking was previously provided at those 3 exits. The Delayed Egress failed about 6 weeks before the survey and was "repaired." However, the repair changed the function of the existing Delayed Egress to Special (magnetic) Locking.	{C 101}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2016
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 The alteration from Delayed Egress to Special Locking was done without the knowledge or approval of the local Building Inspection Department, local Fire Marshal's office and the DHSR Construction Section as required by Section 407.11.4 of the 2012 NC State Building Code. Note; A Plan of Protection was accepted in which the facility agreed to change the locking back to Delayed Egress. It further stated that if, in the future, the locking is to be changed to Special Locking, proper documentation will be submitted for review and approval. Finding on 10-19-2016: The magnetic locking had been returned to Delayed Egress, however, the lock on the door near the nurse station would not initiate and release the door as required by Code.	{C 101}		
{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: 1. Based on observation, the Special Care courtyard is in a required exit path. The courtyard is not large enough to provide a safe refuge in a fire and the courtyard gate is padlocked closed. Based on interview, most staff did not carry a key to the lock.	{C 166}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2016
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 Finding on 10-19-2016: At least 2 staff did not carry the key with them. They had left their keys at the nurse station. Note; A Plan of Protection was accepted which stated all staff responsible for evacuation of the residents in an emergency will carry a key to the gate at all times while on duty.	{C 166}		
{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: 3. Based on observation, many 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. The 20 minute fire rated door near the front door did not close completely and latch when activated by the fire alarm system. c. One of the smoke barrier doors in Special Care did not close completely when activated by the fire alarm system. d. The doors to bedrooms 101, 105 and 213 would not close and latch.	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2016
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 e. The door to bedroom 215 would not latch when closed and did not fit the opening well enough to be resistant to the passage of smoke and fire. f. The door to bedroom 207 did not fit the opening well enough to be resistant to the passage of smoke and fire. g. The door to bedroom 104 was hard to close and open. h. The door to bedroom 106 cannot close and latch because the bed extends into the doorway.	{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, there was no exhaust fan provided in the mop/housekeeping closet. Finding on 10-19-2016: The exhaust fan that had been installed was apparently not one-hour fire protected. All	{C 199}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 10/19/2016
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 199}	Continued From page 4 openings through the ceiling in your facility must be one-hour fire protected.	{C 199}			