

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/20/2016
NAME OF PROVIDER OR SUPPLIER WALLACE GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 1052 NE RAILROAD STREET WALLACE, NC 28466		
(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 Construction Survey by Ed Miller on September 20, 2016. Records indicate that the Facility was first licensed on April 10, 1986 for Sixty-four (64) beds. Based on the above information, the facility is required to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm; and the 1978 North Carolina State Building Code (Revision 5); Section 409 Institutional Occupancy. Deficiencies were cited during the Survey and 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;	C 101		

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

TITLE

(X6) DATE

STATE FORM

6899

P2W721

If continuation sheet 1 of 9

Angela Innes Administrator 11/9/16

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the Code requirements in effect at the time of installation by not having all of the required components to properly operate exit doors equipped with Special Locking Arrangements. The lack of redundancy in release devices could result in a blocked exit in an emergency. Findings on September 20, 2016: Note: Each magnetic lock in the Special Locking system gets power from a plug in transformer at each door. The transformers were not plugged in at the time of survey keeping the exits open. Facility staff agreed to keep the system off until it can be brought into compliance or removed. a. Cross-Corridor Doors near Nurse Station - there was no emergency release switch provided at this exit. b. Right Side Exit - there was no emergency release switch provided at this exit. c. Right Activity Room - there was no emergency release switch provided at this exit. d. Fire Alarm Control Panel - the special locking system does not have a wiring diagram and a system components location map posted at the FACP. e. Nurse Station - the emergency release switch was not located in the unit being served by the Special Locking Arrangements. f. Nurse Station - the emergency release switch was not labeled	C 101	Special Locking system key pad removed from Cross-corridor near nurse station and end of the hall. All plug in switch device was removed. Requirements for A, B, C, D, E and F	11/3/16
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 164		

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1052 NE RAILROAD STREET

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C 164	Continued From page 2 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: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on September 20, 2016: a. Activity Room - the ceiling was stained. b. Group Bathroom near Bedroom 7 - the shower had mold growth and soap scum buildup. c. Bedroom 10 Bathroom - the mirror had black spots at the bottom edges. d. Bedroom 10 Bathroom - the gypsum wall finish behind the commode was rough and need to be sanded and finished. e. Bedroom 11 - the ceiling was stained possibly from a leak. f. Bedroom 27 - the ceiling was stained. g. Right Activity Room - the ceiling was stained. h. Environmental (Housekeeping) - the paint was peeling on the ceiling.	C 164	1. (A) Water leak repaired. Ceiling repaired and painted. (B) Started using CLR to improve build up from mold and soap scum. Meets U.S. EPA Safer Product Standards (C) Bedroom 10 Replace mirror (D) Bedroom 10 gypsum wall repaired and painted (E) Bedroom 11 Ceiling repaired and painted (F) Bedroom 27 Ceiling repaired and painted (G) Left Activity room ceiling painted. (H) Environmental room ceiling painted.	9/27/16 9/28/16 11/3/16 9/28/16 10/31/16 10/31/16 10/31/16 10/18/16
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:	C 188		

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C 188	Continued From page 3 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 September 20, 2016: a. Bedroom 18 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 188	(A.) 1. Bedroom 18 electrical power receptacle was replaced and tested.	9/29/16
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 Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system. Findings on September 20, 2016: a. The fire alarm panel was showing a trouble signal. The trouble code is LOOP BREAK DUCT DET ZONE 3. Note: A spot check of the Fire Alarm System was performed which verified a corridor smoke detector and a manual pull would still activate the	C 189	(A.) 1. Reconnected battery jumper on fire alarm system	9/29/16

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C 189	Continued From page 4 alarm. Fire alarm technician scheduled for the afternoon of 9/21/2016. 2. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings on September 20, 2016: a. Cross-Corridor fire doors near Bedroom 7 - the front leaf hits the doorframe and did not close completely when the fire alarm system released the doors. b. Cross-Corridor fire doors near Bedroom 7 - there was a supply cart sitting in the opening, block the doors ability to close completely when the fire alarm system released the doors. c. Cross-Corridor fire doors near Activity - there was a housekeeping cart sitting in the opening, block the doors ability to close completely when the fire alarm system released the doors. 3. 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 special effort. Findings on September 20, 2016: a. Courtyard - the gate was very difficult to set into motion. 4. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on September 20, 2016: a. Corridor near Administrator Office - the	C 189	2. (A) Edged up the door frame 9/22/16 to close properly (B) In-service staff. At no time carts to be placed at fire alarm release doors 9/26/16 (C) In-service staff. At no time carts to be placed at fire alarm release doors 9/26/16 Discuss at each Fire Drill 3. (A) Two front locking gates on courtyard gate 11/7/16 was removed for opening	

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C 189	Continued From page 5 wall-mounted self-contained emergency light did not work on backup power when tested. b. Corridor near Nurse Station - the wall-mounted self-contained emergency light did not work on backup power when tested. c. Med Room - the wall-mounted self-contained emergency light did not work on backup power when tested. 5. 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 September 20, 2016: a. Activity Room - the listed radiation damper in the HVAC duct penetration of the fire-resistance-rated ceiling assembly had one of the springs that close the damper during a fire disengage. b. Group Bathroom near Bedroom 7 - in the shower a leak had deteriorated the joints (tape and joint compound coming apart) of the one-hour fire-resistance-rated ceiling assembly. c. Kitchen Store Room (Housekeeping) - there was a gap around a plastic drain tube not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Kitchen Electrical Room - there was a gap around a new conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 6. Based on observation, the electrical system was not being maintained safe. Findings on September 20, 2016: a. Group Bathroom near Bedroom 7 - there was excessive paint on the electrical power receptacle so that a ground fault tester could not be inserted.	C 189	4. (A) Replaced emergency light near Administrator Office. (B) Replaced emergency light near nurse station (C) Replaced emergency light in Med Room. 5. (A) Change spring in the radiation damper to close properly. (B) Group Bathroom repaired leak and painted. (C) Closed gap around plastic drain tube with fire rated caulking. (D) closed gap around the new conduit with fire rated caulking. 6. (A) Replace receptacle	11/8/16 11/8/16 11/8/16 9/27/16 9/29/16 9/29/16 11/2/16

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C 189	Continued From page 6 b. Bedroom 27 - there was a multi-plug adaptor with attachment plugs, plugged into an electrical power receptacle. c. Business Office - there was a multi-plug adaptor plugged into an electrical power receptacle. Deficiency corrected before Construction Surveys departed the site. d. Sprinkler Riser Room - many items are being stored directly in front of the electric panel, preventing quick access in any emergency. e. Bio Hazard Room across from the Sprinkler Riser Room - many items are being stored directly in front of the electric panel, preventing quick access in any emergency. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on September 20, 2016: a. Kitchen - Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2016, there has been no record keeping of the required monthly inspections. 8. Based on observation, the Building was not maintained in a safe and operating condition, in reference to the corridor doors. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on September 20, 2016: a. Beauty Shop - the Corridor Door was only equipped with a dead bolt and does not	C 189	(b) Replaced multi-plug adaptor with power strip surge protector plug. (c) Removed multi-plug from Business Office. (d) Removed items to storage building outside (e) Removed items to storage building outside Meeting with Maintenance 9/26/16 All paint or supplies are to be stored in storage outside. 7. (A) Fire extinguish for kitchen hood was inspected and tagged. In service with Maintenance All extinguish each month has to be inspected and tagged 8. (A) Removed dead bolt lock replace with proper door locking.	9/27/16 9/20/16 9/27/16 9/27/16 9/26/16 9/20/16 10/31/16

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C 199	Continued From page 8 b. Group Bathroom near Bedroom 7 - the exhaust ventilation system did not work, allowing a build-up of odors. 2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on September 20, 2016: a. Environmental (Housekeeping) - there was no exhaust ventilation system and odors are present.	C 199	(B.) Group bathroom near bedroom 7 exhaust fan replaced. 2.(A.) Put in exhaust fan to come on with lights in housekeeping closet.	10/11/16 10/14/16