

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2017
NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF CHERRYVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 401 WEST ACADEMY STREET CHERRYVILLE, NC 28021		
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Frank Strickland, conducted on January 25, 2017. Records indicate this facility was first licensed on October 27, 1997 for Sixty (60) Beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Institutional Occupancy Group I. Deficiencies were cited that require a Plan of Correction.	C 000		
C 144	Med Prep Area-Sink with Lever Handles SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having properly working wrist type lever handles on the handwashing facilities adjacent to the drug storage area. Findings on January 25, 2017: a. Med Room - the faucet for the medication preparation sink was equipped with knob handles.	C 144		

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

TITLE

(X6) DATE

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C 164	Housekeeping and Furnishings-Clean, Repaired 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: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on January 25, 2017: a. Bedroom 121 Bathroom - the floor tiles were marred, dirty and wet around the commode. b. Corridor near Bedroom 112 - the ceiling was stain. 2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff and visitors by exposing them to an unpleasant environment. Findings on January 25, 2017: a. Bedroom 121 - there was a strong urine odor that persisted during the Construction Survey.	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;	C 166		

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C 166	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. 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 January 25, 2017: a. Men Toilet Room - the connection of the commode to the floor was loose. 2. 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 January 25, 2017: a. Storage Room across form Beauty Shop - several portable medical oxygen cylinders were stored standing up not secured to the structure.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities.	C 175		

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C 175	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on January 25, 2017: a. Bedrooms 121 and 122 Shared Bathroom - here was no means to hang a second towel in the Bedrooms or shared bathroom.	C 175		
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 was not maintained in a safe and operating condition, because areas of the building are without fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. Findings on January 25, 2017: a. Storage Room across from Beauty Shop - there is no fire sprinkler protection in this area. 2. 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	C 189		

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C 189	Continued From page 4 promptly find their way to an exit during an emergency. Findings on January 25, 2017: a. Front Door - the exit sign did not illuminate on normal. Exit signs must be illuminated at all times. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on January 25, 2017: a. Spa Linen Closet - about half of the fire-resistance-rated ceiling assembly in this closet was missing. b. Boiler Room - there was a hole with cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Right Side Porch - the one-hour fire-resistance-rated gypsum ceiling assembly had deteriorated to a point where the tape and joint compound between the sheets had disappeared and the sheet did not align. d. Left Side Cross-Corridor Doors - the exit sign on the left side did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. e. Sprinkler Riser Room - the joint between the fire-resistance-rated ceiling and wall assembly was deteriorating providing opens that are not firestopped. f. Sprinkler Riser Room - there was a hole not firestopped as it penetrates the fire-resistance-rated exterior wall assembly. 4. Based on observation, the electrical system was not being maintained safe. Findings on January 25, 2017: a. Roof Kitchen Hood Fan - the electric conduit	C 189		

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C 189	Continued From page 5 has become loose, exposing the wires to the elements. 5. 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 January 25, 2017: a. Left Sitting Room Back Closet - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Bedroom 125 - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 6. Based on Observation, 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. Findings on January 25, 2017: a. Kitchen Storage - the 100 plus square feet room has a 45 min fire rated, self-closing door that was propped open with a door wedge eliminating the door ability to self-close to contain fire and smoke. 7. Based on Observation, the Building was not maintained in a safe manner by having doors not close completely in order to contain smoke and fire. This could affect all residents, staff and visitors by not containing smoke and fire in Room or fire compartment of origin. Findings on January 25, 2017: a. Kitchen to Dining - the self-closing door did	C 189		

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C 189	Continued From page 6 not close and latch on its own power. b. Boiler Room - there was a large bundle of cables blocking the self-closing door from closing and latching. 8. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on January 25, 2017: a. Bedroom 127 - the corridor door had a heavy object holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch. b. Beauty Shop - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch c. Janitor - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch d. Bedroom 224 - the corridor door had a heavy object holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch	C 189		