STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054067	A. BUILDING: **01** B. WING _____	**02/21/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE OF KINSTON	**1935 IDLEWILD DRIVE KINSTON, NC 28504**

(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 Construction Section Biennial Survey by Dennis Harrell on 2-21-2017. Records indicate this facility was first licensed as a Home for the Aged on 3-9-1993, for 29 beds. A 34 bed addition was submitted on 4-24-2002, for a total capacity of 63 beds includung a 26 bed Special Care Unit. Therefore the facility must meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1991 and 2002 North Carolina State Building Code Institutional Occupancy.	C 000		
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 required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
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	C 166		

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C 166	Continued From page 1 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 emergency release switch for the Special Locking (magnetic lock) for the exit door to the parking lot on 200 Hall was on an opposite wall from the door approximately 5 feet away. Because of the position of the emergency switch, its purpose is not obvious. Based on interview with the one staff in the area, she was not aware of the purpose of the release switch. Staff that are not properly trained could delay or prevent an evacuation in an emergency. 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 an unapproved beverage crate. 3. Based on observation, there was no documentation of monthly inspections provided on the range hood fire suppression system inspection tag. Range hood fire suppression systems must be inspected monthly and the inspections must be documented on the tag provided at the system pull. 4. Based on observation, part of one of the hand grips was missing at the shower in the Spa. The missing hardware exposed sharp edges. 5. Based on observation, the door to soiled linen	C 166		

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C 166	Continued From page 2 on the 300 Hall could not close and latch because it was blocked by a cart. All doors to the corridor must be able to cl.ose and latch 6. Based on observation, the carpet was damaged just inside the door to room 22. The damaged carpet presented a trip and fall hazard. 6. Based on observation, a wall corner was damaged at the corridor door near room 16. The damaged corner presented sharp edges.	C 166		
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 records available onsite included no description of what the rehearsal involved.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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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, the Special Locking (magnetic locks) were not maintained in a safe and operating condition. Findings include: a. The exit on the 300 Hall side toward the exterior of the kitchen did not unlock on activation of the fire alarm system, b. The central emergency release switch on 300 Hall did not unlock the courtyard gate or the exit toward the exterior of the kitchen. c. The central emergency release switch on 200 Hall did not unlock the door to the parking lot. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. The attic access doors were damaged in the Transport office and the AL laundry. Hole in the wall and ceiling of the office, b. Unsealed penetration in the ceiling of the Activity office, c. Two unsealed penetrations in the ceiling of the mechanical room off the AL dining room, d. Large door to medroom in AL had been	C 189		

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C 189	Continued From page 4 removed and replaced with a single layer of plywood and made into a book shelf, e. Unsealed penetration in the ceiling of the RCC office, f. Hole in the ceiling of the ED office. 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. One of the 1.5 hour fire doors near room 8 did not latch when activated by the fire alarm system. b. The door to the time clock room does not fit the opening properly to be resistant to the passage of smoke. c. The doors from the kitchen to the corridor and from the kitchen to the dining room were held open by mechanical "kick-downs". d. The door to bedroom 10 was propped open. e. The door to bedroom 24 will not latch when closed. f. The door to soiled linen on the 300 Hall was damaged and would not latch when closed. g. The door to the riser room is hard to open and close.	C 189		