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
	HAL063020	A. BUILDING: 01 B. WING _____	02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101-115 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Frank Strickland, conducted on February 2, 2017. Records indicate this facility was first licensed as a Home for the Aged on October 8, 1997. The facility is currently licensed for Ninety-Four (94) Beds, including Thirty-Eight (38) Special Care 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	The Following is a summary of the Plan Of Correction for Elmcroft of Southern Pines. This Plan of Correction is in regards to the Statement of Deficiencies from the Inspection conducted on February 2, 2017. This Plan of Correction is no to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies or related sanctions or fine. It is being as confirmation of our ongoing efforts to comply with statutory or regulatory requirements. In this section, we have definitive actions in response to the identified issues.	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Special Care Unit 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the	C 133		

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C 133	Continued From page 1 fixtures. Findings on February 2, 2017: a. A Hall Spa Restroom - the commode, had a loose side hand grips (grab bar). b. B Hall Spa Restroom - the commode, had a loose side hand grips (grab bar). c. C Hall Spa Restroom - the commode, had a loose side hand grips (grab bar).	C 133	C133 The Maintenance Director (M.D.) or designee will ensure the Spa Rooms are inspected for safety monthly and reviewed during monthly safety meeting. a. Grab Bar tightly secured to wall 2.6.17 b. Grab Bar tightly secured to wall 2.6.17 c. Grab Bar tightly secured to wall 2.6.17	
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: Assisted Living Building 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on February 2, 2017: a. Discovery Room Bathroom - the connection of the commode to the floor was loose. b. Kitchen - the hand wash sink was leaking onto the floor. Special Care Unit 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and	C 164	C164 The Maintenance Director (M.D.) or designee will ensure Quarterly that toilets are inspected for safety and functionality. a. Toilet flange bolted securely to the floor on 3.3.17 The Maintenance Director (M.D.) or designee will routinely check work order log daily for any needed repairs noted. b. New gasket kit applied to sink trap in AL kitchen 2.6.17.	

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C 164	Continued From page 2 visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on February 2, 2017: a. A Hall Spa Restroom - the sink's hot water faucet was secured off. b. Bedroom A-4 - the connection of the commode to the floor was loose.	C 164	Special Care Unit C164 The Maintenance Director (M.D.) or designee will routinely check work order log daily for any needed repairs noted. a. Replaced new faucet 2.23.17 b. Toilet flange bolted securely to the floor on 2.23.17	
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: Assisted Living Building 1. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on February 2, 2017: a. 800 Hall Whirlpool Room - the ventilation grille and its radiation damper have an excessive accumulation of dust/lint. b. Therapy Room - a HVAC supply grille was falling out of the ceiling. c. Kitchen Mop Closet - the gypsum wallboard walls had mold growing on them and the joints were deteriorating. d. Kitchen - the floor was dirty behind the range and ice maker. e. Courtyard Front Porch - the outside column base covers were rotten.	C 166	C166 The Maintenance Director (M.D.) or designee will ensure monthly ventilation grilles and dampers are cleaned and free of dust/lint and safely secured to ceiling. a. AL whirlpool room vent grille and damper was cleaned and is free of dust/lint on 3.2.17 b. AL therapy room secured to ceiling 3.2.17 The DSD, Maintenance Director (M.D.) or designee will ensure monthly that the kitchens and kitchen closets are clean and in good repair. c. sheet rock replaced and new exhaust fan installed in AL kitchen mop closet on 2.22.17 d. Kitchen floor cleaned behind range and ice maker 3.6.17. The Maintenance Director (M.D.) or designee will ensure the Courtyards are inspected for safety monthly and reviewed during monthly safety meeting. e. New column base covers were installed on 3.3.17.	

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C 166	Continued From page 3 Special Care Unit 1. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on February 2, 2017: a. A Hall Soiled Linen - the ventilation grille and its radiation damper have an excessive accumulation of dust/lint. b. B Hall Soiled Linen - the ventilation grille and its radiation damper have an excessive accumulation of dust/lint. c. C Hall Soiled Linen - the ventilation grille and its radiation damper have an excessive accumulation of dust/lint. d. Restroom near TV Room - the ventilation grille and its radiation damper have an excessive accumulation of dust/lint. e. Play Kitchen - the range hood fan had an excessive accumulation of grease.	C 166	C166 Special Care Unit The Maintenance Director (M.D.) or designee will ensure monthly ventilation grilles and dampers are cleaned and free of dust/lint and safely secured to ceiling. a. A hall soiled linen room vent grille and damper was cleaned and is free of dust/lint on 2.15.17 b. B hall soiled linen room vent grille and damper was cleaned and is free of dust/lint on 2.15.17 c. C hall soiled linen room vent grille and damper was cleaned and is free of dust/lint on 2.15.17 d. Rest room near TV room vent grille and damper was cleaned and is free of dust/lint on 2.15.17 e. Play kitchen range hood fan filter was replaced with new filter on 3.3.17	
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. This Rule is not met as evidenced by: Assisted Living Building 1. Based on observation, the facility failed to provide residents areas, with the required	C 175	C175 The Maintenance Director (M.D.) or designee will ensure the Resident rooms are inspected for safety monthly and reviewed during monthly safety meeting. a. Towel bar was replaced with new towel bar 2.8.17.	

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C 175	Continued From page 4 individual towels and/or towel bars for each resident. Findings on February 2, 2017: a. Bedroom 703 - this double occupant bedroom had one of its two towel bars broken.	C 175		
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: Special Care Unit 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 February 2, 2017: a. Beauty Shop - the left side of the sink, ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester.	C 188	C188 The Maintenance Director (M.D.) or designee will ensure the Beauty Shops are inspected for safety monthly and reviewed during monthly safety meeting. a. Breaker in breaker box required replacing and was replaced with new breaker on 3.1.17	
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	C 189		

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C 189	Continued From page 5 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Assisted Living Building 1. 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 February 2, 2017: a. Exterior near Bedroom 809 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. b. Corridor near Business - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. c. Mech Room on Service Hall - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke and fore. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on February 2, 2017: a. Smoke Barrier near Bedroom 801 - the back leaf, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. 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	C 189	C189 1.The Maintenance Director (M.D.) or designee will ensure the emergency lights are inspected for safety weekly and repaired as needed. a. Installed new emergency light on exterior near room 809 on 2.6.17 b. Installed new emergency light in hallway near Business office on 2.6.17 c. Installed new battery in emergency light in mechanical room on 3.3.17 2.The Maintenance Director (M.D.) or designee will inspect monthly during scheduled fire drills and repair or adjust as needed. a. Smoke Barrier Door near room 801 was adjusted and functions properly at this time latching when released 3.3.17 3.The Maintenance Director (M.D.) or designee will inspect Quarterly for penetration's in fire-resistance- rated ceilings. a. Maintenance room gap caulked with fire stop sealant on 2.20.17. b. Riser room gap caulked with fire stop sealant 2.20.17. c. Kitchen hood extinguishing pipe caulked with fire stop sealant on 2.20.17.	

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C 189	Continued From page 6 compartment of origin Findings on February 2, 2017: a. Maintenance Room - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Riser Room - the firestop sealant, around a copper pipe penetration, had fallen out of the fire-resistance-rated ceiling assembly, leaving an unprotected opening through the assembly. c. Kitchen - the firestop sealant, around a kitchen hood extinguishing system pipe penetration, had fallen out of the fire-resistance-rated ceiling assembly, leaving an unprotected opening through the assembly. Special Care Unit 1. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke and fore. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on February 2, 2017: a. C Hall Smoke Barrier - the leafs, of the double-egress cross-corridor doors, did not latch when the fire alarm system released the doors. 2. 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 February 2, 2017: a. A Hall Mech Room, - there was an open-ended sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Phone Room, - there were two open-ended sleeve with cable bundles not firestopped as they	C 189	C189 Special Care Unit 1.The Maintenance Director (M.D.) or designee will inspect Smoke Barrier Door monthly during scheduled fire drills and repair or adjust as needed. a. C hall smoke barrier door adjusted and is currently functioning properly 3.3.17 2.The Maintenance Director (M.D.) or designee will inspect Quarterly for penetration's in fire-resistance- rated ceilings. a. A hall Mechanical room cable bundle caulked with fire stop sealant on 2.20.17. b. Phone room cable bundle caulked with fire stop sealant on 2.20.17. c. C hall mechanical room had double layer sheet rock installed covering 12x12 inch hole 2.28.17.	

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C 189	Continued From page 7 penetrate the fire-resistance-rated ceiling assemblies. c. C Hall Mech Room, - there was a 12 inches X 12 inches hole penetrating the fire-resistance-rated ceiling assembly. 3. Based on observation, the electrical system was not being maintained safe. Findings on February 2, 2017: a. A Hall Electrical Room - many items are being stored directly in front of the electric panel, preventing quick access in any emergency. b. B Hall Electrical Room - many items are being stored directly in front of the electric panel, preventing quick access in any emergency. 4. 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 February 2, 2017: a. Bedroom A-4 - 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. 5. 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 February 2, 2017: a. Kitchen - the service 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 189	3.The Maintenance Director (M.D.) or designee will ensure the Electrical rooms on A, B and C halls are inspected for safety monthly and reviewed during monthly safety meeting. a. A hall electrical room had items removed from in front of electrical panel 2.15.17. b. B hall electrical room had items removed from in front of electrical panel 2.15.17. 4.The Maintenance Director (M.D.) or designee will inspect Quarterly for penetration's in fire-resistance- rated ceilings. a. Bedroom A-4 Sprinkler escutcheon caulked with fire stop sealant on 2.20.17. 5. All Department managers will monitor kitchen service door routinely for use of wedge preventing the door to close. a. Kitchen staff in-serviced that they are not to prop kitchen door open on 3.6.17	
C 199	Exhaust Ventilation	C 199		

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C 199	Continued From page 8 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: Special Care Unit 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on February 2, 2017: a. Break Room - the exhaust ventilation system did not work, allowing a build-up of odors. b. Janitor Closet - the exhaust ventilation system did not work, allowing a build-up of odors. c. Restroom Near C Hall Kitchen Entrance- the exhaust ventilation system did not work, allowing a build-up of odors	C 199	C199 1.The Maintenance Director (M.D.) or designee will ensure the Exhaust ventilation system are in proper working order and inspected quarterly. a. Break room (bathroom) exhaust ventilation motor was replaced with new motor on 3.1.17 b. Janitor Closet exhaust ventilation motor was replaced with new motor on 3.1.17 c. Rest room near C hall exhaust ventilation system will be replaced on 3.16.17 when parts arrive for replacement .	