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
	HAL046019	A. BUILDING: 01 B. WING _____	R 02/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEWOOD MANOR	240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910

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{C 000}	Initial Comments Report of Follow-up Survey by Dennis Harrell on 02/07/2017. Some 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 failed to meet NC State Building Code at the time of initial Licensing for corridor doors that are not 1 ¾ inches thick and solid core construction or equivalent. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on September 13, 2016 and 2-7-2017: a. A Hall Hopper Room - the corridor door was 1 3/4 inches thick and of hollow construction.	{C 101}	a door for the Hopper room has been ordered by the maintenance repair man	3/31/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Unsheel Strayhorn — administrator — 3/6/17

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{C 101}	Continued From page 1 2. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on June 16, 2016 and 2-7-2017: a. SCU - the special locking system does not have a wiring diagram and a system components location map posted at the fire alarm panel. b. SCU Courtyard - the exit gate's emergency release switch had a locked cover over it and staff responsible for evacuation did not have their keys on themselves.	{C 101}	The diagram was placed near the fire alarm panel on. The lock cover was removed on.	2/8/17 2/14/17
{C 148}	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: Based on observation, some corridor handrails are not capable of supporting a 250 pound concentrated load. Findings on 2-7-2017: Corridor handrails are very loose near rooms A15 and A19.	{C 148}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired	{C 164}		

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{C 164}	Continued From page 2 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: 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on September 13, 2016 and 2-7-2017: k. Bathroom near A Hall Hopper Room - the corridor doorframe bases on both sides had rusted away. t. A Hall Exterior near Bedroom 4 - the gutter has come loose from the fascia board and is not draining properly. 3. 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 September 13, 2016: b. A Hall Hopper Room - the utility sink's plumbing trap had dried-up, allowing sewer gases to enter the Building. Finding on 2-7-2017: There was no key onsite to allow entry into the room to verify the deficiency had been corrected.	{C 164}	The corridor doorframe on both side was repaired The gutter was repaired and fixed accordingly on The utility sink was cleaned and Solution poured to keep gases from flowing into the building Staff will check weekly to assure solution is in sink.	3/31/17 2/14/17 2/14/17
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	{C 166}		

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{C 166}	Continued From page 3 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 Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff and visitors if items are broken or partially removed and left where they could injure all. Findings on September 13, 2016 and 2-7-2017: c. A Hall Bedroom 3 - the floor between the corridor doorframes was ½ inch higher than the surrounding floors, creating a tripping hazard. 2. 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 September 13, 2016 and 2-7-2017: a. A Hall Bedroom 13 Bathroom - the connection of the commode to the floor was loose. b. A Hall Bedroom 13 Bathroom - the commode seat was loose. f. Bedroom P3 Bathroom - the commode's tank top was missing. 4. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on September 13, 2016 and 2-7-2017:	{C 166}	The floor between the corridor doorframe will be shaved down to eliminate a tripping hazard occurrance.	3/31/17
			The commode was repaired by our maintenance repair manon.	2/13/17
			The commode top was replaced.	2/25/17

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{C 166}	Continued From page 4 a. C Hall Bathroom - the specialty tub had a sprayer wand with hose long enough to reach into the gray water, but appear not to have vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.	{C 166}	A Vaccum Breaker will be put in place to prevent back siphonage of gray water back into the potable water line.	3/31/17
{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 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 13, 2016 and 2-7-2017: a. The fire alarm panel was showing a trouble signal. The trouble code corresponded to the telco problem. A through test was performed and the single was received by the monitoring company. Interview of Administrator reviled that on fire alarm activation a staff member calls 911. 2. 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.	{C 189}	BFPE has tested the System several times regarding the telco problem. Dixie Warren has tested the system several times as well. all line are in use mode. They will be Pchedule out to repair or repair the system line.	3/31/17 3/31/17

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{C 189}	Continued From page 5 Findings on September 13, 2016: a. A Hall Dirty Linen Closet in Laundry - the fire alarm system's heat detector was dangling from the ceiling by its power/operational wires. 3. 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 13, 2016 and 2-7-2017: b. Intersection of A Hall and Main Hall - there was no exit sign at this intersect to direct the occupants from the Main Hall to turn and egress the front or back exits of A Hall. c. Cross-Corridor fire doors near Med Tech Office - when the cross-corridor doors close there is no exit sigh visible on the living room side. d. Lobby outside SCU - the wall-mounted self-contained emergency light did not work on backup power when tested. The replacement emergency light was sitting on a table in the Lobby plugged into an electrical power receptacle not secured or aimed. Note: A new self-contained emergency light had been placed on a shelf that was connected to an extension cord. Extension cords are not allowed and the old emergency light was still in place and still not working. 4. 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 13, 2016 and 2-7-2017: f. Administrator Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. Note;	{C 189}	The heat detector was repaired on. direction Sign will be Put in Place to assure a clear view of the exit Sign is seen by the staff & resident. The Cross Corridor area when the door closed will show exit sign for visible direction. fire stopped was placed in the gap around cable on.	2/14/17 3/31/17 3/31/17 2/14/17

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{C 189}	Continued From page 6 There was no key onsite to allow entry into the room to verify the deficiency had been corrected. i. SCU Housekeeping - a leak had deteriorated the fire-resistance-rated ceiling assembly, (tape and joint compound coming apart). j. SCU Housekeeping - the exhaust fan did not cover the hole through the one-hour fire-resistance-rated ceiling assembly. n. C Hall Exterior Mech Room - a leak had deteriorated the fire-resistance-rated ceiling assembly, (tape and joint compound coming apart). o. SCU Exterior Mech Room - a leak had deteriorated the fire-resistance-rated ceiling assembly, (tape and joint compound coming apart) and there were holes/gaps around equipment/objects. 5. 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 13, 2016 and 2-7-2017: a. Cross-Corridor fire doors near Kitchen - the doors hit each other and did not close completely when the fire alarm system released the doors. 6. Based on observation, the electrical system was not being maintained safe. Findings on September 13, 2016 and 2-7-2017: c. SCU Manager's Office -there was a power cable running from this room, under the door, powering a device in the corridor. d. SCU Exterior Back Exit - there was a junction box with no cover plate. 9. Based on Observation, the Building was not maintained free of hazards, because the portable	{C 189}	The exhaust fan was repaired with caulking on. The repair maintenance man will repair ceiling to assure joint compound will not come apart. All repairs will be completed by the maintenance repair man, holes, gaps & equipment object will be repaired. The maintenance repair man will adjust doors accordingly. white & whitney will secure a wire plug to hide the cable. white & whitney will replace cover plate	2/14/17 3/31/17 3/31/17 3/31/17 3/31/17 3/31/17

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{C 189}	Continued From page 7 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 September 13, 2016 and 2-7-2017: a. Oxygen Room - nine portable medical oxygen cylinders were stored standing up not secured to the structure. b. Oxygen Room - several portable medical oxygen cylinders were stored standing up in two beverage crates not secured to the structure. Note: Several portable medical oxygen cylinders were found stored standing up in plastic clothes hampers. Clothes hampers are not approved for storing oxygen. 12. Based on observation, the facility failed to maintain in a properly operating manner the general illumination of the building. Findings on September 13, 2016 and 2-7-2017: a. A Hall Hopper Room - the light in this room did not work. Note; There was no key onsite to allow entry into the room to verify the deficiency had been corrected.	{C 189}	The maintenance repair man built an individual Cylinder holder for all Oxygen Tanks. 2/13/17 The light was replaced on. 2/14/17	
{C 191}	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing	{C 191}		

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{C 191}	Continued From page 8 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 facility failed to prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on September 13, 2016: a. Administrator Office - a prohibited portable space electric heater was found in this room.	{C 191}	Portable space heater was removed on. 2/14/17	
{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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This	{C 199}		

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{C 199}	Continued From page 9 could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on September 13, 2016 and 2-7-2017: a. A Hall Hopper Room - the exhaust ventilation system did not work, allowing a build-up of odors. Note; There was no key onsite to allow entry into the room to verify the deficiency had been corrected. c. Beauty Shop - the exhaust ventilation system did not work. d. C Hall Bedroom 15 Bathroom - the exhaust ventilation system did not work, allowing a build-up of odors. e. C Hall Laundry Dirty Linen Closet - 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 13, 2016 and 2-7-2017: b. SCU Laundry - there was no exhaust ventilation system in this area.	{C 199}	WWW will replace the exhaust ventilation system. Exhaust was replaced Exhaust was replaced WWW will replace the exhaust ventilation system. WWW will install a exhaust ventilation system.	3/31/17 2/22/17 2/22/17 3/31/17 3/31/17