

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2017
NAME OF PROVIDER OR SUPPLIER THE COURTYARDS AT BERNE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 AMHURST BOULEVARD NEW BERN, NC 28562		
(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 serving 55 residents on 5-10-1986. Therefore we are requiring the facility to meet the 1984 and the applicable components of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 (w/revisions) North Carolina State Building Code for Institutional Occupancy. The facility submitted plans for renovations May 21, 1996 that include sprinkler system and new fire alarm system. The sprinkler and fire alarm systems are required to meet the 1996 North Carolina State Building Codes.	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:	C 101		

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

TITLE

(X6) DATE

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C 101	Continued From page 1 Based on observation, this facility is equipped with Special Locking (magnetic locks) on the exit doors as allowed by the NC State Building Code. The Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys." This Code is not met as evidenced by: The required emergency release switches located at each magnetically locked exit door were of the locking type. Most staff did not carry release switch keys. All staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty.	C 101		
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: 1. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked all the way to the ceiling in the storage room off the front desk. Note; This deficiency was corrected during the survey.	C 166		

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C 166	Continued From page 2 2. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	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: 1. Based on a review of documents, the records available onsite included no description of what the rehearsal involved. 2. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Finding includes: In the 4th quarter of last year, there was no rehearsal done during the 3rd shift.	C 185		

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C 189	Continued From page 3	C 189		
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 Special Locking (magnetic lock) was improperly mounted at exit 3 and was not securely locking the door. Special Locking (magnetic locks) that do not function correctly could allow resident elopement. 2. Based on observation, 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 smoke barrier doors near room 201 did not latch when closed. b. The double doors to the Community Room would not latch when closed. Note; This deficiency was corrected during the survey. c. The door to chart room was wedged. Note; This deficiency was corrected during the survey. d. The door to Assistant Activity Co-ordinator's office was propped open. Note; This deficiency was corrected during the survey. e. The door to room 106 does not fit the opening	C 189		

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C 189	Continued From page 4 properly to be resistant to the passage of smoke. Note; This deficiency was corrected during the survey. f. The latchset was loose on the door to the Training Center. Note; This deficiency was corrected during the survey. 3. Based on observation, exit 5 was hard to open. Exits that are difficult to open could delay or prevent an evacuation in an emergency. 4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in 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. Hole in the wall behind the door, to the biohazard room, Note; This deficiency was corrected during the survey. b. Ceiling damaged in riser room, Note; This deficiency was corrected during the survey.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing	C 195		

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C 195	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: Based on observation, the hot water was only 82 degrees F. on the 100 Hall.	C 195		