| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL080006 | A. BUILDING: **01**<br>B. WING _____ | **03/14/2017** |

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| **BETHAMY RETIREMENT CENTER** | **909 N SALISBULRY AVENUE SPENCER, NC 28159** |

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| C 000 | Initial Comments<br><br>Report of a Construction Section Biennial Survey by Ed Miller, conducted on March 14, 2017.<br><br>Records indicates this facility was first licensed on December 1, 1975 as a Home for the Aged serving 29 residents. On February 17, 1997 a 14 bed addition was built bringing the current capacity up to 43 residents. The North Side was presumed to be the 1996 addition. Therefore the older section of the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1967 NC State Building Code for D-2 Institutional Occupancy. The newer section of the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 NC State Building Code for I-2 Institutional Occupancy.<br><br>Deficiencies were cited that require a Plan of Correction. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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 | C 101 | | |

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| C 101 | Continued From page 1<br>Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the Building Fire Sprinkler System had failed to meet the Code requirements in effect at the time of construction by not having all required areas protected with sprinklers. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room origin.<br>Findings on March 14, 2017:<br>a. Business Office Closet - there was no automatic fire sprinkler protection in this room.<br>b. Bedroom N10 - both Closets had no automatic fire sprinkler protection.<br>c. Bedroom N5 - the Closet had no automatic fire sprinkler protection.<br><br>2. Based on observation, the Building did not meet the NC State Building Code at the time of initial Licensing, by not having the required systems protecting the openings through fire-resistance-rated construction. This could affect all residents, staff and visitors during a fire emergency if there are no vision panels to check for smoke in the adjacent smoke compartment.<br>Findings on March 14, 2017:<br>a. Smoke Barrier Doors near Bedroom N11 - the double-egress cross-corridor doors did not have vision panels to provide visual surveillance for smoke during a fire emergency. Determine where the smoke barrier walls are located on the North Side, and assure that the cross-corridor doors have vision panels.<br>b. Smoke Barrier Doors near Bedroom Kitchen - the double-egress cross-corridor doors did not have vision panels to provide visual surveillance | C 101 | | |

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| C 101 | Continued From page 2<br>for smoke during a fire emergency. Determine where the smoke barrier walls are located on the North Side, and assure that the cross-corridor doors have vision panels. | C 101 | | |
| C 133 | Bathrooms-Hand Grips<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(e) The requirements for bathrooms and toilet rooms are:<br>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;<br><br>This Rule is not met as evidenced by:<br>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 fixtures.<br>Findings on March 14, 2017:<br>a. Restroom near Large Staff Station - there were no hand grips (grab bar) for the commode. | C 133 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing | C 164 | | |

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| C 164 | Continued From page 3<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair.<br>Findings on March 14, 2017:<br>a. Bedrooms S11 & S12 Shared Bathroom - the textured ceiling was detaching from the ceiling in several small areas.<br>b. Main Living room - the textured ceiling was detaching from the ceiling in several areas.<br>c. Bedroom N12 - the carpet at the corridor door was unraveling.<br><br>2. 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.<br>Findings on March 14, 2017:<br>a. Bedroom N12 - the connection of the commode to the floor was loose.<br>b. Bathroom N12 - the commode seat was very loose.<br>c. Bathroom N12 - the water to the sink has been turned off because of a leak. | C 164 | | |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities. | C 166 | | |

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| C 166 | Continued From page 4<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply.<br>Findings on March 14, 2017:<br>a. Bedrooms S14 & S15 Shared Bathroom - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.<br>b. Bedroom S4 Bathroom - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. | C 166 | | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the electrically operated call system was not maintained operable. This could affect all residents, and staff if the system fails to notify staff that assistance is | C 189 | | |

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| C 189 | Continued From page 5<br>requested.<br>Findings on March 14, 2017:<br>a. Bedrooms and Bathroom - there was a pattern exhibited where many of the activators of the electrically operated resident call system were activated and the annunciation devices above the door did not function.<br>b. Bedrooms and Bathroom - there was a pattern exhibited where many of the activators of the electrically operated resident call system were activated and the annunciation devices at the staff stations did not function.<br><br>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.<br>Findings on March 14, 2017:<br>a. Bedroom N6 Closet - the Heat detector was covered with blue painter tape.<br><br>3. Based on observation, the electrical system was not being maintained safe.<br>Findings on March 14, 2017:<br>a. Electrical Room near Bedroom S10 - items were stored in front of the electric panels, limiting the required 36-inches working clearance. This prevents quick access in any emergency.<br>b. Electrical Room Across from Kitchen - items were stored in front of the electric panels, limiting the required 36-inches working clearance. This prevents quick access in any emergency.<br>c. Electrical Room Across from Kitchen - electric panel "H" had and open slot were a breakers had been removed or blanks fell out. This allows access to energized components that are not guarded against accidental contact.<br><br>4. Based on observations, the Building fire | C 189 | | |

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| C 189 | Continued From page 6<br>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<br>Findings on March 14, 2017:<br>a. Rob Office - there was two ½" holes through the fire-resistance-rated ceiling assembly not firestopped.<br>b. Electrical Room near Bedroom S10 - there were two open-ended sleeves with a cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly.<br>c. Soiled Utility near Bedroom S5 - there was two ½" holes through the fire-resistance-rated ceiling assembly not firestopped.<br>d. Exit near Bedroom 4 - this exit was equipped with a panic bar that had its ability to 'dog the bar down' (retract the latch) compromised, so tape has been applied to keep the latch retracted, allowing reentry in to the building. Because of the amount of tape, the tape hits the latching frame requiring too much additional force to open the door.<br>e. Activity Directors Office - there were gaps around two cables not firestopped as they penetrated the fire-resistance-rated ceiling assembly.<br><br>5. 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.<br>Findings on March 14, 2017:<br>a. Corridor between Bedrooms S14 & S15 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.<br>b. South Corridor Near Business Office - the wall-mounted self-contained emergency light did | C 189 | | |

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| C 189 | Continued From page 7<br>not illuminate on backup power when tested.<br>c. Corridor near Staff Station at Kitchen - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.<br>d. Exit near Bedroom N1 - the ceiling mounted self-contained emergency light was not illuminating on normal power.<br><br>6. Based on observation, the corridor doors were not maintained in a safe and operating condition because they were not smoke tight. Findings on March 14, 2017:<br>a. Housekeeping across from South Laundry - the corridor door had a 10x16 louver that did not resist the passage of smoke.<br><br>7. Based on observation, interview with BOM, Rob, and Maintenance, and document review, the facility failed to provide and/or maintain the automatic roll-down fire door. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on March 14, 2017:<br>a. Firewall between North and South Wings - the automatic roll-down fire door had not been inspected and tagged anually as required by NFPA 80.<br><br>8. 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 March 14, 2017:<br>a. Bedroom N6 Closet - the fire sprinkler was covered with blue painter tape.<br>b. Bedroom N12 - both fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. | C 189 | | |

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| C 189 | Continued From page 8<br><br>c. Bedroom N11 - the top half of the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.<br><br>9. Based on observation, the building was not maintained in a safe and operating condition with stable handrails/guardrails at steps, porches, stoops and ramps. This would affect all residents, staff and visitors who use these unstable handrail/guardrails by not providing increasing safety, stability/balance, and maneuverability required of these devices.<br>Findings on March 14, 2017:<br>a. Kitchen - the North handrail was very loose.<br><br>10. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger..<br>Findings on March 14, 2017:<br>a. Kitchen - the documentation of the portable fire extinguisher's monthly inspections stopped in July 2016. | C 189 | | |
| C 191 | Unvented & Portable Elec. Heaters Prohibited<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.<br>(k) This Rule shall apply to new and existing | C 191 | | |

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| C 191 | Continued From page 9<br>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>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.<br>Findings on March 14, 2017:<br>a. Activity Director Office - a portable electric space heater was found in this room. | C 191 | | |
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>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 10<br>could affect all residents, staff and visitors by preventing the exhausting of odors.<br>Findings on March 14, 2017:<br>a. Rest Room near Bedroom N1 - the exhaust ventilation system did not work, allowing a build-up of odors. | C 199 | | |