STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL008041	A. BUILDING: **01** B. WING _____	**04/05/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON GARDENS	**205 WEST WATSON STREET** **WINDSOR, NC 27983**

(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 4-5-2017. Records indicate this facility was originally licensed as a Home for the Aged serving 25 residents on 10-1-1957. Therefore the facility must meet the 1967 North Carolina State Building Code Section 407.1- D-2 -Institutional Occupancy and the 1971 Minimum and Desired Standards and Regulations, and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes.	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 comply with the 1971 Minimum Rules and Regulations where no renovation has been made.	C 101		

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C 101	Continued From page 1 The 1971 minimum Rules require Bedroom doors must provide equivalent fire separation protection as would be provided by a 1 3/4 inch thick solid core wood door. Findings include: a. The bedroom doors were 1 3/8 inch thick 2 panel doors. These doors may not provide equivalent protection unless they can be determined to be substantial doors. Please provide information on the doors to be used in determining equivalent fire resistance. Include type of wood height, width, width of rails and stiles and thickness of the panels. Also try to determine the construction of the panels, whether of plywood or individual slats glued together. b. There were transom door/windows above all bedroom doors. The transom door/windows are a part of the door assembly and also may not provide equivalent protection unless they can be determined to be substantial. Please provide information on the transoms to be used in determining equivalent fire resistance. Include type of wood height, width, width of rails and stiles and thickness of the panels. Also try to determine the construction of the panels, whether of plywood or individual slats glued together. c. The latches for the transoms were about 8 feet above the floor so the transoms could not be closed quickly in a fire or even closed at all without the use of an extension tool. 2. Based on observation, the facility failed to comply with the Building Code and Licensure Rules in effect when altered or renovated. Finding includes:	C 101		

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C 101	Continued From page 2 a: A portion of the left side porch was altered and enclosed sometime after original construction to become an office. The space is noted on your floor plan as "Staff office-SIC bed." The door to the Business office was 1 3/8 inch thick hollow core. The door to the corridor failed to comply with the 1967 NC State Building Code which required the doors to be 1 3/4 inch thick solid wood core or equivalent. b. The upper portion of the wall between the Business office and the Living room/corridor is of standard exterior glass windows approximately 20 inches high and 16 feet long. This wall in the same Business office failed to comply with the 1967 NC State Building Code which required all walls and ceiling to be of one-hour fire resistant construction.	C 101		
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 most recent Fire Marshal building safety inspection report was dated 12-4-2015. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency.	C 111		

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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: Based on observation, the hose at the mop sink was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	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:	C 185		

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C 185	Continued From page 4 1. 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 all of the past year there was no rehearsals done during the 3rd shift. 2. Based on a review of documents, the description of what the rehearsal involved was photo copied for every month. Descriptions must be specific for each individual rehearsal.	C 185		
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 showing a Trouble condition "Comm Fault 1." Fire alarms with a communication trouble may fail to automatically call the fire department when needed. 2. 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	C 189		

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C 189	Continued From page 5 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. There were holes beside the latchset through the doors to bedrooms 7, 8, 13 and the resident bathroom off the corridor. b. The door to the corridor storage beside the kitchen would not latch when closed. c. The door to bedrooms 12, 13 and the resident bathroom off the corridor do not fit the opening properly to be resistant to the passage of smoke. d. The door to the resident bathroom off the corridor did not close easily. e. There is no door stop provided at the top of the door to the medroom to make the door resistant to the passage of smoke and fire. 3. 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. The ceiling has been damaged by an active roof leak in the corridor near the living room. On the day of the survey a trash can was being used to contain the water from the roof. b. Hole in the wall between the clean linen room and the diaper room. 4. Based on observation, the exit sign in the corridor near room 12 was not working. 5. Based on observation the seat in the resident bath shower was partly broken from the wall. The broken seat is a significant fall hazard.	C 189		

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C 189	Continued From page 6 6. Based on observation, part of the soffit is damaged or missing on the right front corner of the building. Damaged and missing soffit allows birds and/or other pests to enter the building. 7. Based on observation the toilet in the resident bathroom was out of order.	C 189		