

BethAmy Retirement Center
909 N Salisbury Ave
Spencer, NC 28159
704-633-1985

CONSTRUCTION SECTION
MAY 01 2017
RECEIVED

April 27, 2017

Dear Mr. Miller:

Enclosed is the hard copy of my response to your construction survey of March 14, 2017.

All corrective actions have been completed with the exception of vision panels installed in fire rated doors. They are on backorder and should arrive and be forthcoming and installed by May 15, 2017. Our firewall, automatic, roll-down door has been inspected and we are waiting for a report which I will fax to you as soon as it is received.

I have enclosed a copy of our updated monthly building inspection form which will help identify and resolve maintenance problems in a timely manner and will ensure the deficient practice does not re-occur and will help monitor any deficient practices.

If you have further questions, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in cursive script that reads "Susan Morris".

Susan Morris
Administrator

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/14/2017
NAME OF PROVIDER OR SUPPLIER BETHAMY RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 909 N SALISBURY AVENUE SPENCER, NC 28159		
(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 a Construction Section Biennial Survey by Ed Miller, conducted on March 14, 2017. 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. Deficiencies were cited that require a Plan of Correction.	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	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

0000

B08Q21

If continuation sheet 1 of 11

Susan J. Harris *Administrative* 4-25-17

Division of Health Service Regulation

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STREET ADDRESS, CITY, STATE, ZIP CODE

BETHAMY RETIREMENT CENTER

**909 N SALISBURY AVENUE
SPENCER, NC 28159**

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C 101	Continued From page 1 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 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. Findings on March 14, 2017: a. Business Office Closet - there was no automatic fire sprinkler protection in this room. b. Bedroom N10 - both Closets had no automatic fire sprinkler protection. c. Bedroom N5 - the Closet had no automatic fire sprinkler protection. 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. Findings on March 14, 2017: 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 <u>vision panels</u> . b. Smoke Barrier Doors near Bedroom Kitchen - the double-egress cross-corridor doors did not have vision panels to provide visual surveillance	C 101	doors have been removed to open area and allow sprinkler protection to work properly Smoke detector alarm was installed in this closet several years ago during construction inspection - Exhibit 1 Closet doors were removed several years ago during construction inspection - this was so that sprinkler head could serve that square foot area - Exhibit 2 Exhibit 3	4-14-17

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C 101	Continued From page 2 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	VISION panels have been ordered - will be installed expected date	5-15-17
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: 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 these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on March 14, 2017: a. Restroom near Large Staff Station - there were no hand grips (grab bar) for the commode.	C 133	Exhibit 4 hand grips installed	3-21-17
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	C 164	Exhibit 5	

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C 164	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on March 14, 2017: a. Bedrooms S11 & S12 Shared Bathroom - the textured ceiling was detaching from the ceiling in several small areas. b. Main Living room - the textured ceiling was detaching from the ceiling in several areas. c. Bedroom N12 - the carpet at the corridor door was unraveling. 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. Findings on March 14, 2017: a. Bedroom N12 - the connection of the commode to the floor was loose. b. Bathroom N12 - the commode seat was very loose. c. Bathroom N12 - the water to the sink has been turned off because of a leak.	C 164	→ ceiling repaired - Exhibit 6a → ceiling repaired - Exhibit 6b → Exhibit 6c ✓ repaired - bolts tightened - Exhibit 7 leak repaired - new p trap cleaned out drain - Exhibit 7	3-24-17 3-24-17 4-21-17 3-24-17 3-24-17	
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.	C 166			

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C 166	Continued From page 4 This Rule is not met as evidenced by: 1. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on March 14, 2017: 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. 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	all of our shower wands are fitted with a vacuum breaker since <i>Exhibit 8</i>	6-2016
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 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	<i>Exhibit 8</i>	6-2016

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C 189	Continued From page 5 requested. Findings on March 14, 2017: 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. 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.	C 189	all devices repaired by replacing burned out bulbs Exhibit - 9	3-28-17	
	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. Findings on March 14, 2017: a. Bedroom N6 Closet - the Heat detector was covered with blue painter tape.		tape removed	3-15-17	
	3. Based on observation, the electrical system was not being maintained safe. Findings on March 14, 2017: 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. 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. c. Electrical Room Across from Kitchen - electric panel "H" had an open slot where a breaker had been removed or blanks fell out. This allows access to energized components that are not guarded against accidental contact.		removed Exhibit 9a Exhibit removed - 9b repaired with new slot Exhibit 9c		
	4. Based on observations, the Building fire				

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C 189	Continued From page 6 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 March 14, 2017: a. Rob Office - there was two 1/2" holes through the fire-resistance-rated ceiling assembly not firestopped. 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. c. Soiled Utility near Bedroom S5 - there was two 1/2" holes through the fire-resistance-rated ceiling assembly not firestopped. 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. e. Activity Directors Office - there were gaps around two cables not firestopped as they penetrated the fire-resistance-rated ceiling assembly. 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. Findings on March 14, 2017: a. Corridor between Bedrooms S14 & S15 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. b. South Corridor Near Business Office - the wall-mounted self-contained emergency light did	C 189	EXHIBIT 10 a ✓ holes repaired with fire caulk EXHIBIT 10 b holes repaired with fire caulk EXHIBIT 10 c → holes repaired. EXHIBIT 10 d → New panic bar and latch installed EXHIBIT 10 e ✓ holes repaired with fire caulk replaced unit	3-15-17 3-22-17 3-22-17 3-22-17 4-7-17 3-22-17 3-28-17	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL080006

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING: _____

(X3) DATE SURVEY
COMPLETED

03/14/2017

NAME OF PROVIDER OR SUPPLIER

BETHAMY RETIREMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

909 N SALISBURY AVENUE
SPENCER, NC 28159

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SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

C 189

Continued From page 7

C 189

not illuminate on backup power when tested.
c. Corridor near Staff Station at Kitchen - the
wall-mounted self-contained emergency light did
not illuminate on backup power when tested.
d. Exit near Bedroom N1 - the ceiling mounted
self-contained emergency light was not
illuminating on normal power.

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:

a. Housekeeping across from South Laundry -
the corridor door had a 10x16 louver that did not
resist the passage of smoke.

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:

a. Firewall between North and South Wings -
the automatic roll-down fire door had not been
inspected and tagged annually as required by
NFPA 80.

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:

a. Bedroom N6 Closet - the fire sprinkler was
covered with blue painter tape.
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.

EXHIBIT 11

✓ replaced unit

✓ replace unit

EXHIBIT 12

✓ new bulb installed

EXHIBIT 13

✓ repaired and sealed

Fire wall roll door inspection completed
waiting on report

Exhibit 14a

✓ tape removed

Exhibit 14b

✓ ring was pushed up into place

3-28-17

3-28-17

3-28-17

3-24-17

4-25-17

3-15-17

3-15-17

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C 189	Continued From page 8 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. 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. Findings on March 14, 2017: a. Kitchen - the North handrail was very loose.	C 189	<i>Exhibit 14c</i> → plate - installed <i>Exhibit 15a</i> ✓ bolt tightened - handrail secure	4-17-17 3-28-17	
	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.. Findings on March 14, 2017: a. Kitchen - the documentation of the portable fire extinguisher's monthly inspections stopped in July 2016.		✓ inspection updated	3-17-17	
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 9 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 March 14, 2017: a. Activity Director Office - a portable electric space heater was found in this room.	C 191		
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	removed from office -	3-17-17

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C 199	Continued From page 10 could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on March 14, 2017: a. Rest Room near Bedroom N1 - the exhaust ventilation system did not work, allowing a build-up of odors.	C 199	EXHIBIT 16 7 exhaust fan was unplugged - fan unit was fixed by plugging back in.	3-23-17	



closet door removed
page 2-C101-#1a

4/14/19

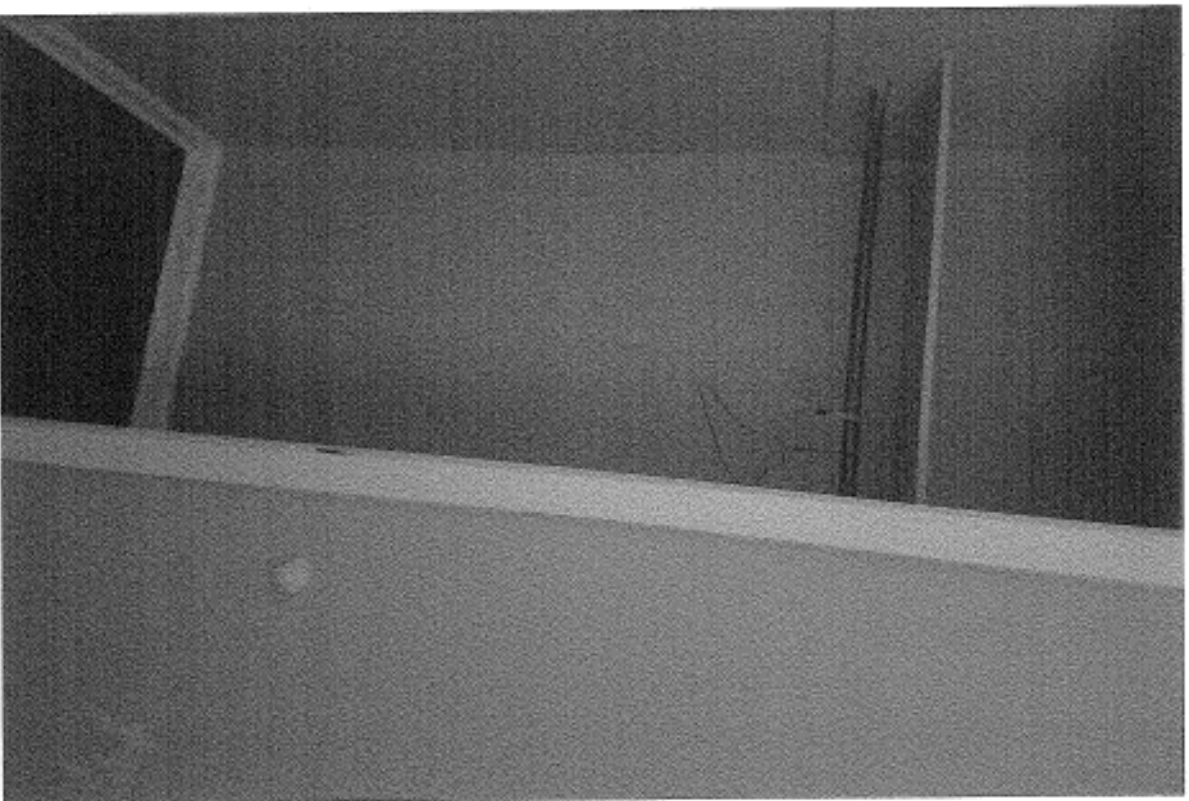
Exhibit-1

Exhibit 2



North 5
Bedroom.
page 2
C101-c

Exhibit 3



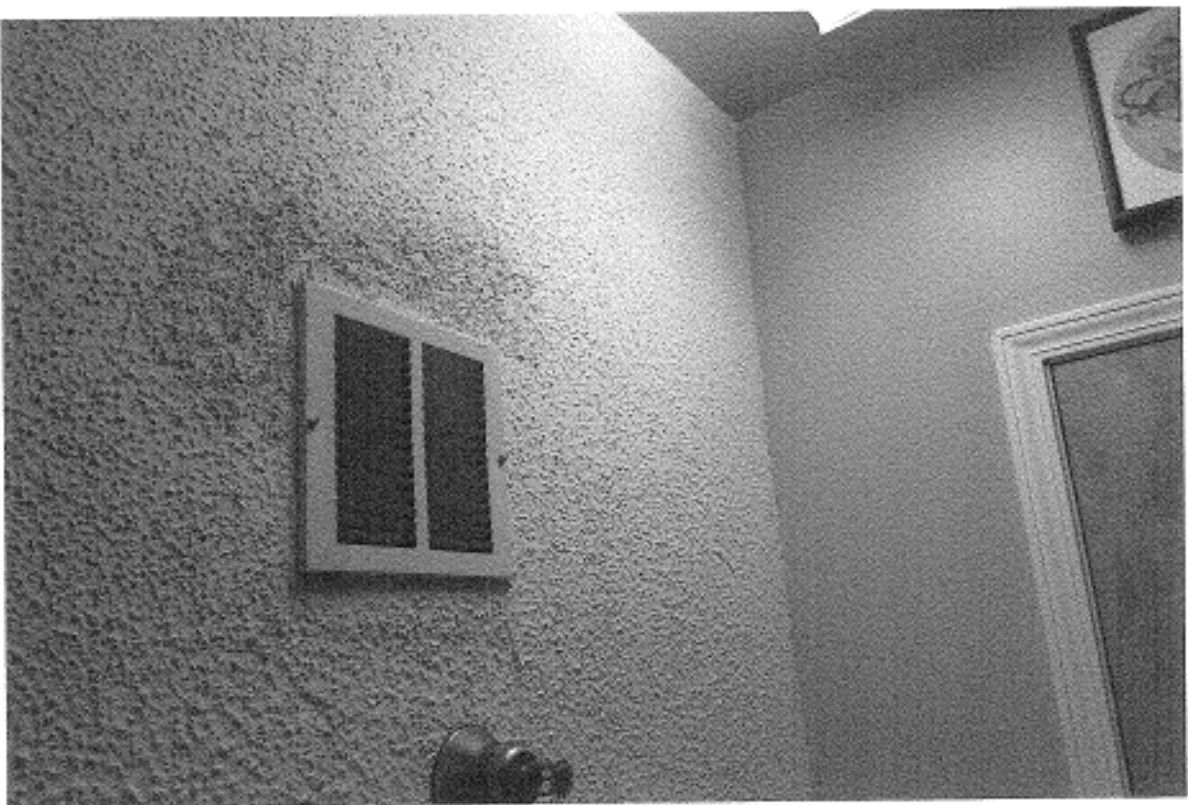
North 10
page 2
C-101-b

Exhibit 5



Restroom grab bar
page 3 - C-133 a

Exhibit 6a



ceiling repairs
page 4 - C 164-a



Ceiling repaired.
page 4 - 169 - b

Page 4-164-c
Carpet repaired by
replacing it with flooring





- Page 4 - C.164-#2 -
a - b - c -
a - Commode tightened. wax seal replaced
b - tightened seat
c - p trap installed. cleaned out drain

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Exhibit 8

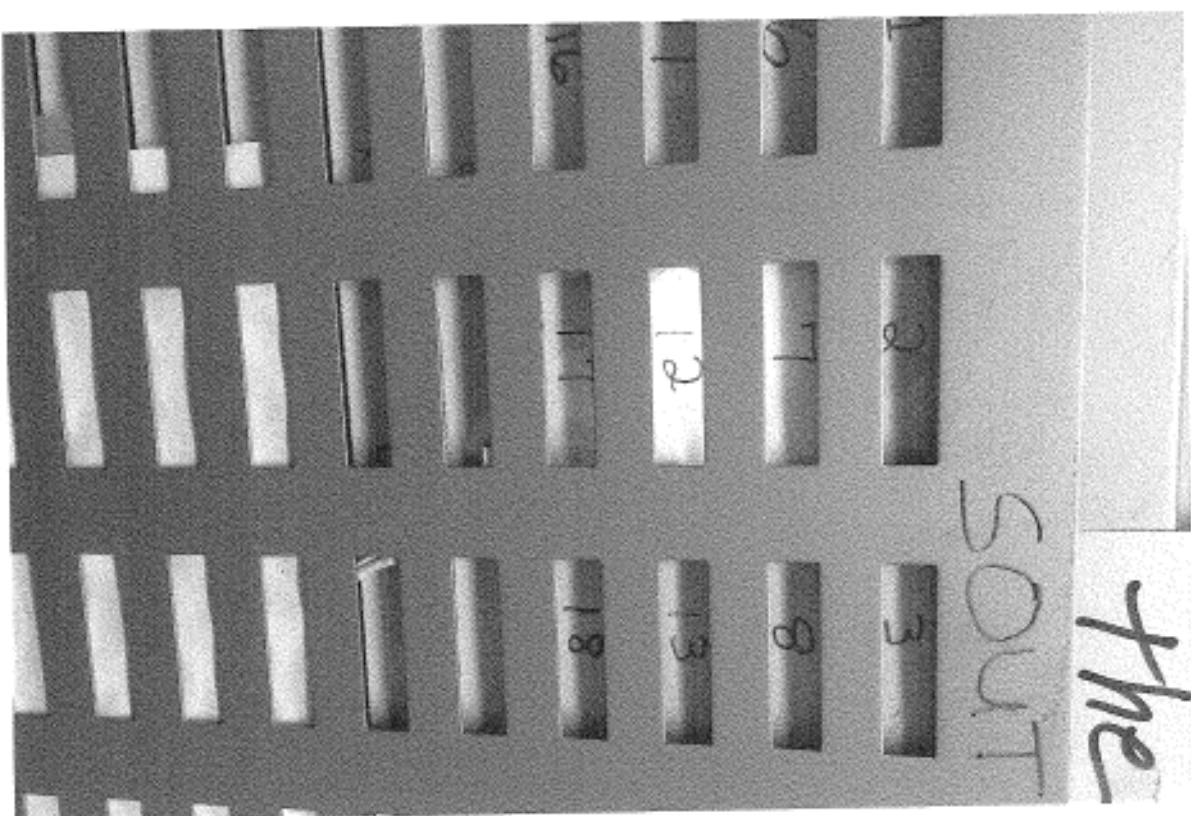
page 5 C-166-a-b-



Zoom

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Exhibit 9



page 6-C189-6
cell system repaired

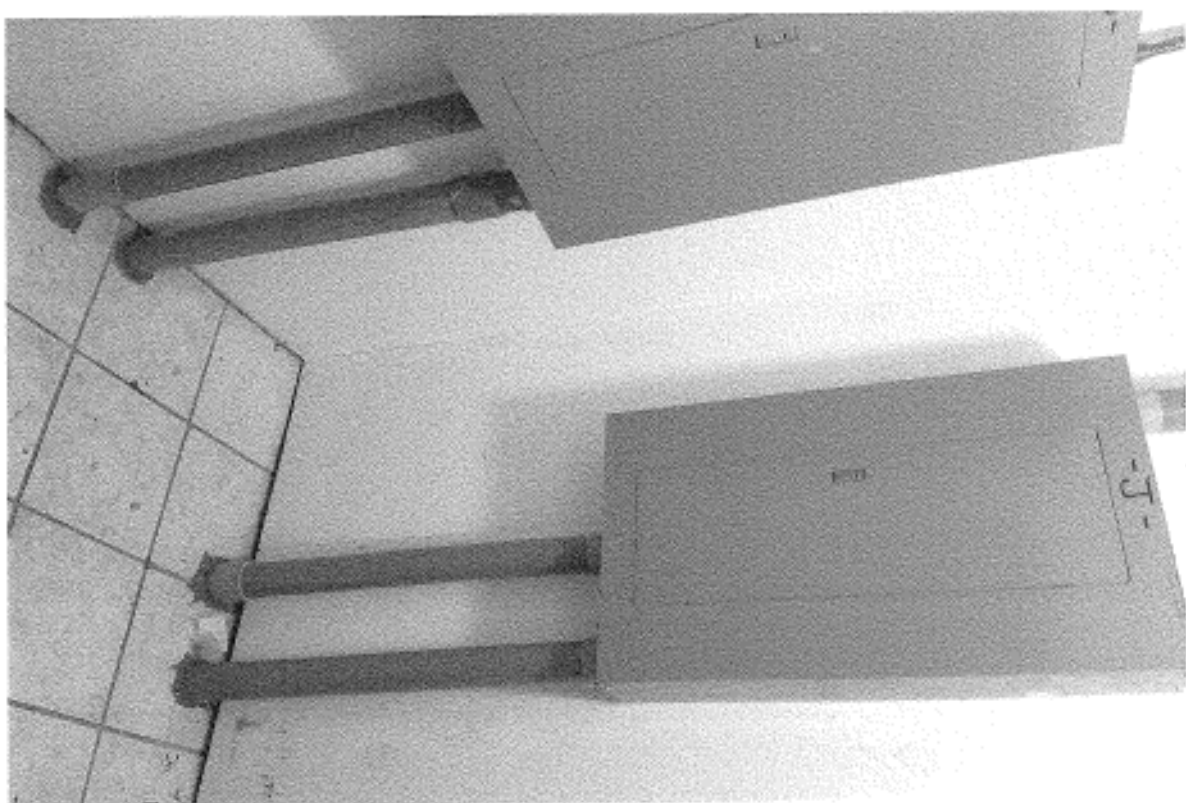
Exhibit 9a

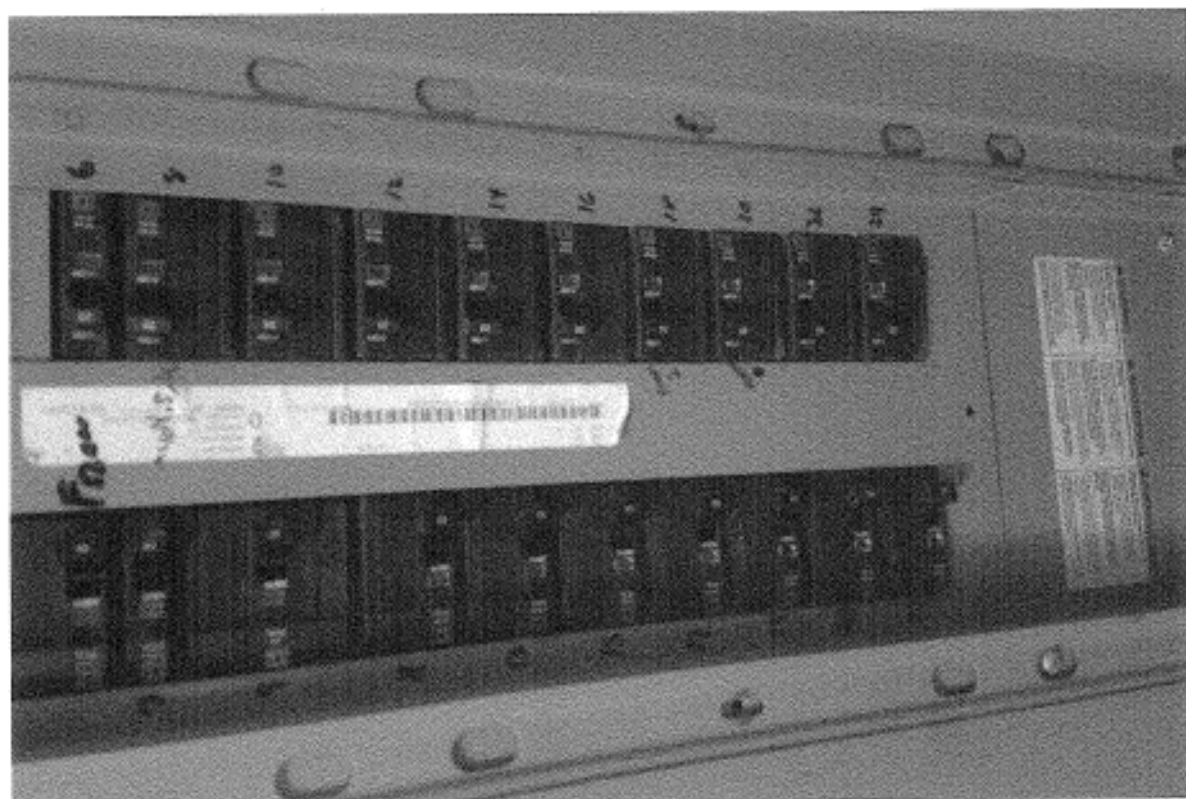
page 6 C189.3a
items removed



Ex. Q6

Page 6 C189 36
items removed

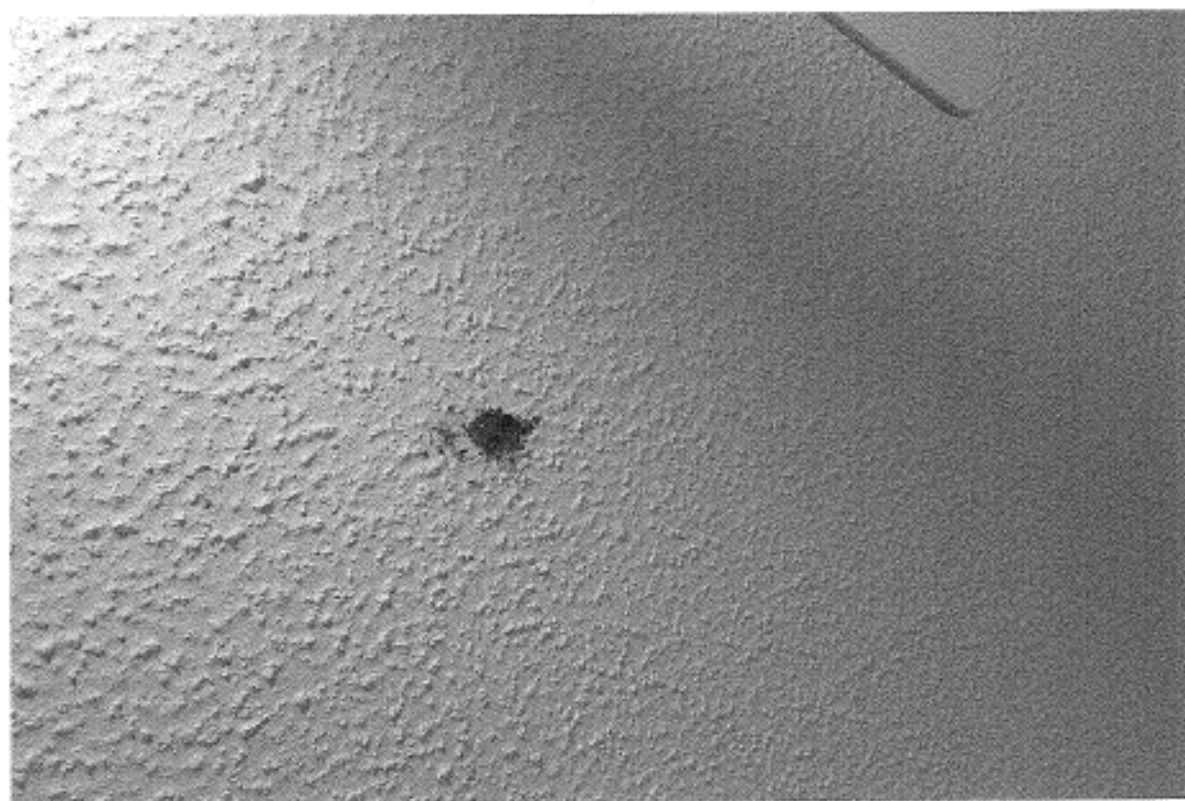




4 + 9c

page 6 C189 #3c
open slot repaired

Exhibit 10a



Rob's office
pg 7 L189-a
holes repaired

Exhibit 10 b

Page 7 C189 b
Sleves -

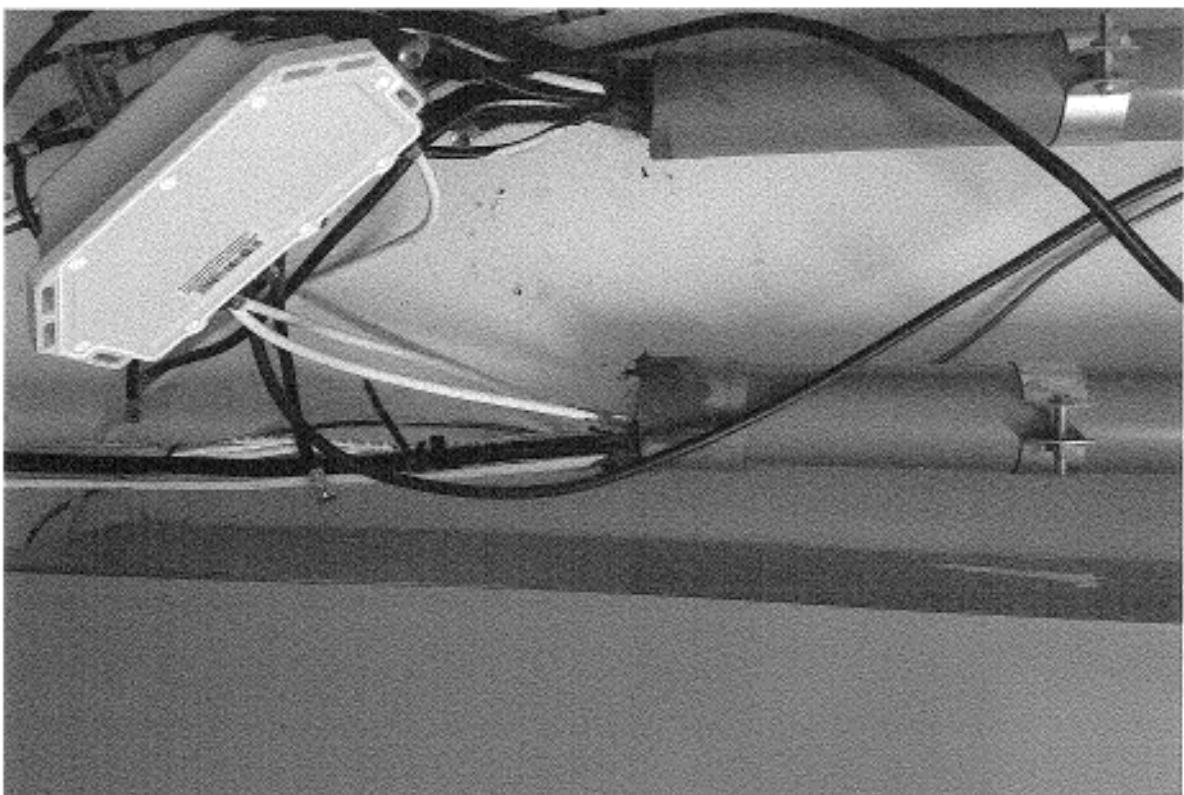


EXHIBIT
10-C

page 7-C189C
Soiled utility holes
caulked





Page 7- C189 d
panic bar - installed

page 7-C189 e

Net. Dir. Office
holes caulked.

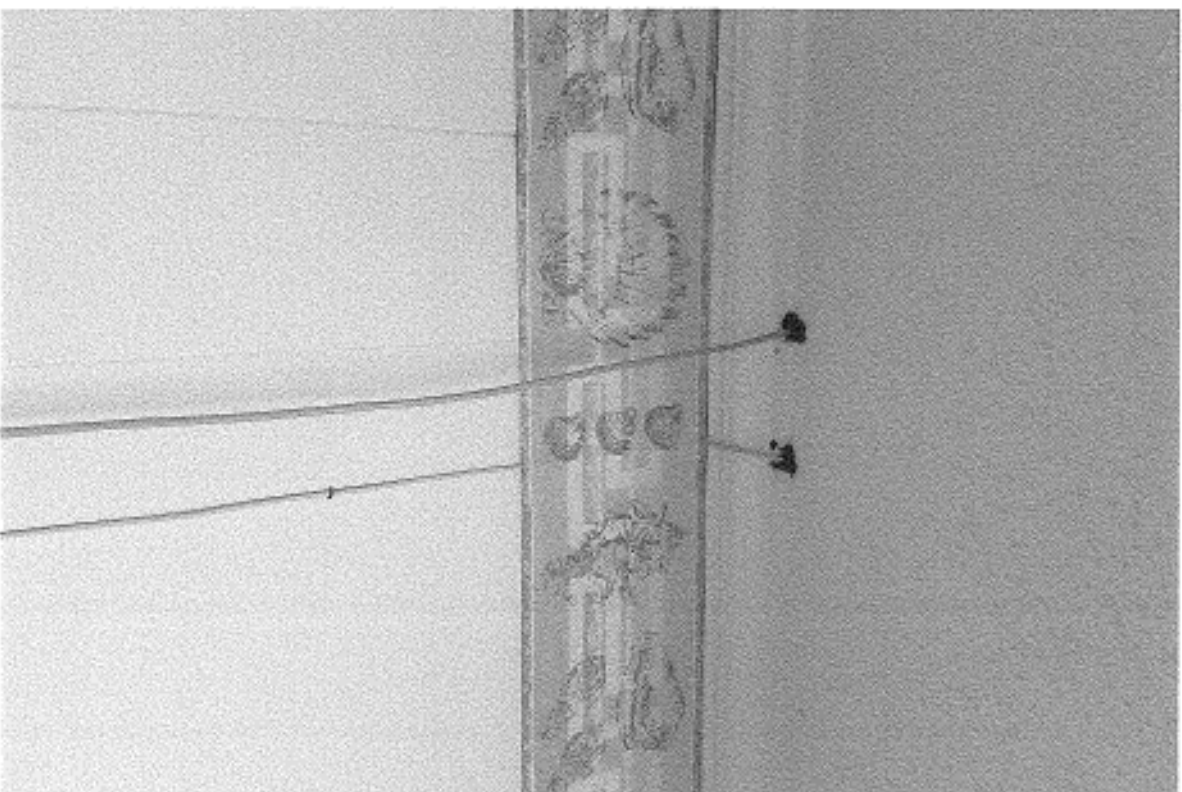


Exhibit 11

page 7 - a
page 8 C189 5 bid

emergency light replaced
3 units totally
replaced



page 8 C189 5 d
- old light bulb
replaced



EXHIBIT 13



page 8 - C189- 6-a
door sealed

Exhibit-14 a

page 8 C-1878 a
tape removed

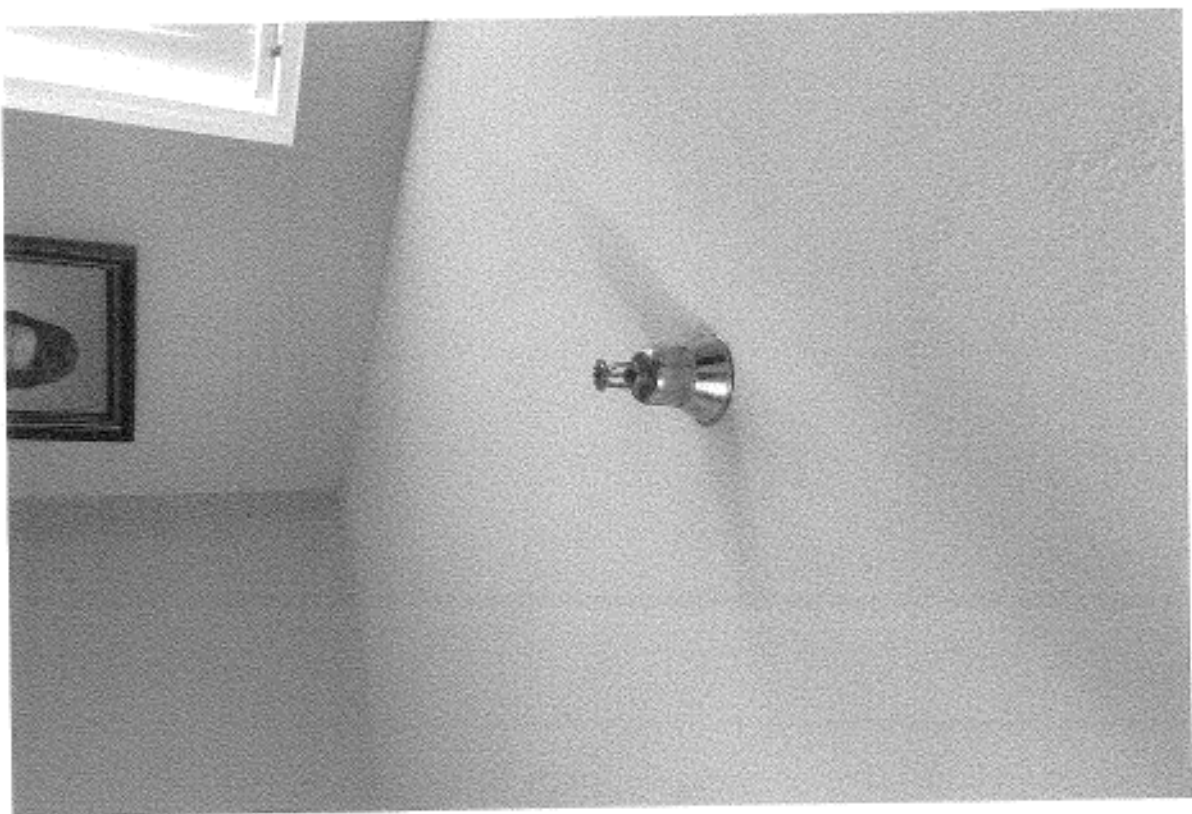


EXHIBIT 14 b

Page 8 C189-b
ring pushed up into place



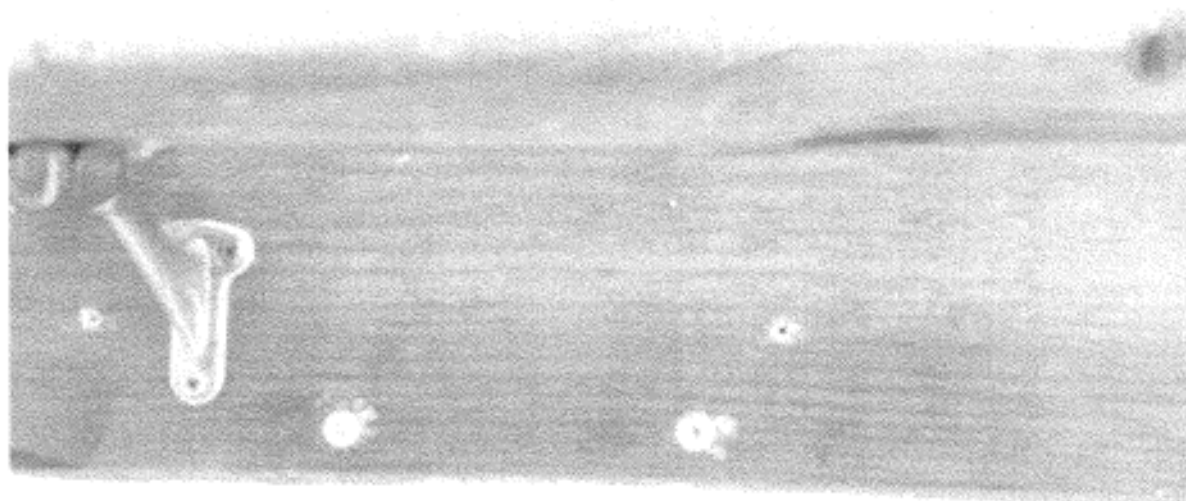
EXHIBIT 15

Page 9 - C189 A

Escutcheon plate installed



Exhibit 15-a



page 9- C 189 # 9 a

handrail secured

Exhibit 15 b

Page 9 - C189 10 a
axlunguisher inspected

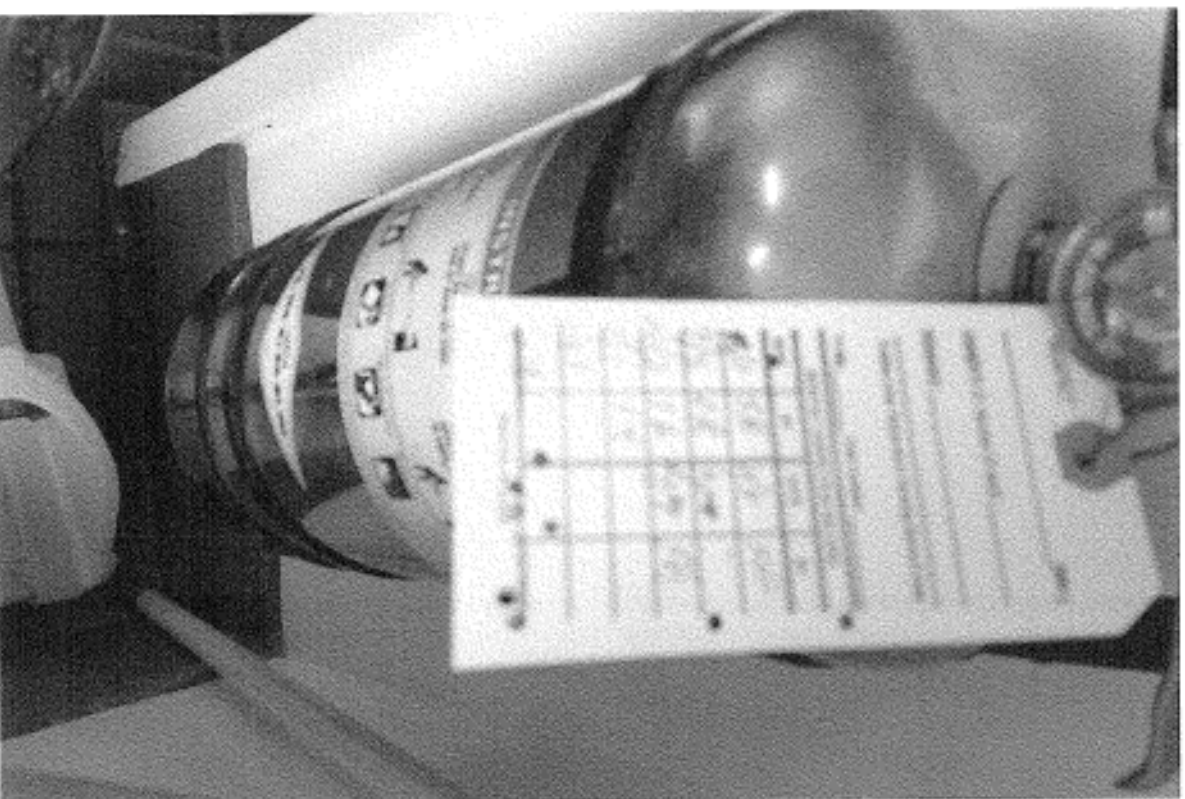


Exhibit 16

Page 11 C 199 a
exhaust fan fixed -
wire was loose

