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
	HAL007001	A. BUILDING: 01 B. WING __________	04/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMFIELD OF BELHAVEN	1345 SEED TICK NECK ROAD PINETOWN, NC 27865

(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 and Dennis Harrell, conducted on April 5, 2017. Records indicate that this facility was first licensed or submitted for licensure as a Home for the Aged serving 64 residents on May 13, 1988. Therefore the facility must meet the 1987 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; Group I - Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000	CONSTRUCTION SECTION MAY 9 2017 RECEIVED	
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, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on April 5, 2017: a. Bedroom 215 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	C 166	A.SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS Vacuum breaker was purchased and installed in Bathroom 215 to prevent backsiphonage of gray water back into potable water plumbing.	5/12/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brenda Wright
TITLE: Adm.
(X6) DATE: 5/1/17

STATE FORM 6899 LVRS21

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C 166	Continued From page 1 lines. b. 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 April 5, 2017: a. 100 Hall Central Bath - the connection of the commode to the floor was loose.	C 166	B. 100 Hall Central 2. Toilet has been fixed and no longer loose. All toilets will be checked on a weekly basis to make sure they are secured.	5/12/17
	3. Based on Observation, the Building was not maintained free of hazards, because the portable 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 April 5, 2017: a. Bedroom 106 - three portable medical oxygen cylinders in the closet were stored standing up in beverage crates not secured to the structure.		3. Oxygen is secured in Bedroom 106. Medical Supply Company came that day and secured tanks.	4/5/17
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.	C 189	SECTION .300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	

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C 189	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observations, the Building fire 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 April 5, 2017: a. 100 Hall - a new non fire-resistance-rated disappearing folding ladder was installed in the fire-resistance-rated ceiling assembly. b. Central Hall near Dining - a new non fire-resistance-rated disappearing folding ladder was installed in the fire-resistance-rated ceiling assembly. c. Central Hall near Activities- a new non fire-resistance-rated disappearing folding ladder was installed in the fire-resistance-rated ceiling assembly. d. Maintenance Office - a new non fire-resistance-rated disappearing folding ladder was installed in the fire-resistance-rated ceiling assembly.	C 189	1. A) B) C) D) E) Disappearing folding ladder. Talked with Fire Marshal and he spoke with the building inspector. They want us to double sheet of sheetrock, laying over the holes. Will be completed by	5/12/17
	e. Exterior Utility Room - a two and haft inch or larger PVC pipe was firestop with firestop sealant. PVC pipes larger than 2 inches in diameter require a 'fire collar' or similar system to firestop gaps through fire-resistance-rated ceiling assembly.		collar on order, completed by	5/12/17
	f. Kitchen Hood Suppression System - a firestopped cable penetration had its sealant pulled out of the penetration of fire-resistance-rated ceiling, leaving an unprotected opening.		F. opening has been sealed and completed.	4/5/17
	g. Exterior Utility Room - there were gaps around cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly.		G. Gaps around cables sealed and completed.	4/5/17
	h. Maintenance Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.		H. Sealed and completed.	4/5/17
	i. Back Service Corridor (behind Central Hall		I. Sealed and completed.	4/5/17

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C 189	Continued From page 3 Exit Door) - there was a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly.	C 189	Will be checking on any areas that require fire rating materials.	
	2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on April 5, 2017: a. Smoke Barrier near Bedroom 201 - the back leaf, of the double-egress cross-corridor door, did not latch when the fire alarm system released the doors.		2.A. Smoke barrier near Room 201 is completed.	4/5/17
	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 April 5, 2017: a. Main Lounge - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.		3.A. Main Lounge emergency light does not illuminate on back-up power when tested. Emergency lights will be checkedweekly to make sure they are all working. This will be an ongoing process.	4/12/17
	b. Central Hall near Activities - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.		B. Central Hall emergency light will illuminate on back-up power when tested.	4/12/17
	4. Based on observation, the electrical system was not being maintained safe. Findings on April 5, 2017: a. Exterior Utility Room - a large chair was being stored directly in front of the electric panel, preventing quick access in any emergency.		4.A. Exterior Utility Room - Large chair stored in front of electric panel has been moved. Will make sure it does not get blocked again.	4/5/17
	5. Based on observation, the Building was not maintained in a safe and operating condition,			

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C 189	Continued From page 4 because the corridor doors did not resist the passage of smoke. This could affect all residents, staff and visitors if the doors were to contain smoke/fire in the room of origin. Findings on April 5, 2017: a. Dining Room Central Hall side - the corridor door's latch bolt was retracted, not allowing the door to latch. b. Service Hall Storage - the corridor door's window was missing its glass pane. 6. 199 Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on April 5, 2017: a. Laundry - the exhaust ventilation system did not work, allowing a build-up of odors.	C 189	5.A. Dining Room Central bolt was retracted not allowing to latch. Has been repaired.The door will now latch. B. Window was missing in door and a window has been installed. Will check on all other doors to make sure there are no other missing windows. 6. The exhaust ventilation system now works. Maintenance and Housekeeping will do daily checks to make sure all exhaust fans are working.	4/5/17 4/7/17 4/7/17