

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/20/2017
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CLEVELAND HOUSE **950 HARDIN DRIVE**
SHELBY, NC 28150

(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 by Dennis Harrell and Ed Miller on 4-20-2017. Records indicate this facility was first licensed as a Home for the Aged on or about 5-10-1991, for 72 beds. Therefore the facility is required to meet the 1991 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1991 North Carolina State Building Code, Section 409.1 Group I- Unrestrained Occupancy.	C 000	<u>C111</u> 1.) Fire Marshal is scheduled to complete annual fire inspection on 5/26/2017. 2.) Sprinkler inspection was completed on Wednesday, May 17.	5-17-17
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: 1. Based on a review of documents, the most recent Fire Marshal building safety inspection report was dated 2-25-2016. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. 2. Based on a review of documents, the most recent sprinkler system inspection report was dated 2-10-2016. Sprinkler systems must be inspected and approved annually as required to ensure it can operate properly in an actual fire.	C 111		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Sergio Brana

Senior E.D.

5-25-17

STATE FORM

8899

ZO7321

If continuation sheet 1 of 6

Division of Health Service Regulation

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C 166	Continued From page 1	C 166		
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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. 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 include: Three portable medical oxygen cylinders were stored in no container at all in room 4..	C 166 C 166	C 166 1.) Every room in building was evaluated on 5/16/2017 and oxygen cylinders are now in place in each needed area. C185 2) Plan is in place to better document descriptions of fire drills.	5-16-17
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	C 185		

Division of Health Service Regulation

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C 185	Continued From page 2 facilities. This Rule is not met as evidenced by: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: Based on observation, electrical outlets in potentially wet locations were not provided with ground fault circuit protection. Locations include: a. Receptacles (2) near the sink in the med room, b. Receptacle in housekeeping on Maple Court.	C 188	<u>C 188</u> 1.) 2 receptacles in med room and receptacle in housekeeping room on Maple Court will be repaired as indicated on June 5, 2017.	6-5-17
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	<u>C 189</u> 1.) A-D Areas indicated (Administrator office, Laundry room ceiling, Life Enrichment office ceiling, Boiler room ceiling) are scheduled to be repaired as required.	6-5-17

Division of Health Service Regulation

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C 189	Continued From page 3 This Rule is not met as evidenced by: 1. 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. Unsealed penetration in the ceiling of the Administrator's office, b. Unsealed penetration in the ceiling of the Laundry, c. Unsealed penetration in the ceiling of the Life Enrichment office, d. Holes in the ceiling of the boiler room. 2. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons missing or not tightly fitted to the ceiling. Sprinkler escutcheons that are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Improperly mounted escutcheons were found in: a. Storage near the Beauty parlor, b. Corridor at the employee restroom, c. Storage near the lobby. 3. 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 double doors to the Dining room will not latch when closed. b. The door from the Kitchen to the Dining room	C 189	2.) A-C – Sprinkler escutheons will be repaired so that they are properly mounted (storage room near beauty parlor, corridor at employee restroom, storage near lobby) on 6/5/2017. 3.) A-D Doors will be prepared so that they can close quickly and latch as indicated no later than 6/5/17, and door prop to RCC office has been removed.	6-5-17 6-5-17

Division of Health Service Regulation

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C 189	Continued From page 4 will not latch when closed. c. The door to room 19 will not latch when closed. d. The door to the RCC office was propped open.	C 189		
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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include: a. Exhaust system was not working in the med room storage near the Lobby. b. Exhaust system was not working in the bathroom off room 25. c. Exhaust system was not working in the bathroom off the Library. d. Exhaust system was not working in the	C 199	<u>C 199</u> 1.) A-E: Exhaust fans in areas indicated (Med room storage near lobby, bathroom off of room 25, bathroom off of library, bathroom off of room 34, and in beauty parlor will be repaired no later than 6/15/17).	6-15-17

Division of Health Service Regulation

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C 199	Continued From page 5 bathroom off room 34. e. Exhaust system was not working in the beauty parlor.	C 199		