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
	HAL058011	A. BUILDING: 01 B. WING _____	04/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMSTON HOUSE	160 SANTREE DRIVE WILLIAMSTON, NC 27892

(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 Ed Miller on April 6, 2017. Records indicate this facility was first licensed on or about January 30, 2001 for Sixty (60) residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1996 Edition of the North Carolina State Building Code-Section 419 Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000		
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, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on April 6, 2017: a. Kitchen - the HVAC return with their radiation damper have an excessive accumulation of dust/lint/grease.	C 166	Reponses to the cited deficiencies do not constitute an admission or agreement by the faciltiy of the truth of the facts alleged or conclusions set forth in the statement of deficiencies: The Plan of Correction is prepared solely as a matter of compliance with State law. It is the policy of the Williamston House the facility be maintained in an uncluttered, clean and orderly manner, free from all obstructions and hazards as required in SECTION .0300 PHYSICAL PLANT 10A NCAC 13F .0306 1. Kitchen Vents inspected by BMS on 5/11/17and scheduled for cleaning. Estimated completion date: 5/26/2017	5/26/17

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director — 5/15/17

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C 189	Continued From page 1	C 189		
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, interview with Maintenance Tech, Executive Director and review of documents, the fire safety equipment was not maintained in a safe and operating condition. A component of the fire sprinkler system was disabled so that the flow of water to an area of coverage in the facility would be impacted. In the event of fire, a fire sprinkler system that cannot operate as constructed and designed could affect all occupants of the facility. Findings on April 6, 2017: a. Examination of the fire sprinkler riser revealed the accelerator had been by-passed. Review of the sprinkler documents revealed that Sprinkler personal by-passed the accelerator on 2 -22-2017. The Fire Marshal of city of Williamston was contacted with this information. The Facility indicated the accelerator would be repair and back on line by 4-18-2017. 2. 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	C 189	It is the policy of the Williamston House to maintain 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 as required in SECTION .0300 PHYSICAL PLANT 10A NCAC 13F.0311 OTHER REQUIREMENTS. 1a. The accelerator was ordered and replaced and the fire sprinkler system is operationg as constructed.	4/21/17

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C 189	Continued From page 2 Findings on April 6, 2017: a. All Porch Ceilings - the one-hour fire-resistance-rated gypsum ceiling assembly had deteriorated to a point where the tape and joint compound between the sheets is disappearing. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 6, 2017: a. Exterior Electrical Disconnect near Kitchen - the device did not have an interior cover (dead front) and is unsecured thus allowing access by unqualified persons to energized components that are not guarded against accidental contact. Deficiency corrected before Construction Surveyor departed the site. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 6, 2017: a. Kitchen - per the attached maintenance tag, the commercial kitchen hood's fire suppression system had its last semi-annual maintenance performed in February of 2016. Work order issued on 3-6-17. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on April 6, 2017: a. Dining Room Patio - the back ground-fault	C 189	As required by SECTION .0300 PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS. 2a. New tape and compound placed on porch ceilings. 3a. A cover was placed to avoid unqualified access and accidental contact. 4a. Maintenance Tag on kitchen hood indicates inspection due in May 2017. All inspections current. 5a.GFCI receptacle replaced.	4/6/17 4/6/17 11/2016 4/14/17

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C 189	Continued From page 3 circuit-interrupter (GFCI) electrical power receptacle did not reset after the test button was pushed. b. Outside Bedroom 300 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester. c. Med Room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle at the sink did not trip with a push of the test button and when tested with a circuit tester. d. Executive Directors Office - there is a multi-plug adaptor without over current protection plugged into an electrical power receptacle . Multi-plug adaptors can become overloaded and lead to a device failure and a possible fire. Deficiency corrected before Construction Surveyor departed the site. e. Janitor - a cart is stored in front of the electric panel, limiting the required 36-inches minimum clear working space. This prevents quick access in any emergency. Deficiency corrected before Construction Surveyor departed the site. 6. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on April 6, 2017: a. Janitor - the corridor door hits the its doorframe preventing it from closing and latching. 7. 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 6, 2017: a. Kitchen - the wall-mounted self-contained emergency light did not illuminate on backup	C 189	5b. GFCI receptacle replaced outside 300 bedroom. 5c. GFCI receptacle replaced inside the Med room at the sink. 5d.Multi-plug adapter without over current protection in Executive Director's Office was removed. 5e.Janitor's cart removed to have the 36 inch minimum clear working space. Janitor's cart is stored properly. 6a. The corridor door was adjusted allowing the door to close as designed. 7a. The wall-mounted self contained emergency light was inspected and repaired.	4/14/17 4/14/17 4/6/17 4/6/17 4/21/17 4/21/17

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C 189	Continued From page 4 power when tested. b. 400 Hall Front Exit - the exit sign did not illuminate on backup power when tested. Exit signs must work on backup power to provide directions during power outages.	C 189	7b. 400 Hall Front Exit was inspected and corrected.	4/21/17
	c. Corridor near Bedroom 207 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.		7c. Wall-mounted self contained emergency light near room 207 was inspected and repaired.	4/21/17
	8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on April 6, 2017: a. Dining Room - the pair of corridor doors had an inactive leaf with an automatic flush bolt that did not latch to its frame; therefore the active leaf could not latch to a secured inactive leaf.		8a. The corridor doors closures and latches were inspected and adjusted to ensure the proper closing sequence.	4/21/17
	9. 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 requested and no other system is in place. Findings on April 6, 2017: a. Entire Building - the call system does not notify staff. Work order was issued on 2-27-17.		9a. The nurse call system was inspected and corrected and operates as designed.	4/9/17
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

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C 199	Continued From page 5 (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 could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on April 6, 2017: a. 300 Hall Spa - the exhaust ventilation system did not work, allowing a build-up of odors.	C 199	The spaces listed in this paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. SECTION .0300 PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS. 1a. The exhaust ventilation system was inspected on 5/11/2017 and it was determined parts needed to be ordered to repair this system. Work order placed. Estimated completion date: 6/2/2017	6/2/2017