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
	HAL098023	A. BUILDING: 01 B. WING _____	03/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON HOUSE	1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893

(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 Billy Bryant, conducted on March 23, 2017. Records indicates this facility was first licensed on December 1, 1986, as a Home for the Aged (HA). The facility is currently licensed for 136 beds, which includes a 64 beds special care unit. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1978 Edition of the North Carolina Building Code(s), Institutional unrestrained, and the 1984 Homes for the Aged and Infirm Minimum Desired Standards in effect at time of initial licensure Deficiencies were cited that require a Plan of Correction.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report, the plan of correction is prepared solely as a matter of compliance with State Law. It is the policy of Wilson House that the adult care home shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards.	
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	C 101		

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C 116	Continued From page 3 approved by DHSR. At the tme of survey, power to the system was turned off at the electrical panel.	C 116		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds are not maintained in a clean and safe condition. Findings on March 23, 2017: a. Left Parking Lot - there is an abandoned vehicle in the left side parking lot.	C 160	Car removed on 5/10/17	
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 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	C 164		

Division of Health Service Regulation

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or modification by not maintaining an unobstructed exit discharge. Findings on March 23, 2017: a. SCU Courtyard - the exit gate from the courtyard is secured with a metal keyed padlock, but staff in the SCU unit did not have keys to operate the padlock. Also the courtyard was not large enough to provide a safe area of refuge in the event of a fire so the courtyard gate is a required exit. Deficiency corrected before Construction Surveyors departed Site.	C 101	Gate lock has been changed to a combination lock.	3/23/17
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction	C 116		

Division of Health Service Regulation

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C 116	Continued From page 2 Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Based on observation, and interview with Executive Director, the facility failed to submittal construction document and specifications for review and approval prior to installation of Special Locking system. Findings on March 23, 2017: a. Assisted Living Area - the Special Locking System for this area has not be inspected and approved by the local Building Official. b. Assisted Living Area - the Special Locking System for this area has not be inspected and	C 116	Special locking system has never been activated.	

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C 164	Continued From page 4 furniture clean and in good repair. Findings on March 23, 2017: a. Kitchen - the floor had an accumulation of dirt, stains and grease deposits along the perimeter of the room and around equipment supports.	C 164	Will be complete	6/11/17
	b. Kitchen Mech Room - the HVAC return grille in the doors had an excessive accumulation of dust/lint.		Complete	4/15/1
	c. Bedroom 311 - the vinyl base had been removed from all the walls.		Complete	4/15/1
	2. Based on Observation, the facility failed to keep plumbing devices in clean and in good repair. Findings on March 23, 2017: a. Special Care Unit Bedrooms - there is a pattern exhibited where many of the sink counters had sharp edges from broken plastic laminated front edges.		Complete Will be complete by	5/17/1 6/7/17
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. 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 March 23, 2017: a. Kitchen Dishwashing Room - a HVAC supply	C 166		

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C 166	Continued From page 5 grille had rusted and was handing down from the ceiling.	C 166	Completed	4/15/17
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (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 provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on March 23, 2017: a. Special Care Bedrooms - there is a pattern exhibited where most of the Bedroom have no means to hang a towel in the Bedrooms or their adjoining bathrooms.	C 175	Material on order	6/1/17
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		

Division of Health Service Regulation

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C 189	Continued From page 6 This Rule is not met as evidenced by: 1. 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 23, 2017: a. Exterior Mech Room near Smoking Area - the sample tubes for the HVAC duct mounted smoke detectors were very dirty, and cannot detect the existence of smoke in the air stream.	C 189	Completed	3/23/17
	2. 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 23, 2017: a. Assisted Living Area Dining Room Exterior Exit - the exit sign did not illuminate on backup power when tested.		Completed	4/18/1
	3. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on March 23, 2017: a. 200 Hall Left TV Room - the corridor door had a chair holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch.		Complete	4/18/17
	b. Bedroom 205 - the corridor door hits its frame, requiring extra force and/or effort to close the door so it can latch. The door is split around the top hinge.		Chair moved and no longer in use.	3/23/17
	c. Bedroom 100 - the corridor door did not latch into its frame when closed.		Completed	4/19/17

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C 189	Continued From page 7 d. Bedroom 112 - the corridor door did not latch into its frame when closed. e. Special Care Unit Doctor Office - the corridor door did not latch into its frame when closed. f. Bedroom 308 - the corridor door did not latch into its frame when closed. a. Special Care Unit Diaper Room - the corridor door did not latch into its frame when closed, as it is only equipped with a dead bolt lock which has no automatically latching ability. 4. Based on observation, the Facility failed to maintain the Ventilation System in a safe and operating condition. Findings on March 23, 2017: a. Assisted Living Area Staff Station - the exhaust fan, cover, vanes and radiation damper have an excessive accumulation of dust/lint. 5. 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 23, 2017: a. Handicap Bathroom near Bedroom 108 - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 6. 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. Findings on March 23, 2017: a. Assisted Living Area of the Building - the call system did not notify staff of a need for assistance. The call system on the computer	C 189	Completed Door on order Changed Complete Completed	4/18/17 4/17/17 4/21/17 4/21/17 5/5/17

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C 189	Continued From page 8 screen had a prompt saying recalibrating. b. Special Care Unit Area of the Building - the call system did not notify staff of a need for assistance. One beeper had its volume turn down and the other the battery was depleted.	C 189	Complete	3/23/17
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 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 23, 2017: a. Executive Director Office - a portable electric space heater was found in this room. Deficiency corrected before Construction Surveyors departed the site. b. Business Manager Office - a portable electric space heater was found in this room. Deficiency corrected before Construction Surveyors departed the site.	C 191		

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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 could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on March 23, 2017: a. Handicap Bathroom near Bedroom 208 - the exhaust ventilation system did not work, allowing a build-up of odors. b. Assisted Living Area Break Room Restroom - the exhaust ventilation system did not work, allowing a build-up of odors. c. Special Care Unit Staff Restroom - the exhaust ventilation system did not work, allowing a build-up of odors. d. Handicap Bathroom on 300 Hall - the exhaust ventilation system did not work, allowing a build-up of odors. e. Handicap Bathroom on 400 Hall - the exhaust ventilation system did not work, allowing a	C 199	Replaced/Complete Complete Complete Motor on order Motor on order	4/28/1 4/28/17 4/28/1 6/7/17 6/7/17

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C 199	Continued From page 10 build-up of odors. f. Special Care Unit Staff Utility Room - the exhaust ventilation system did not work, allowing a build-up of odors. 2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on March 23, 2017: a. Special Care Unit Area Janitor Closet - there was no exhaust ventilation system and odors are present.	C 199	Complete Complete	04/28/1 04/28/