

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL019006</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/20/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PITTSBORO CHRISTIAN VILLAGE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1825 EAST STREET<br/>PITTSBORO, NC 27312</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                                  | <p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Dennis Harrell on 7-20-2017.</p> <p>Based on the information obtained from the DHSR Database, the Pittsboro Christian Village Facility was originally licensed on the application submitted on 4-1-1980 as a 10-bed facility. Based upon this information, we are requiring that the original facility meet the 1977 "Regulations for Homes for the Aged and Disabled" Minimum Standards and Regulations; the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds; and the 1978 Edition of the North Carolina State Building Code, Volume I- General Construction- Section 409 - Institutional Occupancy</p> <p>A 16-bed addition was added to the facility with review from DHSR on 10-17-1990. Based upon this information, we are requiring that this portion of the facility meet the 1987 "Regulations for Homes for the Aged and Disabled" Minimum Standards and Regulations; the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds; and the 1978 Edition of the North Carolina State Building Code, Volume I- General Construction- Section 409 - Institutional Occupancy.</p> <p>A 14-bed addition was added to the facility with review from DHSR on 8-15-1995 and inspection approved on 5-16-1997. Based upon this information, we are requiring that this portion of the facility meet the 1994 "Regulations for Homes for the Aged and Disabled" Minimum Standards and Regulations; the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds; and the 1991 Edition of the North Carolina State Building Code, Volume I- General</p> | C 000                                                                                    |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PITTSBORO CHRISTIAN VILLAGE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1825 EAST STREET<br/>PITTSBORO, NC 27312</b> |                                                                                                                          |                                                        |
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| C 000                                                                  | Continued From page 1<br><br>Construction- 1995 Revision Section 409 -<br>Institutional Occupancy.<br><br>The facility is currently licensed for a total of 40<br>beds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C 000                                                                                    |                                                                                                                          |                                                        |
| C 166                                                                  | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND<br>FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and<br>orderly manner, free of all obstructions and<br>hazards;<br>(e) This Rule shall apply to new and existing<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building was not<br>maintained in a safe manner by not properly<br>handling portable medical oxygen cylinders. This<br>could affect all residents, staff and visitors if<br>cylinders fall, breaking their valves, propelling the<br>cylinder and turning it into a dangerous projectile.<br>Findings include:<br>a. Three portable medical oxygen cylinders were<br>stored in an unapproved beverage crate in the<br>oxygen storage room.<br>b. A portable medical oxygen cylinder was stored<br>in no container or rack in room 214.<br><br>2. Based on observation, the ice machine drain<br>lines in the kitchen and in the residential area<br>were in direct contact with the floor drain. Ice<br>machine drain lines that are not maintained at<br>least 2 inches above the floor or floor drain, as<br>required by Code, could cause the ice to become<br>contaminated. | C 166                                                                                    |                                                                                                                          |                                                        |

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| C 189                                                                  | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER<br/>REQUIREMENTS<br/>(a) The building and all fire safety, electrical,<br/>mechanical, and plumbing equipment in an adult<br/>care home shall be maintained in a safe and<br/>operating condition.<br/>(k) This Rule shall apply to new and existing<br/>facilities with the exception of Paragraph (e)<br/>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>1. Based on observation the required one-hour<br/>fire rated walls and/or ceilings were compromised<br/>in locations. Holes and penetrations that are not<br/>sealed with materials approved for use in<br/>one-hour fire rated construction present the<br/>possibility that a fire that begins in one space can<br/>quickly spread to other areas of the facility.<br/>Findings include:<br/>a. Unsealed cable penetration in the ceiling of<br/>the Activity Director's office,<br/>b. Unsealed cable penetration in the ceiling of<br/>the Director of Resident Services office,<br/>c. Unsealed cable penetration in the ceiling of<br/>the utility room.</p> <p>2. Based on observation, there was a hole by the<br/>latchset through the door to room 222. Holes in<br/>corridor doors present the possibility that a fire<br/>that begins in one space can quickly spread to<br/>the corridor and the remainder of the facility.</p> | C 189                                                                                    |                                                                                                                          |                                                        |
| C 191                                                                  | <p>Unvented &amp; Portable Elec. Heaters Prohibited</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0311 OTHER</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C 191                                                                                    |                                                                                                                          |                                                        |

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| C 191                                                                  | <p>Continued From page 3</p> <p><b>REQUIREMENTS</b></p> <p>(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.</p> <p>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility.<br/>Finding includes:<br/>There was a portable electric heater found in the Activity Director's office.</p> | C 191                                                                                    |                                                                                                                          |                                                        |