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
	HAL086006	A. BUILDING: 01 B. WING _____	06/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNMORE PLANTATION	515 W. KAPP STREET DOBSON, NC 27017

(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 Suzanna Fay conducted on June 22, 2017. Records indicate this facility was first licensed on March 1, 1973. The facility is currently licensed for sixty Beds including a thirty Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code, Institutional Occupancy, and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
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. Review of records revealed that the facility did not maintain current fire inspection reports in the facility for review. Findings on June 22, 2017: a. A copy of the annual fire inspection report was not available for review. A current fire inspection report received on June 26, 2017 was not approved.	C 111	Annual Fire Inspection Report was completed and in Facility Inspections binder Fire Marshals report was conducted on 3/7/17 and in Facility Inspections binder Fire Marshal was contacted on 3/8/17 for followup	9/14/17
C 132	Bathrooms-Must Provide Privacy	C 132		

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

Shaden Handy — Admin in Charge — 7/26/2017

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C 132	Continued From page 1 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Observations revealed that the facility failed to provide privacy for the commodes in one bathroom. Findings on June 22, 2017: a. B Hall Main bath - the commodes had one privacy curtain for both toilets.	C 132	Will add privacy curtain to exsisting partition	8/15/17
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. Observations revealed that the ceilings were not maintained in good repair. Findings on June 22, 2017:	C 164		

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C 164	Continued From page 2 a. Dining room - there is an 18" long oval water stain on the ceiling near the side exit. The ceiling finish is splitting open at the middle of this stain. 2. Observations revealed that the floors were not maintained in good repair. Findings on June 22, 2017: a. Room 124 - the threshold at the corridor door is broken and approximately 2/3's of the threshold is missing. 3. Observations revealed that the exit doors are not maintained in good repair. Findings on June 22, 2017: a. The door at Exit 7 (at B Wing lounge) is dragging on the frame making it difficult to open. b. The door hardware at Exit 2 (to SCU courtyard) is loose.	C 164	Contractor has been contacted to repair ceiling Threshold repaired A) Door will be repaired B) Hardware repaired and in good working condition	8/15/17 6/22/17 8/15/17 6/22/17
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. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the	C 189		

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C 189	Continued From page 3 smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on June 22, 2017: a. The door separating the dining room and kitchen did not close and latch when released by the fire alarm. The floor magnetic hold open devices were loose. 2. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not operate properly to provide the required protection function. Findings on June 22, 2017: a. The exit light at the kitchen back door did not illuminate on emergency test. b. The emergency light outside of Room 119 (B Wing) was not working. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. To be able to resist the passage of smoke resident room doors must not have gaps or openings in the doors. Findings on June 22, 2017: a. Med Room on SCU side - the door hardware is loose creating a hole in the door.	C 189	Repaired and in Good working Condition A) Exit Light in good working condition B) Emergency light replaced and in good working condition Repaired and in good working condition	6/22/17 7/20/17 6/23/17 7/3/17
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 4 (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. Observations revealed that some of the bathrooms did not have a working exhaust to provide ventilation at the rate of two cubic feet per minute per square foot. Findings on June 22, 2017: a. Room 126 - the bathroom exhaust fan was not working. b. Room 112 - the bathroom exhaust fan was not working.	C 199	New exhaust fans purchased 7/3/17 and delivered for repair 8/15/17	

SURRY COUNTY
FIRE MARSHAL'S OFFICE
FIRE PREVENTION INSPECTION REPORT

ORDER TO COMPLY

DATE 3/7/17 **PAGE** 1 **OF** 1

OCCUPANT Dunmore Plantation

INSPECTION POINTED OUT TO _____

REASON FOR INSPECTION: ADDITION_____ **ALTERATION**_____ **COMPLAINT**_____

FINAL_____ **FPI** ✓ **INSTALL**_____ **NEW CONST**_____ **PERMIT**_____

REPAIR_____ **REMODEL**_____ **ROUGH-IN**_____ **UPFIT**_____ **VSI**_____

PERMITS _____

VIOLATION	CORRECTION
Emergency Light out	Repaired 3/8/2017
Fire Alarm system need's testing	Annual Test Completed 9/14/16
Fire Extinguishers need's servicing	9/14/16 and 3/8/2017
Hood system Need's	Serviced 3/8/2017

_____ **SEE ATTACHED FORMS**

PURSUANT TO NCGS 153A-365 AND 160A-425 ALL VIOLATIONS/HAZARDS NOTED ABOVE OR ON ANY ATTACHED FORMS SHALL BE CORRECTED IMMEDIATELY. THE PREMISIS WILL BE REINSPECTED IN NO LESS THAN _____ DAYS FROM THE DATE LISTED AT THE TOP OF THIS REPORT. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE SURRY COUNTY FIRE MARSHAL'S OFFICE AT 336-783-9040.

_____
FIRE PREVENTION INSPECTOR'S SIGNATURE

Jimmy Ashburn

_____
OCCUPANT/OWNER'S SIGNATURE

 Dunmore

INSPECTION AND TESTING FORM

DATE: 9-14-16

TIME: 12:50 pm

SERVICE ORGANIZATION

Name: Industrial Fire & Safety

Address: 766 N. Smith Street Mt. Airy

Representative: Jim Fell

License No: 18778

Telephone: 336-789-5400

PROPERTY NAME (USER)

Name: Dunmore

Address: Dobson

Owner Contact:

Telephone:

MONITORING ENTITY

Contact: 911

Telephone: 336 374-3000

Monitoring Account Ref. No:

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ☐ Digital
- ☐ Reverse
- ☐ RF
- ☑ Other(specify) Dialer

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☑ Annually
- ☐ Other (specify)

Control Unit Manufacturer: ESL

Model No: 1205

Circuit Styles: B

Serial No:

Number of Circuits: 5

Software Rev.: C

Last Date System Had Any Service Performed: 7-15

Last Date that Any Software or Configuration Was Revised: Factory

ALARM – INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
6	B	Manual Fire Alarm Boxes
0		Ion Detectors
21	B	Photo Detectors
0		Duct Detectors
54	B	Heat Detectors
0		Water flow Switches
0		Supervisory Switches
		Other (Specify)

Alarm verification feature is disabled _____ enabled N/A

FIGURE 10.6.2.3. Example of an Inspection and Testing Form

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
3	B	BELLS
0		HORNS
0		CHIMES
1	B	STROBES
1	B	SPEAKERS
		Other (Specify)_____

No. of alarm notification appliance circuits: 2

Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temp.
		Site Water Temp.
		Site Water Level
		Fire Pump Power
		Fire Pump Running
NA		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other (Specify)_____

SIGNALING LINE CIRCUITS

QUANTITY and Style (see NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity 1 Style B

SYSTEM POWER SUPPLIES

A. Primary (main): Nominal Voltage 120 V Amps 8.5

Overcurrent Protection: Type Breaker Amps 20

Location (of Primary Supply Panel board): Hall Nurses Desk

Disconnecting Means Location: Elec. Room

B. Secondary (standby):

2-12 volt Storage Battery: Amp-Hr. Rating 7 Ah

Calculated capacity to operate system, in hours: ✓ 24 60

NA Engine-driven generator dedicated to fire alarm system

Location of Fuel Storage:_____

TYPE BATTERY

- ☐ Dry Cell
- ☐ Nickel-Cadmium
- ☑ Sealed Lead-Acid
- ☐ Lead -Acid
- ☐ Other (specify):_____

C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

NA Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701

Dunmore

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	WHO	TIME
Monitoring Entity	☑	☐		
Building Occupants	☑	☐		
Building Management	☑	☐		
Other (specify)	☐	☐		
AHJ (notified) of any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
Lamps/LEDS	☐	☐	
Fuses	☐	☐	
Primary Power Supply	☐	☐	
Trouble Signals	☐	☐	
Disconnect Switches	☐	☐	
Ground Fault Monitoring	☐	☐	

SECONDARY POWER

TYPE	Visible	Functional	Comments
Battery Condition	☑		
oad Voltage		☑	
Discharge Test		☑	
Charger Test		☑	
Specific Gravity		☐	
Transient Suppressors	☐		
Remote Annunciators	☐		
Notification Appliances	☑	☑	
Audible	☐	☑	
Visual	☑	☑	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
		☐	☐			☐	☐
	NA	☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Sets	☐	☐	
Phone Jack	☑	☑	
Off-Hook Indicator	☐	☐	
Amplifier	☐	☐	
Tone Generator	☐	☐	
Call-in Signal	☑	☑	
System Performance	☑	☑	

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) Door mag.	☑	☑	☑
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

SPECIAL HAZARD SYSTEMS

	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify) NA	☐	☐	☐
(Specify)	☐	☐	☐

SpecialProcedures:

Comments:

Supervising Station Monitoring	YES	NO	TIME	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

Notifications That Testing Is Complete

	YES	NO	WHO	TIME
Building Management	☑	☐		
Monitoring Agency	☑	☐		
Building Occupants	☑	☐		
Other(specify)	☐	☐		

The Following Did Not Operate Correctly:

System restored to normal operation: Date: 9-14-16 Time: 3:30 pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Jim Pell **Date:** 9-14-16 **Time:** 3:35pm

Signature: Jim Pell

Name of Owner or Representative: Zachary R Horne

Date: 9-14-16 **Time:** 3:35 pm

Signature: Zachary R Horne