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
	HAL084001	A. BUILDING: 01 B. WING _____	06/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

(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 13, 2017. This facility was operating in 1953, but DHSR Records indicate it first became licensed as a Home for the Aged on July 1, 1986. The facility is currently licensed for 30 Beds. Therefore this facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code, Institutional Occupancy and of Ordinary Construction, 1 hour Fire Resistance Rated Fully Sprinklered 2 story building with basement.	C 000		
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 Health Service Regulation at no cost;	C 101	C101 1.- Directional EXIT Signage will be installed on the ground level and third level on 8/11/17 - The facility will be surveyed to determined if other directional EXIT signage should be added. - Every month the facility designated staff member will survey the facility to ensure that directional EXIT signage is up to date	

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

Virginia Stearns — Administrator — 08/01/17

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observations, the facility did not meet the code requirements in effect at the time of licensure. The 1978 NC State Building Code requires exits to be marked and, where the exits themselves are not visible from the exit approach, directional exits signs indicating the way of egress shall be provided. Findings on June 13, 2017: a. On the third level, directional exit signs are not visible from the corridors indicating the locations of the exits. . b. At the lower level, the directional exit sign in the hall outside of dining is not clearly visible when the cross corridor doors are closed. 2. Based on observation, the facility did not have full coverage of the sprinkler system at the time of installation. Findings on June 13, 2017: a. The hall closet beside Room 7 did not have a sprinkler head.	C 101	— On a given day the Administrator will survey facility to ensure directional exit signage meets code requirements 2. The sprinkler head in the closet beside Room 7 has been installed. — The facility will be surveyed to determine if other sprinkler heads need to be added. — Every month the facility designee staff/person will survey the facility to ensure that sprinkler system meets code requirements.	
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and	C 153	— On a given day/week the administrator will survey facility to ensure that the sprinkler system meets code requirements C153 1. — A single action lock will be installed on the front door on 9/1/17. — The facility will be surveyed to determine if other single action locks need to be added.	

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C 153	Continued From page 2 This Rule is not met as evidenced by: 1. Observations revealed that the front entrance door hardware was not operable by a single hand motion. Findings on June 13, 2017: a. The front door was equipped with a deadbolt lock and a door lock that did not release with a single hand motion.	C 153	- Every month the facility manager staff person will survey the facility to determine if the single motion lock is in good working order or if similar locks should be added. - On a quarterly basis the administrator will survey facility to confirm that door locks meet code requirement.	
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 kitchen ceiling was not maintained in good repair. Findings on June 13, 2017: a. The paint finish on the kitchen ceiling was flaking off near the kitchen exit.	C 164	C164 1. The kitchen ceiling has been painted. - The facility will be observed to determine if there are other areas that need to be cleaned, painted etc. - The facility services staff person will survey the facility daily to ensure that floors, walls, ect. are clean & painted. - On a quarterly basis the administrator will survey the facility to ensure that ceilings, walls ect. are clean & painted.	
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	C 189		

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C 189	Continued From page 3 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. Observations revealed that the rated walls were not maintained safe to prevent the transmission of fire or smoke. This affects the safety of the residents, staff and visitors. Findings on June 13, 2017: a. The rated access door to the attic compartment in the third floor closet containing the roof hatch was open and could not be secured by this surveyor. b. There are several holes in the plaster finish behind the ladder leading to the 3rd floor roof access. c. Third floor roof access - the red wires to the right of the ladder penetrate the rated ceiling and are not fire caulked. d. Room 4 - the sprinkler pipe is not fire caulked where it penetrates the corridor wall and the ceiling in the closet. e. Closet by Room 7 - the sprinkler pipe is not fire caulked where is penetrates the corridor wall. 2. Observations revealed that the operation of the fire safety equipment was not consistent throughout the building. Findings on June 13, 2017: a. All strobes flashed upon the initial alarm activation. When the alarm was silenced the strobes on the upper and lower levels ceased to flash. The main level continued to flash. 3. Observations revealed that the handrails were	C 189	C189 1. — a — the rated access door to the attic has been repaired b. all holes in the plaster finish behind the ladder leading to the 3rd floor roof have been filled according to code regulations. c. the red wire that penetrate the rated ceiling in the roof access have been fire caulked. d. the sprinkler pipe in the closet in Room 4 has been fire caulked. e. the sprinkler pipe in the closet by Room 7 has been fire caulked where it penetrates the corridor wall. — A survey of the facility will done to see if there were any other cables (via safety walk)	

PRINTED: 07/18/2017
FORM APPROVED

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C 189	Continued From page 4 not maintained in a safe condition. Findings on June 13, 2107: a. The handrail between Rooms 27 and 28 was loose. b. The handrail outside of Room 7 was loose. 4. Observations revealed that the heat detectors were not maintained in good condition. Findings on June 13, 2017: a. The plate was broken on the heat detector outside of the TV Room on the main level. 5. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if the domestic water supply became contaminated. Findings on June 13, 2017: a. The drain line for the icemaker was sitting directly in the drain cup. A 2" gap is required between the icemaker drain line and the drain to prevent contamination. Also, there was a plastic lid in the drain cup partially obstructing the drain.	C 189	that were not maintained safe to prevent the transmission of fire and smoke. – On a monthly basis the facility contracted staff person will survey the facility to make sure rating walls are maintained in such a way that they meet code requirements. – On a quarterly basis, the administrator will survey the facility to ensure that rated walls are maintained safe to prevent the transmission of fire/smoke. 2. – All strobes have been inspected by Simplex... all are in proper working order. – The facility was working to determine if all fire safety	

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