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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
	HAL059032	A. BUILDING: 01 B. WING	06/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28752

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C 000	Initial Comments Report of Construction Section Biennial Survey conducted by Dennis Harrell on 6-22-2017. Records indicate this facility was first licensed on 12-16-1996. However, records provided by the facility indicate the middle section of the facility was first occupied in 1968 (confirmed by an old property tax document dated 9-7-1988) , the north wing was occupied in 1971 and the south wing in 1981. Based on this information, we are requiring the older wings to meet the 1967 NC Building Code requirements for Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds and the newer wing to meet the1978 NC Building Code requirements for Institutional occupancy, the1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. Special Magnetic locking was installed on the back hall sometime after 1996 so that portion of the facility has to comply with Section 1012.6 of the 1996 NC State Building Code.	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:	C 111		

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

Rebecca Stradley Director 7/21/17

STATE FORM 6899 ZOUQ21 If continuation sheet 1 of 6

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C 111	Continued From page 1 Based on a review of documents, the most recent Fire Marshal building safety inspection report, dated 4-18-2017, listed several unresolved deficiencies. Deficiencies listed in required inspections must be corrected and approved to ensure all systems can operate properly in an actual emergency.	C 111	Owen Benfield - fire inspector gave us until end of June to complete. All deficiencies listed by his report have been completed	6/30/17
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (8) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, some hand grips provided were loosely mounted to the wall. A loose hand grip could cause a resident to fall. Findings include: a. The hand grips were not firmly mounted to the wall at the toilet in the Front Hall bathroom with the tub. b. The hand grip was not firmly mounted to the wall at the tub in the Middle Hall bathroom.	C 133	Hand grips will be checked monthly. The one's found to be loose will be fixed one's immediately. The ones found loose by Mr Harrell have been fixed.	6/23/17
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.	C 150		

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C 150	Continued From page 2 This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Finding includes: There were 2 lifts and a wheelchair stored in the corridor to the exit near the nurse station reducing the clear width to about 3.5 feet.	C 150	Items were moved from area + placed in storage. Sign has been put up to ensure corridor is kept clear of obstructions.	6/22/17
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 2nd quarter of this year, there was no rehearsal done during the 1st shift. b. In the 3rd quarter of last year, there were no rehearsals done during the 1st or 3rd shifts. c. In the 4th quarter of last year, there were no rehearsals done.	C 185	Fire drills will be conducted from here on out 12 per year 4 per shift w/ description of rehearsal.	6/22/17 on

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C 185	Continued From page 3 2. Based on a review of documents, the records available onsite included no description of what the rehearsal involved.	C 185		
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, the corridor smoke detectors located outside the living room and near the fire doors at the nurse station failed to activate when tested with smoke. Smoke detectors that do not work properly endanger all residents and staff. Note: A Plan of Protection was accepted on this deficiency in which the Admistrator agreed to have the detectors checked and repaired as soon as possible. 2. Based on observation, the fire doors at the nurse station failed to close when the fire alarm was activated. Fire doors that do not close properly could allow a fire to spread unchecked throughout the facility. Note: A Plan of Protection was accepted on this deficiency in which the Admistrator agreed to assign 2 staff members on each shift to close the	C 189	Advanced Systems Design repaired all issues w/ smoke detectors & serviced alarm system. This will be done as a yearly check/service yearly. Sending copy of there report/repairs. All detectors & alarm system checked & working properly. Fire doors are also working properly. System rechecked again on	

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C 189	Continued From page 4 doors manually if the fire alarm activates until repaired and working properly. 3. Based on observation, the battery powered emergency light in the kitchen would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 4. Based on observation, the combination exit sign/emergency light in the corridor near the kitchen would not work on battery power when tested. Exit signs and emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 5. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. One of the fire doors separating the secure side of the facility from the unsecure side was equipped with a mechanical "kick-down." Note: This deficiency was corrected during the survey. b. The cross-corridor fire rated doors near the nurse station failed to consistently latch when closed manually. c. The door to bedroom 9 does not fit the opening properly to be resistant to the passage of smoke. d. There was a hole by the latchset through the door to clean linen on the Front Hall. e. The latchbolt sticks on one door to the Living room on the Front Hall and does not consistently latch when closed. f. The other door to the Living room on the Front	C 189	7/26/17 with Donna Shelton from DSS. light has been replaced in kitchen there will be checked routinely as well. All issues listed in #5 a-m have been repaired & working properly. Kick downs removed. Kitchen door replaced with new door as well.	7/11/17 6/26/17 7/7/17

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C 189	Continued From page 5 Hall was propped open. g. The door to room 5 was held open with a mechanical "kick-down." h. The door to room 8 was held open with a mechanical "kick-down." i. The latchset strike is missing on the door to the bathroom on the Middle Hall. j. The latchset strike is missing on the door to the file room. k. The latchset strike is missing on the door to the employee bathroom. l. The door from the kitchen to the dining room/corridor is cut into 2 halves like a "Dutch" door. Neither half is equipped with hardware to provide automatic positive latching when closed. m. There is a gap of about 1/2 inch between the 2 halves of the door from the kitchen to the dining room/corridor. 6. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. The ceiling had been removed in the activity closet on the secure hall, b. Hole in the ceiling of the closet in the Administrators office, c. A fire rated ceiling tile was not properly seated in the Administrators office, d. Holes by wires through the ceiling in the Administrators office, e. A fire rated ceiling tile was not properly seated in clean linen, f. Hole in the wall in the housekeeping closet, g. Unrated foam used to seal a hole in the wall in the employee bathroom,	C 189	6 a-d have been replaced & repaired & holes filled. 6e tile re-seated in clean linen 6f hole has been repaired 6g hole has been sealed properly	6/29/17 6/23/17 7/10/17 7/10/17

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C 189	Continued From page 6 h. Hole through the wall by a vent in the maintenance office. 7. Based on observation, the heat detector in the housekeeping closet was hanging by the wires. Fire detecting devices that are not properly installed may fail to activate in a fire. Note; This deficiency was corrected during the survey. 8. Based on observation, an extension cord was being used in place of permanent wiring in the maintenance office. Extension cords are intended for temporary use only.	C 189	6h. Hole by vent repaired (maint dept) 8. Extension cord has been removed & if needed will only be used for temp. use only.	7/10/17
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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly	C 199	fan exhaust replaced with new fan. Completed + working	7/20/17

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C 199	Continued From page 7 bacteria. Findings include; The exhaust fan would not work in the housekeeping closet.	C 199		