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
	HAL037001	A. BUILDING: 01 B. WING _____	06/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GATES HOUSE	11 COMMERCE DRIVE GATESVILLE, NC 27938

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C 000	Initial Comments Report of Construction Section Biennial Survey by Ed Miller and Billy Bryant on June 7, 2017. Records indicate his facility was first licensed on June 1, 2015, for 70 beds, which includes 40 beds Special Care Unit. The facility is required to meet the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 2012 North Carolina State Building Code Section 407-Institutional Occupancy Group I-2 (Unrestrained). Deficiencies were cited that require a Plan of Correction.	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; This Rule is not met as evidenced by: 1. Based on observation and interview with Building Maintenance and Staff, the facility failed	C 101		

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C 101	Continued From page 1 to meet the Code requirements in effect at the time of construction or alteration of the Special Locking System installed on the exits. Findings on June 7, 2017: a. Entire Building - many of the "Special Locking System" exits have protective covers over the emergency release switch, which are secured with non-releasable beaded cable ties, making it very difficult to open the protective covers in an emergency. Staff must have free access to emergency release switches. Provider removed these cable ties. If the covers need securing, cable ties that are breakaway by all staff may be used. b. Fire Alarm Control Panel - the special locking system does not have a wiring diagram posted at the FACP. On the wiring diagram, provide the electrical panel and circuit breaker number that energizes the system.	C 101	a.) Cable Ties were removed by BMS b.) Fire Alarm Control Panel-Wiring Diagram will be posted at the FACP and will provide the the electrical panel circuit breaker number that energizes the system by	6-7-2017 7/25/2017
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. Based on record review, and interview with Executive Director and Maintenance Staff, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all by preventing any deficiency that may be discovered with annual inspections from being corrected.	C 111		

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C 111	Continued From page 2 Findings on June 7, 2017: a. There was no Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72 available for review. b. There was no Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25 available for review.	C 111	(a) The Annual Fire Alarm System Inspection and Testing Report was completed on (b) The Annual Sprinkler System Inspection and Testing Report was completed on	8-12-2016 5-25-2017
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 Record review and interview with Executive Director, and Maintenance Staff the facility failed to rehearse the fire plan. This deficiency affects all by not having trained staff and trained/cooperative residents when there is a need to evacuate the building. Findings on June 7, 2017: a. The facility has three working shifts daily and there were records of first shift rehearsals for and third quarter, and there were records of second shift rehearsals for second, and fourth quarter, and there were records of third shift rehearsals	C 185	(b) One designated individual is conducting a fire drill quarterly on all three shifts. During orientation new employees, along with new admissions will be briefed on execution the fire drills, and knowing the evacuation points in case of a fire. (1)Facility is rehearsing the fire plam on a monthly rotating bases for all three shifts. New employees for orientation, along with new admissions will be trained how to respond when there is a need to evacuate the building in case of a fire. (a) The facility is conducting fire drills on a monthly rotating basis for all three shifts, with 3-11 shift being completed for	7-5-2017 7-5-2017 7-5-2017

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C 185	Continued From page 3 for first, and second quarter. b. The fire plan rehearsal records did not provide a short description of what the rehearsal involved.	C 185	(b) The fire plan rehearsal records will provide a short description that will show the staff how execute the fire drill promptly, all residents and staff are all accounted for, and each side is evacuted to the appropriate designated evacuation sites	
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 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 June 7, 2017: a. SCU Dining - the fire alarm system's heat smoke detector was dangling from the ceiling by its power/operational wires. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely to restrict smoke and fire. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 7, 2017: a. Left Smoke Barrier Wall on Service Corridor -	C 189	1. (a) The fire alarm smoke detector was reattached to the ceiling. 2. (a) The left smoke barrier wall on service corridor was adjusted so that it will not hit the door frame, and releases proper when the fire alarm system releases the doors	6-22-2017 6-7-2017 6-7-2017

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C 189	Continued From page 4 the front leaf of the double-egress cross-corridor doors, hit its doorframe and did not close when the fire alarm system released the doors. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 7, 2017: a. RCC Office - a chair and supplies are stored in front of the electrical panel, limiting the required 36-inches minimum clear working space to none. This prevents quick access in any emergency. Deficiency corrected before Construction Surveyors departed the site b. Pantry - a bulk flour bin and supplies are stored in front of the electrical panel, limiting the required 36-inches minimum clear working space to none. This prevents quick access in any emergency. Deficiency corrected before Construction Surveyors departed the site 4. 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 June 7, 2017: a. Beauty Shop - the corridor door had a wedge holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed the site. b. Activities Director's Office - the corridor door had a wedge holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed the site. 5. Based on observations, the Building fire safety was not maintained in a safe and operating	C 189	(a) All items were removed from in front of the panel, and the staff was instructed to maintain the 36-inches mininum clear working space (b) All items were removed from in front of the electrical panel, and the staff was instructed to maintain the 36-inches mininum clear working space. (a) The beauty shop door wedge was removed, and staff was instructed to maintain a rapid release of the beauty shop door to close and latch. (b) The Activities Director's Office door wedge was removed, and staff was instructed to maintain a rapid release of the Activities's Director's Office to close and latch	6-7-20 6-7-201 6-7-201 6-7-2017

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C 189	Continued From page 5 condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on May 31, 2017: a. Men Restroom - the radiation damper for the HVAC return grille activated and cannot close fully as it is hitting screws than extend in to the duct. b. Exterior Dryer Room - there was gaps around the both dryer ducts were the firestopping penetrates the fire-resistance-rated ceiling assembly. c. Exterior Dryer Room - two leaks have deteriorated the joints (taped and joint compound joints are coming apart), of the one-hour fire-resistance-rated ceiling assembly. 6. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler components were missing or in despair. This could affect all residents, staff, and visitors if the fire sprinkler system does not function or is delayed in responding as design. Findings on June 7, 2017: a. FDC inlet connection area - the fire department connection was not equipped with a FDC sign directing the fire department to this connection. 7. 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 and no other system is in place. Findings on June 7, 2017: a. SCU - the SCU call system no longer notifies the staff at SCU Staff Station. The signal is transmitted to the AL Staff Station also, but staff did not respond.	C 189	(a) Adjust duct screws and reset damper will be competed on (b) Gaps around both around both fire ducts were sealed with fire-resistance caulking. (c) Leaks have been sealed, and fire resistance taped and joint compound were replaced. (a) The FDC sign was installed on (a) Vendor was contacted and made necessary repairs at SCU Nursing Station desk, so that the call-bell system	7-25-201 6-12-20 6-12-20 6-12-2017 7-18-2017

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C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on June 7, 2017: a. Bedrooms 232, 215's Bathrooms - the sink had a hot water temperature of 80 degrees Fahrenheit.	C 195	(a) Continued notifies staff in SCU. (a). The water heaters were adjusted to maintain the hot water temperature of a mininum of 100 degrees Fahrenheit for all fixtures used by the residents	7-18-2017 6-12-2017
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:	C 199	(g) The Applachian Group was contacted today and have been scheduled for a diagnostic test.	7-18-201

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C 199	Continued From page 7 (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 June 7, 2017: a. Entire Building - except for about 5 Bedroom on the front hall near the SCU Staff Station the exhaust ventilation system did not work. Odor was strong in Housekeeping near Bedroom 133.	C 199	(Cont.) for diagnostic testing and recommendation for corrective action. 1. (a) The Appalachian Group was contacted today and have been scheduled for a diagnostic test	7-18-2017