PRINTED: 07/05/2017
FORM APPROVED

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
	HAL023031	A. BUILDING: 01 B. WING _____	06/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGS MOUNTAIN CARE CENTER	115 FERGUSON DRIVE KINGS MOUNTAIN, NC 28086

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C 000	Initial Comments Report of Construction Section Biennial Survey by Ed Miller on June 15, 2017. Records indicate that this facility was first licensed on 07/01/1978 for 20 residents. Based on this information, we are requiring that this facility meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the current 2005 Rules for Adult Care Homes and the 1967 edition of the NC State Building Code. Deficiencies were cited that require a Plan of Correction.	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. Based on record review and interview with Owner, 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. Findings on June 15, 2017: a. Records indicate that the last annual Fire Marshal Inspection Report was performed on February 26, 2016.	C 111	21-June-2017 Kings Mtn. Fire Dept inspected the building See Report	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Archie Crocker — Owner — 25-July-2017

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C 189	Continued From page 4 This Rule is not met as evidenced by: 1. Based on observation the facility failed to maintain in a safe and operating condition unobstructed exterior exit paths to a public way. This would affect all residents, staff, and visitors if they could not promptly find their way to an exit during an emergency. Findings on June 14, 2017: a. Back Exit - the Porch's clear egress pathway was obstructed with mattress, and bed parts. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on June 15, 2017: a. Front Den - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Nursing Office - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Inside Storage - there is a ¾-inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Bedroom 2 & 4 Bathroom - the exhaust ventilation system did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. e. Corridor across form Bedroom 6 - there is a ½-inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 3. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff, and visitors if they could not promptly find their way to an exit during an emergency. Findings on June 15, 2017:	C 189	17-June-2017 Mattress and bed Parts has been removed A- Front Den gap has been caulked with fire stop b- Nursing office has been caulked c- Inside Storage has been caulked d- Both have Plates and caulked All were done on the 3rd of aug. 2017	

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C 199	Continued From page 7	C 199		
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: 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 15, 2017: a. Big Bathroom - the exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors. b. Bedroom 2 & 4 Shared Bathroom - the exhaust ventilation system did not work, allowing a build-up of odors. c. Housekeeping behind Inside Storage - the exhaust ventilation system was blowing air into the room instead of removing it.	C 199	Will be fixed by Aug-1-17 17- June-2017 fan has been replaced will be fixed by Aug-1-17	

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C 185	Continued From page 3 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 owner the facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on June 15, 2017: a. The fire plan rehearsal records included date, time, shift, and staff members present but little to no description of what the rehearsal involved.	C 185	using more wording on rehearsal drills	
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.	C 189		

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C 189	Continued From page 6 30-inches minimum clear working space in front of the panel. This prevents quick access in any emergency. b. Inside Storage - many items are stored in front of the electrical panel, limiting the required 36-inches x 30-inches minimum clear working space in front of the panel. This prevents quick access in any emergency. 6. 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 and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 15, 2017: a. Smoke Barrier - the left leaf, of the double-egress cross-corridor door, did not latch when the fire alarm system released the doors. 7. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on June 15, 2017: a. Bedroom 3 - the corridor door handle is very loose and may not function properly when used. b. Bedroom 4 - the corridor door has a 0-1/2 inch gap between the door leaf and the bottom of the header doorstop. c. Large Den - the corridor door hits the floor doorframe preventing it from closing and latching.	C 189	16- June - 2017 Items have been removed 16- June - 2017 Door has been tightly allied and is working 16- June - 2017 Door sleeves have been tighten 17- June - 2017 gap has been closed 17- June - 2017 Large Door had new and longer screws installed and working well now	

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C 189	Continued From page 5 a. Front Den - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. c. Corridor near Front Den - the exit sign has all chevron directional indicators punch-outs removed, indicating that you should turn to the back and turn to the front to exit, but the way out is only to the front, because the back way is through Dining, which has a locked corridor door. d. Exterior near Smoke Barrier - the ceiling mounted exit sign, which is perpendicular to the door has no chevron directional indicators punch-outs removed. This would indicated that you continue down the corridor and not out the exit. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on June 15, 2017: a. Kitchen - per the attached maintenance tag, the commercial kitchen hood's fire suppression system had its last semi-annual maintenance performed in November of 2016. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on June 15, 2017: a. Kitchen - many items are stored in front of the electrical panel, limiting the required 36-inches x	C 189	Front Den lights have been changed 16-June-2017 Dining room light had been changed 16-June-2017 16-June-2017 exit sign at Kitchen had been fixed 16-June-2017 Exit sign had been fixed 16-June-2017 items have been removed	

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C 132	Continued From page 1	C 132		
C 132	Bathrooms-Must Provide Privacy 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. Based on observation, the facility failed to ensure that all Bathrooms and Toilet Rooms are designed to provide privacy when there is more than one commode, and at each tub or shower. Findings on June 15, 2017: a. Bedroom 2 & 4 Shared Bathroom - there was no curtain between the urinal and commode.	C 132	11-Jul-2017 Plumber Removed the urinal	
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. This Rule is not met as evidenced by: 1. Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on June 15, 2017:	C 150	Hallways have been cleared	