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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
	HAL034023	A. BUILDING: 01 B. WING _____	07/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD HILLS ASSISTED LIVING	2101 HOMESTEAD HILLS DRIVE WINSTON SALEM, NC 27103

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on July 20, 2017. Records indicate this facility was first licensed on January 1, 1993. An 18 bed Alzheimer's Care Unit was completed in 2013. The facility is currently licensed for 66 Beds including an 18 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, the 1991 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 1991 and 2012 Editions of the North Carolina Building Codes, Institutional Occupancy. Deficiencies were noted during the survey and a Plan of Corrections is required.	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 a current copy of the Fire Inspection report was not maintained available at the facility for review. Findings on July 20, 2017: a. A copy of the most recent Fire Inspection report was not available for review.	C 111		

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C 135	Continued From page 1	C 135		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Observations revealed that toilet rooms were being utilized for storage. Findings on July 20, 2017: a. Room 405 (Therapy Room) - the bathroom was full of therapy equipment and supplies.	C 135		
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 furnishings were not maintained in good repair. Findings on July 20, 2017: a. Room 207 - the right closet door had damage near the door knob.	C 164		

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C 164	Continued From page 2 2. Observations revealed that the plumbing fixtures were not maintained in good repair. Findings on July 20, 2017: a. Room 314 - the toilet does not flush completely every time.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards due to oxygen bottles that are stored without any means of restraint to prevent them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Findings on July 20, 2017: a. 200 Hall Oxygen Storage - One oxygen cylinders was found stored standing upright and without any means of restraint to prevent it from falling over. 2. Based on observation the facility is not maintained free from hazards. The building code designated required clearance of 36" for electrical equipment must not be encroached upon.	C 166		

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C 166	Continued From page 3 Obstructing access to electrical equipment could delay timely operation in an emergency situation. Findings on July 20, 2017: a. Kitchen - carts were stored in front of the kitchen electrical panels. The carts were removed at the time of survey. 3. Based on observation there is a failure to maintain the facility free from hazards. Freezers with locking devices must maintain the interior release hardware to prevent occupants from getting trapped in the freezer unit. Findings on July 20, 2017: a. The kitchen staff were utilizing padlocks to secure the freezer doors at night. Observations revealed that the door hardware was equipped with emergency release devices but due to storage shelving blocking the devices could not be verified to be operational. The hardware for the unit on the right appeared to be broken.	C 166		
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 facility's fire safety	C 189		

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C 189	Continued From page 4 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 July 20, 2017: a. The exit light/sign outside of Room 213 did not light on battery backup when tested. b. 200 Hall mechanical room - the emergency light was not working. c. The exit light/sign at the 300 hall cross corridor doors did not light on battery backup when tested. d. The exit light/sign by Room 306 did not light on battery backup when tested. e. The exit light/sign outside of Room 315 did not light on battery backup when tested. f. The exit light/sign outside of Room 317 did not light on battery backup when tested. g. Sprinkler Riser Room - the emergency light is not working. 2. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device that is used to keep a door open is an impediment to quickly closing a door to aid in containing smoke and/or fire. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on July 20, 2017: a. Room 307 - the door was being held open with an unapproved device. The device was removed at the time of survey. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a	C 189		

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C 189	Continued From page 5 safe operating condition. Occupants in the 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 July 20, 2017: a. Room 314 - the corridor door does not latch and close. b. Kitchen - the right hand door leading to the dining room had the catch taped so that it did not latch. The locking mechanism on the door hardware was damaged causing the door to remain in a locked position. c. The hall door to the service corridor did not latch and close. 4. Based on observation there is a failure to maintain the building's fire safety equipment systems in a safe condition. Holes or gaps at penetrations in the fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on July 20, 2017: a. 300 Hall Mechanical Room - two conduits were in need of fire caulk. b. Main Laundry Room - the ceiling was damaged and had two holes over the washer. c. Main Laundry Room - the sheetrock around the duct chase had water damage and was falling off the wall. The sheetrock tape around the openings was peeling off. d. Fire Alarm Panel Room - there were open penetrations in the ceiling where the conduit was installed for the new fire alarm panel. e. Fire Alarm Panel Room - there was an open penetration in the ceiling where cabling was installed behind the door. 5. Based on observation, the facility failed to	C 189		

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C 189	Continued From page 6 maintain the fire safety equipment in a safe operating condition. Occupants could be affected if doors are difficult to open preventing exiting in a safe and quick manner. Findings on July 20, 2017: a. Room 324 - the door was dragging on the frame making it difficult to operate. This item was repaired at the time of survey. b. Kitchen - the door hardware on the door to the service corridor was loose and the door was dragging on the frame making it difficult to operate. 6. 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 July 20, 2017: a. The heads for the kitchen hood suppression system were not directed at the cooking surfaces. 7. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on July 20, 2017: a. Monthly service checks were not being conducted and recorded by Staff for the kitchen ansul system.	C 189		

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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 there is an absence of exhaust ventilation in spaces required to have exhaust ventilation. Failure to exhaust air from the designated areas could effect the occupants of the facility by not removing odors, fumes or possible air borne contaminates from areas or rooms required to have exhaust ventilation. Findings on July 20, 2017: a. Room 317 - the bathroom exhaust fan was not working at the time of this survey.	C 199		

8/28/17

DHSR Bi-Annual Construction Visit POC

This plan of correction is for the Bi-Annual Construction Survey conducted at Homestead Hills Assisted Living on July 20th, 2017. This plan is required from the Division of Health Service regulation. Homestead Hills in no way admits to guilt of any of the below citations by providing this report.

C111

Review of Records revealed that current copy of the Fire Inspection report was not maintained available at the facility for review.

Immediately: The Director of Facility Services called the Fire Marshall and Modern Systems, Inc. in efforts to obtain the current copy of the report. Facility found report was with the Fire Marshall. Facility obtained report 8/4/17.

Inservice was created 8/11/17 and communicated to Healthcare Maintenance Technicians for Homestead Hills on 8/18/17. Technicians were inserviced on obtaining reports from Fire Marshall, Modern Systems, Inc., or outside contractors that should provide a routine, regulatory service, such as a fire inspection, prior to the technician exiting the building. Also, a copy of reach report will be given to the Director of Facility Services for keeping.

Currently, the facility has a binder with all reports and audits to be stored. This practice will continue. However, at the monthly QA meeting for the next quarter (3 months), the facility will audit the fire inspection reports to ensure all that have been completed are in the book and available at the facility.

C135 Bathroom- Not Utilized for Storage

Observations revealed that toilet rooms were being utilized for storage.

Immediately: The Director of Facility Services and Administrator worked with the facility to discuss bathrooms being used for storage. The bathrooms will be completely cleaned out by 9/1/17.

Inservice: Email inservice was sent to those who have storage in bathrooms. This email inserviced on the regulation that toilet rooms should not be utilized for storage. This was completed on 8/17/17.

Moving forward, the Administrator and Healthcare Facility maintenance will monitor on daily rounds and weekly environmental round completed together for any storage in toilet rooms.

C164 Housekeeping and Furnishings- Clean, Repaired

8/28/17

Immediately, the door knob to 207 and the plumbing in 314 were repaired by facility maintenance. Administrator confirmed with work orders sent 8/17/17.

In the future, the administrator and Healthcare Facility Maintenance will monitor on daily rounds as well as weekly environmental rounds completed together for any furniture not in good repair.

C189- Building Equipment Maintained Safe, Operating

Immediately, all exit signs were replaced with LED lighting and the exit lights were replaced. Residents were verbally notified by the Administrator that propping doors open with door stops is not allowed. Doors that did not latch to kitchen, room 314, and the hall door to the corridor will be replaced or repaired by 9/1/2017. The mechanical room on 300 hall was fire caulked at the two conduits prior to 8/17/17. The main laundry room ceiling and sheetrock needs will be completed by 9/1/17. The open penetrations in the ceiling of the fire alarm panel room were closed, as well as the open penetration in the ceiling where cabling was installed behind the door. Room 324 was dragging on the frame and was repaired while team was onsite. The kitchen door hardware was tightened and the door dragging was repaired. By 9/1/17, the kitchen hood suppression system will directly hang over the cooking surfaces. Monthly services checks began on the Ansul System by the Healthcare Maintenance Technician. The exhaust fan in the bathroom of 317 will be repaired by 9/1/17.

In the future, the administrator and Healthcare Facility Maintenance will monitor on daily rounds as well as weekly environmental rounds completed together for any violations of the above ruling.

8/28/17