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
	HAL073018	A. BUILDING: 01 B. WING	07/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CANTERBURY HOUSE	1284 LEASBURG ROAD ROXBORO, NC 27573

(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 Construction Section Biennial Survey by Dennis Harrell on 7-18-2017. Records indicate this facility was first licensed on 7-25-1997, for 60 beds. Based on this information, this facility is required to meet the 1995 Regulations for Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable components of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds, and the 1995 North Carolina State Building Code for Institutional Unrestrained Occupancy.	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, the facility failed to meet the Code requirements in effect at the time	C 101	We have contracted First Fire Protection System to install the correct on/off emergency release switch to properly operate doors equipped with	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Geraldine Zamecay

TITLE: Executive Director

(X6) DATE: 8/18/2017

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C 101	Continued From page 1 of construction or alteration by not having the required on/off emergency release switch to properly operate doors equipped with Special (magnetic) Locking Arrangements. Finding includes: The emergency release switch provided at each magnetically locked door was a momentary switch. These switches are not acceptable because they depend on relays and other electronic circuitry and do not qualify as on/off switches because they automatically relock. 2. Based on interview with staff, the facility failed to provide proper training in how to properly operate doors equipped with Special (magnetic) Locking Arrangements. This could affect all occupants who would need to evacuate in an emergency. Findings include: a. Some staff were not aware of the location or purpose of the emergency release switch at the front door. b. Most staff were not aware of the location or purpose of the central emergency release switch in the nurse station.	C 101	Special (magnetic) Locking Arrangements. Extimated completion date: 8/21/2017 We have inserviced our employees as to the location and the purpose of the emergency release switch at the front door. We have inserviced our employees as to the location and the purpose of the emergency release switch in the nurse station.	 7/20/2017 7/20/2017
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: Based on a review of documents, the most recent sprinkler system inspection report listed several	C 111		

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C 111	Continued From page 2 deficiencies. No documentation was available to indicate the items had been addressed. Listed deficiencies include: a. Rusted/corroded heads (20) need replacing. b. Exterior sprinkler heads at porches and canopies were recalled in July of 2001 and have not been replaced. c. The FDC, Fire Department Connection, sign is not visible from the street. d. Identification sign missing on air line in riser room. e. Identification sign missing on lowIdentification sign missing on low point drain in kitchen mop room.	C 111	We have contracted Odessy Fire Protection to replace the rusted/corroded heads (20). Estimated completion date: 9/18/2017 The FDC, Fire Department Connection will be corrected to be visible from the street. Estimated completion: 9/18/2017 The missing identification sign on the low point drain in kitchen mop room will be installed. Estimated completion: 9/18/2017	
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 pathways from marked exits lead through courtyards with difficult to open gates across the sidewalk. Findings include: a. The exit from the TV room leads to a gate that was very difficult to open. b. The exit from the Dining room leads to a gate that was difficult to open. Note, This deficiency was corrected during the survey. 2. Based on observation, there was no	C 166	The exit door from the TV room to a gate has been repaired. The exit door from the Dining room that leads to a gate has been repaired.	8/7/2017 7/20/2017

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C 166	Continued From page 3 documentation of monthly inspections provided on the inspection tag at the range hood fire suppression system since May of this year. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere, such as on the tag provided at the system pull.	C 166	Our maintenance company Building Maintenance Service will inspect and record inspection each month.	8/7/2017
	3. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding includes: Items had been stacked all the way to the ceiling in the Activities Director's office. Note, This deficiency was corrected during the survey.		We have inserviced our employees to the importance of maintaining the 18" rule.	7/20/2017
	4. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.		The ice machine drain line will be corrected to be 2 inches above the floor or floor drain. Extimated completion: 8/25/2017	
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	C 185		

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C 165	Continued From page 4 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: 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 1st quarter of this year, there was no rehearsal done during the 1st or 2nd shifts. b. In the 2nd quarter of this year, there was no rehearsal done during the 2nd or 3rd shifts. c. In the 3rd quarter of last year, there were no rehearsals done during the 2nd or 3rd shifts.	C 165	We will complete rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. We will also maintain records to include date and time, shift, staff members present, and a short description of what the rehearsal involved.	7/20/2017
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, 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	C 189		

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C 189	Continued From page 5 one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The door from the corridor to Soiled Linen Holding which is open to the greater than 100 ft. sq. laundry had been replaced. The door did not fit the opening properly and was not 3/4 hour fire rated as required. b. The double doors to the TV room do not latch to the frame when closed. c. The double doors to the Dining room do not latch to the frame when closed. d. The door to the Magnolia Room does not latch when closed. e. The door to bedroom 206 was propped open. f. The door to the beauty parlor was wedged open. g. The door to bedroom 300 does not fit the opening properly to be resistant to the passage of smoke. h. There is a hole by the latchset through the door to the clock/utility room with the hopper. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in 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. Gypsum compound and tape falling off where the wall meets the ceiling in the boiler room, b. Unsealed cable penetration in the ceiling of the electrical room.	C 189	We will replace the existing door with the proper fire rated door. Estimated completion: 9/4/2017 The double doors to the TV room will be repaired. Estimated completion: 9/4/2017 The double doors to the Dining room will be repaired. Estimated completion: 9/4/2017 The door to the Magnolia Room will be repaired. Estimated completion: 8/21/2017 We will monitor bedroom 206 door. The wedge has been eliminated. The bedroom 300 door will be replaced. Estimated completion: 9/4/2017 The hole by the latchset through the door to the clock/utility room with the hopper will be repaired. Estimated completion: 8/21/2017 The gypsum compund and tape faling off where the wall meets the ceiling in the boiler room will be repaired. Estimated completion: 8/21/2017 The cable penetraion in the ceiling of the electical room has been seal with UL rated fire caulk.	7/21/2017 7/21/2017 8/14/2017