

PRINTED: 08/08/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2017
NAME OF PROVIDER OR SUPPLIER OAKLAND LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 704 POOR8 FORD ROAD RUTHERFORDTON, NC 28139		
(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 6-21-2017. Records indicate that this facility was first licensed on 3-4-1988, for a capacity of 40. Based on this information the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies.	C 000		
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: 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. Findings include: Storage had been stacked to within 4 inches of the ceiling in the Staff bathroom.	C 166	Everything was removed from the top of the lockers A sign was posted saying not to put anything on top of locker	6-20-17 mike Smith
C 189	Building Equipment Maintained Safe, Operating	C 189		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6889

J7LQ21

If continuation sheet 1 of 3

PRINTED: 08/08/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 06/21/2017
NAME OF PROVIDER OR SUPPLIER OAKLAND LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 704 POORS FORD ROAD RUTHERFORDTON, NC 28139			
(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 189	Continued From page 1 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 one space can quickly spread to the corridor and the remainder of the facility. Findings include: a. The doors to the main bathroom and bedrooms 101, 102, 106 and 212 would not latch when closed. b. The door to bedroom 104 was wedged open. c. The door to bedroom 202 was hard to close. 2. Based on observation, one side of the battery powered emergency light at the back of 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. 3. 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	C 189	all door strike plates were checked and the doors that did not latch were adjusted so they latched The wedge was removed from Room 104. Told Resident not to block door. The bottom of the door in Room 202 was cut off to miss the threshold The light fixture in the kitchen was replaced with a Tam-lite LSR-1 LED light fixture Will check lights on monthly schedule	6-28-17 Mike Smith 6-28-17 Mike Smith 6-28-17 Mike Smith 6-28-17 Mike Smith	

Division of Health Service Regulation
STATE FORM

6838

J7LQ21

If continuation sheet 2 of 3

PRINTED: 08/08/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL681013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 06/21/2017
NAME OF PROVIDER OR SUPPLIER OAKLAND LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 704 POORS FORD ROAD RUTHERFORDTON, NC 28139			
(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	
□ 189	Continued From page 2 quickly spread to other areas of the facility. Findings include: a. Holes beside an emergency light in the wall of the corridor near room 104, b. Holes in the ceiling of the laundry by water pipes 4. Based on observation, the facility failed to maintain the electrical system safe in regard to the required clearance at Electrical panels. A clear space must be maintained at least 30 inches wide and 36 inches deep in front of electrical panels. Finding includes: There were items stored directly in front of the main electrical panel.	C 189	The holes beside the emergency light were filled with dry wall putty Hole in the Laundry ceiling were filled with 3m Fire barrier Sealant Intumescent will check caulking monthly Items stored in front of the electrical Panel were removed. The floor was marked with tape 30" x 36" for clear space	6-27-17 mike 8-9-17 mike lamm	