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
	HAL054064	A. BUILDING: 01 B. WING _____	08/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE MEMORY UNIT OF KINSTON	1406 EAST SHINE STREET KINSTON, NC 28501

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on August 10, 2017. Records indicate this facility was first licensed on December 29, 1963. The facility is currently licensed as a 24 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 1971 Minimum and Desired Standards and Regulations - Homes for the Aged and Infirm, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code, Institutional Occupancy. Deficiencies were noted which require a plan of correction.	C 000	CONSTRUCTION SECTION SEP 27 2017 RECEIVED	
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. The facility failed to have current (within the calendar year) required inspection reports maintained on site for review by the surveyor. Findings on August 10, 2017: a. The Building Sanitation report on site was dated July 26, 2016. b. The Fire Inspection report on site was dated February 2, 2016.	C 111	The Fire Inspection would be done by _____ The building Sanitation report would be done by Administrator would ensure that all sanitation and fire inspection are done yearly and maintained in the home and available for review by	9/20/17 9/22/17 9/20/17

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kuburat Ganiyu — TITLE: Administrator — (X6) DATE: 9/12/17

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C 160	Continued From page 1	C 160		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on August 10, 2017: a. The alley behind the kitchen had ponding water and the can wash had a coating of green mildew. The can wash was cleaned and the water was cleared during the survey. b. There was a gap in the exterior soffit to the right of the front porch. Gaps or holes in the soffit will allow pests to enter the facility.	C 160	The Alley behind the Kitchen would be cleaned and inspected weekly by RCC by The alley has be checked by a licensed plumber and checked to stop leaking of water behind the building by The gaps behind the exterior soffit to the right front porch would be fixed and closed by Administrator will perform monthly check of the building to ensure building is in a safe & clean condition and have all repairs done by	8/10/17 8/10/17 8/20/17
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:	C 164		9/20/17

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C 164	Continued From page 2 1. Based on observations, doors were not maintained in good working order. Findings on August 10, 2017: a. Room 5 - the closet door on the left is sticking and difficult to operate. b. Room 5 - the third closet door from the left is dragging on the floor, making is difficult to open and causing damage to the floor.	C 164	Room 5 closet on the left and third closet door on the left have been repaired and in good functioning order by ____ Administrator would perform monthly checks on all doors to ensure that they are all in good working order by	8/30/17 9/20/17
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 exiting equipment (special Locking) is not maintained in operating condition. Failure to maintain fire safety exiting equipment in operating condition could effect occupants of the facility if the equipment did not operate properly to allow occupants of the facility to exit the facility in the case of an emergency requiring evacuation. Findings on August 10, 2017: a. Exit by Room #1 - the keypad did not release the magnetic lock for the delayed egress door. b. The door locking system properly disengaged upon activation of the fire alarm. However, the	C 189	The delayed eggres system was removed and re-install and reset by contracting company by— The corridor door in room 4 and the women's bath on on the first hall latch would be fixed by ____ Administrator would perform monthly checks in the building to ensure, all doors are 'properly 'latched by— Staff would be inserviced to report any structural damage to the building by ____	9/3/17 8/20/17 9/20/17 9/1/17

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C 189	Continued From page 3 locks reengaged when the fire alarm system was placed on silence. The doors should not reengage until the fire alarm system is reset. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Fire resistant rated cross corridor doors are required to close completely and latch in the event of a fire. The occupants in the smoke compartment could be effected if the doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on August 10, 2017: a. Room 4 - the corridor door did not latch and close. b. Women's bath on first hall - the door did not latch and close. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Smoke resisting cross corridor doors are required to close completely and latch in the event of a fire. The 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 August 10, 2017: a. The first cross corridor door did not latch and close completely when the fire alarm was activated. 4. 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	C 189	The corridor door in room 4 & women's bath door on the first Hall would be fixed and repaired by Administrator would perform monthly checks on all the corridor door to ensure it is latched as of _____ RCC would check and ensure all corridor latches are in good working order during monthly fire drill by _____	9/10/17 9/22/17 9/22/17

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C 189	Continued From page 4 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 August 10, 2017: a. The door to the living room was propped open with furniture. The furniture was rearranged on site. 5. 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 August 10, 2017: a. The exit door by Room 6 required excessive force to open. b. The exit light/sign at the first cross corridor door did not light on the emergency test. c. The exit light/sign at the interior door to the activity room did not light on the emergency test. 6. Based on observation, the facility failed to maintain the mechanical ventilation system in operating condition. Findings on August 10, 2017: a. Outside mechanical room - the "low" vent was blocked off by sand and bricks and no longer provided the required ventilation for the gas water heater. b. Laundry Room - the exhaust system for the dryers was not longer venting to an exterior location. The exhaust ducts had been converted to exhaust into floor exhaust boxes which were located in the interior utility room behind the	C 189	All staff would be educated to ensure that the living room door would not be propped open with furniture by 9/2/17 The exit door by room 6 exit light / sign at the cross corridor and exit light sign at the interior door would be replaced by 9/22/17 The sand & bricks have been removed to allow for required ventilation for gas water heater and has been checked by plumber to ensure its functioning by _____ 9/2/17	

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C 189	Continued From page 5 laundry room.	C 189		
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. Observations revealed that the facility did not maintain an adequate supply of hot water at all fixtures used by residents at a minimum of 100 degrees F. Findings on August 10, 2017: a. The water temperature taken at the back bathroom (newer addition) was 90 degrees F.	C 195	A new hot water system would be installed a replaced to ensure the hot water temperature is between 100°F to 116°F by — 9/22/17 Monthly checks would be done by administrator by 9/22/17 RCC would check 1 weekly water temperature and record by — 9/22/17 RCC & Administrator would ensure water temperature from reading recorded are between 100°F 116°F and any changes below 100°F and 116°F are reported and adjusted accordingly by 9/22/17	
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	C 199		

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C 199	Continued From page 6 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, the facility did not maintain exhaust ventilation at the rate of two cubic feet per minute per square foot in one location. Findings on August 10, 2017: a. The exhaust fan in the staff bath was not working.	C 199	The exhaust fan in the staff bath would repaired and fixed by _____ Administrator would perform monthly checks of the building to ensure all the exhaust fans are functioning monthly by—	9/2/17 9/22/17