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
	HAL019020	A. BUILDING: 01 B. WING _____	08/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA MEADOWS FAIRWAYS	700 A CAROLINA MEADOWS CHAPEL HILL, NC 37517

(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 Ed Miller and Suzanna Fay on August 17, 2017. Records indicate that this facility was first submitted on 3-23-2004, for a new 3 story I-2 Occupancy building at 700, an existing 2 story Group R Occupancy constructed in 1991 to undergo a change of Occupancy to I-2 at 700A and a 1 story Assembly Occupancy at 300 to be sprinkled and used for the required dining area. The facility is currently licensed for 95 beds including a 15 bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 1996 Rules for Licensing of Adult Care Homes, the 2002 NC State Building Code and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes. Deficiencies were cited that require a Plan of Correction.	C 000		
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 shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.	C 185	1a. Fire plan rehearsals will be conducted on a quarterly basis on each shift by a designated person from our maintenance department. Records will be kept of each rehearsal to include date, time, shift, staff members, what the rehearsal involved and potential opportunities for improvement. Maintenance staff was re-educated to the form for proper completion. A maintenance supervisor will assure the form is complete.	9/7/17

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Adelle Dowell — Administrator — 9/15/17

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C 185	Continued From page 1 This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Technician/Manager 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 August 17, 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		
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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on August 17, 2017: a. 700 Bldg 3rd Floor Stairwell 1 - the exit sign did not illuminate on backup power when tested. b. 700 Bldg 3rd Floor near Supply room - the exit sign did not illuminate on backup power when	C 189	Annual inspections will be completed for proper operation and a check of back- up battery powered illumination. A member of our maintenance team will conduct the inspection as assigned. A sign found not to illuminate during back-up power will generate a work order to replace the battery pack. A log of such will be maintained within our work order system. 1a - i. batteries were replaced.	9/12/17

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C 189	Continued From page 2 tested. c. 700 Bldg 2nd Floor Stairwell 2 - the exit sign did not illuminate on backup power when tested. d. 700 Bldg 2nd Floor Corridor near Med Prep - the exit sign did not illuminate on backup power when tested. e. 700 Bldg 2nd Floor Corridor near Bedroom 231 - the exit sign did not illuminate on backup power when tested. f. 700 Bldg 1st Floor Stairwell 1 - the exit sign did not illuminate on backup power when tested. g. 700 Bldg 1st Floor Front Lobby MC on MC side - the exit sign did not illuminate on backup power when tested. h. 700 Bldg 1st Floor Stairwell 2 - the exit sign did not illuminate on backup power when tested. i. Kitchen - 5 out of 7 exit signs in this room did not illuminate on backup power when tested. 2. 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 by not containing the smoke of the fire in the compartment of origin. Findings on August 17, 2017: a. 700 Bldg 3rd Floor Elevator Lobby - the leafs, of the cross-corridor doors, did not latch when the fire alarm system released the doors. b. 700A Bldg 2nd Floor Elevator Lobby - the cross-corridor door, did not latch when the fire alarm system released the door. 3. 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 August 17, 2017: a. 700 Bldg 3rd Floor Corridor near Bedroom	C 189	An annual check during a fire safety inspection by our maintenance staff will look at the elevator fire doors latching ability. The safety committee will also include checking the elevator fire doors latching ability. Any occurrence of the doors not latching will generate a work order for repair. A log of such repairs will be kept within the work order system. 2a. Door was repaired to latch. 2b. Door was repaired to latch. 3. Future repairs creating compromise for fire containment will generate a work order to repair/fire stop the penetration. All staff will be responsible to report compromises to initiate a work order repair. 3 a. - b. The holes were fire stopped.	9/4/17 9/4/17 9/8/17

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C 189	Continued From page 3 338 - there are holes from where a Wi-Fi device was removed not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. 700 Bldg 3rd Floor Corridor near Bedroom 332 - there are holes from where a Wi-Fi device was removed not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. 700 Bldg 3rd Floor Multi-Purpose Room - the fire sprinkler was missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. d. 700A Bldg 2nd Floor Electrical Telephone Room, - there is an 2 inch open-ended sleeve with a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 4. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors to stairwell. This could affect if smoke/fire is not contained in Room or fire compartment of origin. Findings on August 17, 2017: a. 700 Bldg 3rd Floor Stairwell 1 - the exit door did not close and latch into its frame. b. 700 Bldg 1st Floor Stairwell 3 - the exit door panic bar was dogged down and did not latch into its frame. 5. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. This could affect all if smoke/fire is not contained in Room of origin. Findings on August 17, 2017: a. 700 Bldg 3rd Floor Laundry Room - the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power.	C 189	3c. The escutcheon was replaced. Survey for missing escutcheons will be added to the quarterly safety team inspection. On duty staff will be alerted to generate a work order for any missing escutcheons. A log of replacements will be maintained within the work order system. 3d. The sleeve was fire stopped. An annual fire safety inspection will include inspection of storage and telephone room for fire stop needs. A work order is then to be generated for repair. A log of the repair will be within the work order system. 4. Stairwell doors will be checked for latching into frame during safety inspections. All staff is responsible to report non latching doors/ Doors not properly latching will have a work order generated in our work order to resolve the issue. A logo may be found within the work order system. 4a. Door was repaired to latch. 4b. The door was released, flagged to not dog down and was repaired to latch. 5. Upon quarterly inspection by the safety team, the fire doors will be disengaged to ensure that they properly latch upon closing. Those doors found not to properly latch will then have a work order initiated for repair. On duty staff will also be educated to note non-latching door and submit for repair.	9/15/17 9/15/17 9/15/17 9/15/17

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C 189	Continued From page 4 b. 700 Bldg 2nd Floor Soiled Utility Room - the corridor door (1 Hr rated, self-closing) did not latch into its frame, on its own power. c. 700 Bldg 1st Floor Mechanical Room - the corridor door (1 Hr rated, self-closing) did not latch into its frame, on its own power. d. 700 Bldg 1st Floor Soiled Utility Room - the corridor door (1 Hr rated, self-closing) did not latch into its frame, on its own power. e. 700A Bldg 2nd Floor Laundry Room - the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power when the fire alarm system released the door. f. 700A Bldg 1st Floor Laundry Room - the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power when the fire alarm system released the door. 6. 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 August 17, 2017: a. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, performed in May 2017, there has been no documentation of the monthly inspections. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 17, 2017: a. 700 Bldg 2nd Floor Restroom near Spa- the ground-fault circuit-interrupter (GFCI) electrical	C 189	5a. Door was repaired to latch. 5b. Door was repaired to latch. 5c. Door was repaired to latch. 5d. Door was repaired to latch. 5e. Door was repaired to latch. 5f. Door was repaired to latch. 6. An internal monthly form was created to have visual checks of nozzles, blow off caps, valves, need for additional cleaning or repair. a. A new form was developed and maintenance staff are to be trained for the visual monthly inspection. Logs of the reports will be maintained at the Physical Plant. Any concerns or issues noted will either generate an internal cleaning or check or will initiate a call to our professional hood vendor for resolution/repair. 7. Also included in the annual fire inspection will be a test on the GFCI's in the common areas including spa rooms and med prep rooms by our maintenance department. Nonworking GFCIs will have a work order initiated for repair. Any staff member who encounters a non-working GFCI will generate a work order for repair.	8/24/17 8/24/17 8/24/17 8/24/17 8/24/17 8/24/17 9/15/17

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C 189	Continued From page 5 power receptacle did not trip with a push of the test button and when tested with a circuit tester. b. 700 Bldg 2nd Floor Spa commode Room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. c. 700 Bldg 2nd Floor Med Prep - many items are stored in front of the electrical panels, limiting the required 36-inches minimum clear working. 8. Based on Observation, the corridor doors were not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on August 17, 2017: a. 700 Bldg 2nd Nurse Manager Office - the corridor door had a kick down device holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. b. 700 Bldg 1st Floor Exercise Room - the corridor door had a kick down device holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch.	C 189	7a -c. GCFI was repaired and tested. 8. Door kicks will be a part of the safety committee survey to ensure one has not been installed. Work orders requesting a door kick are to be flagged and rejected if submitted. 8a. Door kick was removed. 8b. Door kick was removed. Portable heaters are not to be used in the building. Continuous survey to ensure compliance will be an expectation of all staff for immediate removal if found. The safety committee will also be responsible for ensuring portable heaters are not within the building. If found an immediate work order to remove from the building will be initiated. 1a. - c. Heaters were removed and moved out of the building.	9/11/17 8/24/17 8/24/17 9/14/17
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing	C 191		

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C 191	Continued From page 6 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 failed to prevent the use of portable electric space heaters in an Adult Care Home. This could affect all if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on August 17, 2017: a. 700 Bldg 1st Floor Clean Linen - four portable electric space heaters were found in this room. b. 700A Bldg 2nd Floor Mech Room near Bedroom 201 - a portable electric space heater was found in this room. c. 700A Bldg 1st Floor Nurse Office - two portable electric space heaters were found in this room.	C 191		