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
	HAL034068	A. BUILDING: 01 B. WING	R 08/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMORY CARE OF THE TRIAD	413 NORTH MAIN STREET KERNERSVILLE, NC 27284

(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 Biennial Follow Up Construction Survey by Ed Miller, on August 25, 2017. Deficiencies were cited that will require a new Plan of Correction.	(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 these 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 observations and interview of staff, this facility does not meet the Building Code requirements for Special Locking Arrangements (magnetic locks) in effect at the time of renovation or alteration. Findings on 8/25/2017 a. Of the seven staff that are responsible for the evacuation of the occupants, only five were carrying a release switch key and the other staff	(C 101)	- a. - All staff members including managers/department heads will have keys to the override switch at all times. The keys are attached to the walkie-talkies. All shifts will carry the key/walkie - / cont. -	10/24/17

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Candice McFannin
TITLE: Executive Director
(X6) DATE: 10/24/17

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(C 101)	Continued From page 1 that were interviewed carried no release switch keys. This is not in conformance with the Code requirement that all staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty. b. No wiring diagram of the Special Locking System components has been provided mounted adjacent to the fire alarm control panel. c. No on/off centrally controlled emergency release switch was identified at the time of survey.	(C 101)	-talkies on them the whole shift. They will then pass on to the on coming shift. Managers department heads are responsible of making sure staff has key) walkie talkie on them at all times. B) Wiring diagram has been posted and mounted adjacent to the fire alarm control panel C) ON/OFF central control switch located in the Medication Room.	10/24/17 10/24/17 10/24/17
(C 133)	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained the hand grips in a safe condition. This could result in a fall if the hand grips do not support a person's weight. Findings on 8/25/2017: The toilet sidewall hand grips are not at the following locations: (b) Room #1 Bathroom	(C 133)	- Room # 1 Bathroom has a sidewall handgrip that has been installed	10/24/17 10/24/17
(C 136)	Bathrooms-Must Be Mechanically Ventilated SECTION .0300 - PHYSICAL PLANT	(C 136)		

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(C 136)	Continued From page 2 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation; This Rule is not met as evidenced by: 1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 8/25/2017: The mechanical exhaust fans are not exhausting interior air in the following locations: (a) Front Hall Housekeeping Closet (b) Shower Room #2	(C 136)	- Exhaust fans have been checked by maintenance and working. a) working correctly b) working correctly Maintenance will check exhaust fans around community to make sure they are working properly.	
(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 has not	(C 189)		

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(C 169)	Continued From page 3 maintained in a safe manner by improper storage of oxygen cyclinders. This could affect all residents and staff by potentially exposing them to hazards for a ruptured ruptured cyclinder. Findings on 8/25/2017: There are now only 1 oxygen bottle in Room 15 not in rack. 2-Based on observation, this facility has failed to provide fire protection in all electrical ceiling penetrations through the fire rated wall assemblies. Findings on 8/25/2017: There are electrical and HVAC piping through the masonry walls that are not fire protected located in the Main Mechanical Room.	(C 169)	1) Room 15 has no oxygen at this time. Resident has moved out of community. Any other resident in the community that has oxygen will be stored properly. Resident Care Coordinator will make sure oxygen is alway in rack. She will complete daily rounds and staff is aware and trained to know to always keep O2 in rack 2) Fire protection in masonry walls has been repaired with fire block. Maintenance has insured this is in place in the Main Mechanical Room.	