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
	HAL026062	A. BUILDING: 01 B. WING _____	10/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND VILLAGE ASSISTED LIVING	1124 CEDAR CREEK ROAD FAYETTEVILLE, NC 28301

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C 000	Initial Comments Report of a Biennial Construction Survey by Suzanna Fay and Ed Miller on October 26, 2017. Records indicate this facility was Licensed on November 11, 1984. The facility is currently licensed for 163 beds. Therefore, this facility is required to meet the 1984 Homes for the Aged and Disabled Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1978 (Revision 5) North Carolina State Building Code, Group I, Institutional Occupancy. Physical plant deficiencies were noted which require a 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 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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility did not meet Code requirements in effect at the time of construction or renovation. Findings on October 26, 2017: a. Schematic plans of the special locking system, wiring diagram and systems components map, were not posted at the fire alarm panel. b. Electrical Room outside of G Hall - the room did not have any type of smoke or heat detection.	C 101 A B	alarm company is drawing the Schematic of locking system wiring diagram and system map Alarm company is scheduled to add smoke or heat detector	12/29/17 12/8/17
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. Observations revealed that hand grips were not installed at all commodes, tubs and showers used by or accessible to residents. Findings on October 26, 2017: a. Spa by Room 62 - there is not a hand grip for the commode.	C 133 A	Hand grip will be add at the commode	12/8/17
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are:	C 153		

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C 153	Continued From page 2 (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Observations revealed that not all of the exit door locks were single hand motion. Findings on October 26, 2017: a. C Hall, Exit 18 - the lockset was not single hand motion.	C 153 A	Lock was replace with single hand motion lock	11/6/17
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 exterior of the facility was not maintained in a clean and safe condition. Findings on October 26, 2017: a. Porch at Exit 17 - a section of the porch ceiling trim is falling off leaving an opening in the ceiling for pests to enter. b. There was a pattern of loose soffit vents around the facility. Openings in the soffits allow for pests to enter the facility.	C 160 A B	ceiling was repaired so to be sealed soffit will be repaired to keep pests out	11/6/17 12/28/17

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C 164	Continued From page 3	C 164		
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: 1. Based on observation, the facility did not maintain the walls and ceilings clean and in good repair. Findings on October 26, 2017: a. Oxygen Storage - there was evidence of an old leak in the left closet. The ceiling and walls of the closet were stained with black mildew spots. b. Kitchen pantry - the ceiling around the light fixture is damaged and the finish is falling off. c. Room 7 - a floor tile is missing by the bath door. d. Room 14 - the bedroom ceiling finish is cracked and splitting open at the center of the room. e. Room 18 - there is a stain on the ceiling over the beds and the finish is splitting and peeling. f. Room 42 bathroom - the walls around the toilet were bubbling and flaking. g. Room 80 - the corridor door drags on the frame requiring excess force to open. h. Beauty Shop - the ceiling around the supply vent is stained and there are black mildew spots around the vent opening. 2. Observations revealed that the furnishings	C 164 A B C D-E F G H	Stained was cleaned and then painted ceiling was repaired and painted Replaced Tile Scraped and repainted ceiling repaired and repainted wall Adjusted door Cleaned and sprayed	11/20/17 11/7/17 11/7/17 11/8/17 11/13/17 11/13/17 11/7/17

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C 164	Continued From page 4 were not maintained in good repair. Findings on October 26, 2017: a. Room 21 - the grab bar in the shared bath is not secure. 3. Observations revealed that the floors were not maintained clean and in good repair. Findings on October 26, 2017: a. Housekeeping by Exit 7 - there was a section of sheetrock laying on the floor by the floor drain. Moisture had seeped into the sheetrock from the floor causing mold to grow on the board. b. Room 50 - the floor is stained and dirty. c. Spa by Room 62 - there were several bed pads on the floor which appeared to have been used as floor mats. 4. Observations revealed that the home was not maintained free of unpleasant odors. Findings on October 26, 2017: a. Room 42 had an unpleasant odor. b. Room 75 had an unpleasant odor of urine.	C 164 A A B C A-B	Replaced hardware grab bar is secure Cleaned room out and sheetrock was removed Floor has been cleaned Spa has been cleaned up rooms have been cleaned and put on a schedule to check daily	11/9/17 11/9/17 11/8/17 11/8/17 11/10/17
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:	C 166		

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C 166	Continued From page 5 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to keep them from falling or being knocked over may present a danger to the occupants of the facility. Findings on October 26, 2017: a. Oxygen Storage - three oxygen bottles were stored in a cardboard delivery box. b. Room 38 - there were three unsecured oxygen bottles in the right closet. 2. Based on observation electrical equipment has not been maintained in a safe manner. Failure to maintain electrical equipment is a safe manner could effect the safety of person exposed to the unsafe condition. Findings on October 26, 2017: a. Room 7 - the resident was using an expansion block at the electrical outlet. 3. Based on observations, the facility was not maintained free of hazards. Toilets that are unsecure and shift when using could cause injury. Findings on October 26, 2017: a. Room 14 bathroom - the toilet was extremely loose and moved easily from side to side. This affects one resident. 4. Based on observations, the facility was not maintained free of hazards. Findings on October 26, 2017: a. Laundry room by Room 14 - combustible materials have fallen behind the dryer. b. F Hall Shower room - three of the four bulbs are missing in the light fixture over the sink	C 166 A B A A A B	Oxygen bottles was put approved storage rack Oxygen bottles was removed to oxygen room to approved storage rack Expansion block was removed Replaced the flange and wax seal and tight toilet Cleaned behind dryer installed new bulbs	10/26/17 10/26/17 10/27/17 11/7/17 10/30/17 10/30/17

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C 166	Continued From page 6 creating an electrical hazard. 5. Based on observation, the facility was not maintained free of hazards. Loose, broken or damaged flooring pose a tripping hazard for the residents, staff and visitors. Findings on October 26, 2017: a. Room 57 - the transition strip at the corridor door is loose.	C 166 A	Replaced strip	11/15/17
C 177	Living Room Furnishings SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (c) The living room shall have functional living room furnishings for the comfort of aged and disabled persons, with coverings that are easily cleanable. (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that not all of the living rooms were furnished. The facility requires a minumum of 2,608 square feet of living area. Findings on October 26, 2017: a. F Hall Living room - the room was furnished with one chair.	C 177	have ordered some new furniture	12/7/17
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	C 185		

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C 185	Continued From page 7 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. This Rule is not met as evidenced by: 1. Review of records revealed that the fire rehearsals did not include the requirements for a rehearsal. Findings on October 26, 2017: a. The fire rehearsals did not include a short description of what the rehearsal involved.	C 185 A	have started putting a short description (see attached rehearsals)	
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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow	C 189		

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C 189	Continued From page 8 fire and smoke to spread beyond the area of origin. Findings on October 26, 2017: a. Staff Lounge - the HVAC grille is not secure to the ceiling, leaving an opening in the ceiling. b. Kitchen pantry - the attic access hatch does not fit the opening leaving a 3/8" gap at the edge of the opening. c. Room 21 - there is an open cable penetration at the ceiling in the right closet. d. Soiled Linen room - there was one conduit and several cable penetrations that needed fire caulk. e. Housekeeping closet by Room 57 - there is a gap around the light fixture. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on October 26, 2017: a. Dining Room - the emergency light at the back wall of the dining room did not illuminate when tested. b. The corridor emergency light near the dining entrance did not illuminate when tested. c. F Hall - the emergency light by Room 71 is weak and makes a buzzing sound when tested. d. G Hall - the emergency light by the water cooler did not illuminate when tested. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if signs indicating exit paths could not be seen or residents are improperly directed in the event of an emergency evacuation.	C 189 A B C-D E A B C-D	Screwed to ceiling and caulked replaced attic access hatch with one that closes gap Fire caulked penetration Caulked around light fixture Replaced battery Replaced emergency light Replaced battery	11/6/17 11/2/17 11/2/17 11/2/17 11/3/17 11/3/17 11/9/17

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C 189	Continued From page 9 Findings on October 26, 2017: a. The exit light/sign at the cross corridor doors by Room 18 did not switch over to battery backup when tested. b. Exit 11 - cover the directional arrows on the exit sign which do not show the correct path of egress. c. Exit 11 - cover the right directional arrow on the corridor exit sign. d. The exit light near Room 58 is providing incorrect direction for egress. Cover the directional arrow. 4. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on October 26, 2017: a. Kitchen Ansul System - monthly service checks were not recorded on the inspection tag. b. G Hall Storage Room - the fire extinguisher did not have the current monthly service checks. c. G Hall Med Room - there was a discharged fire extinguisher without an inspection tag on the counter. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on October 26, 2017:	C 189 A-C D A B C	Replaced exit lights Covered the directional arrow Ansul system was inspected and put on schedule to check monthly fire extinguisher was inspected and put on schedule to check monthly Extinguisher replaced	11/15/17 11/15/17 11/13/17 11/13/17 11/14/17

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C 189	Continued From page 10 a. Biohazard room by Room 7 - the door did not have a latch. b. A Hall - the right leaf on the first set of cross corridor doors did not latch. c. Room 18 - the corridor door did not latch. d. C Hall Housekeeping closet by Exit 18 - the door did not latch. e. D Hall Maintenance closet - the door hardware was loose and the door did not latch. f. Fire doors at Room 45 - the right leaf door hardware is loose and the doors did not close and latch. g. The fire doors by Room 62 did not latch. 6. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Unprotected heating elements could cause injury. Findings on October 26, 2017: a. Med Room - the protective metal cover for the wall heating unit had fallen off. This was replaced at the time of survey. b. C Hall - the wall heating unit by Exit 19 was falling off of the wall. c. Laundry Room - the exterior dryer cap on the left was missing, leaving an opening for pests to enter the building. d. Incontinence supply room - the thermostat was falling off of the wall. e. Beauty Salon - the supply vent grille was off and laying against the back wall. 7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on October 26, 2017: a. Room 14 - the bathroom mirror blocked access to the GFCI outlet, making it inoperable.	C 189 A B C D-E F-G A B C D E A	Replaced door knob need new latching hardware has been ordered dooor was adjusted replaced door knob need new latching hardware has been ordered Fixed at time of survey Secured to stud in wall Replaced dryer cap secured to wall supply vent grille was reinstalled Mirror was moved	10/30/17 12/28/17 10/30/17 10/30/17 12/28/17 10/26/17 10/30/17 11/17/17 11/15/17 11/16/17 11/16/17

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C 189	Continued From page 11 b. Beauty Shop - the electrical outlet cover plate is missing at one outlet. c. Room 80 Bathroom - the reset button on the GFCI outlet had broken off. d. Telephone room - the phone jack box was falling off the wall. 8. Observations revealed that the building and all fire safety equipment was not maintained in a safe and operating condition. Exit doors that exceed the required pressure to open could hinder residents' ability to evacuate in a fire or other emergency. Findings on October 26, 2017: a. C Hall, Exit 19 - the exit door required excessive force to open. 9. 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 containing smoke and/or fire. Findings on October 26, 2017: a. Room 42 - the door was held open using a wedge. 10. Based on observation the plumbing equipment was not maintained in operating condition. Findings on October 26, 2017: a. E Hall Spa - the control lever at the shower was missing. b. E Hall Spa by Room 49 - the control knobs for the shower and tub had broken off. c. Housekeeping by Exit 7 - the utility was not in use and there was a heavy black residue in the	C 189 B C D A A A B C	Replaced outlet cover Replaced GFCI secure jack to wall Door was adjusted to open easy wedge was removed lever was replaced knobs was replaced Sink was cleaned	10/27/17 10/27/17 10/27/17 10/27/17 10/27/17 10/27/17 11/19/17 11/19/17

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C 189	Continued From page 12 sink. d. B Hall attic - the vent to roof near the corridor intersection (over spa) appears to have separated so that it no longer vents to the roof opening. There is a large amount of daylight coming through the roof opening. 11. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could effect all occupants of the facility as the domestic water supply to become contaminated. Findings on October 26, 2017: a. Beauty Shop - neither of the hair washing sinks had vacuum breakers.	C 189 D A	vent was reconnected to roof opening sink vacuum breaker was ordered	11/13/17 12/8/17
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 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:	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026062	A. BUILDING: 01 B. WING _____	10/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND VILLAGE ASSISTED LIVING	1124 CEDAR CREEK ROAD FAYETTEVILLE, NC 28301

(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 199	Continued From page 13 1. Observations revealed that the facility did not provide exhaust ventilation at the rate of two cubic feet per minute per square foot in the required areas. Findings on October 26, 2017: a. C Hall Housekeeping closet - the exhaust fan was removed and the hole was loosely covered with an unsecured thin sheet of metal. b. D Hall Housekeeping closet - the exhaust fan is running backwards. c. Spa by Room 62 - the exhaust fan is running backwards. d. Employee bathroom at phone room - the mechanical exhaust fan was not working. e. G Hall attic - one of the fan exhaust ducts has disconnected from the roof opening and has fallen down into the attic space.	C 199	A installed new fan B-C repaired fan to run correctly D replaced fan E Reconnect exhaust ducts	A 11/16/17 B-C 11/16/17 D 11/14/17 E 11/14/17

Victorian
SENIOR CARE

Fire Alarm

Monthly Inspection

Date: 10/30/17 Time 11:00pm

NA Contacted the fire department for test

✓ Notified facility staff (all departments)

A Type of Activation

A. Pull Station

B. Smoke Detector

C. Restorable Heat Detector

D. Other:_____

4 Location

✓ All alarms functioned properly

_____System activated at the fire department/central watch

_____Reset fire alarm, notified fire department

✓ All clear sounded to all departments

Remarks and recommendations: Fire department responds evacuation towards the back of building. Staff were placed outside of each room to indicate rooms were clear. Each resident was evacuated from all lobbies and resident rooms. All medications removed and roll call cleared.

Signature & Date Jacqueline Lopez 10/30/17

FIRE DRILL SCHEDULE

(Drills must be conducted once a quarter on each shift)

Name of Adult Care Home: Cumberland Village

Addres: 1124 Cedar Creek Rd, Fay., NC

Date of rehearsal: 9/21/17 Time of rehearsal: 10:30 pm Shift 1st-2nd-3rd (circled: 3rd) (Circle any that apply)

Person in charge: Joyce [signature]

Other staff members present: [illegible], Ricketts, Quick, Bell Hays, Chanto Cerenel, Debra VAH Lee

Time for evacuation: 7 mins

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Check zero bag

****

Date of rehearsal: 10/30/17 Time of rehearsal: 11:00 p.m Shift 1st-2nd-3rd (circled: 1st) (Circle any that apply)

Person in charge: Joyce [signature]

Other staff members present: Brenda Wright, Sharon Bernhardt, Mary Meechum, Elsie McCrae, Charles Locklear, Lena Bolker, Tashie Metcalf, Lee Smith, Sheila Porter, Marie Mesnaire, Angela Williams

Time for evacuation: 6 mins.

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Staff evacuated each hall as normal and left an item at each door to indicate rooms were cleared. All alarms sounded to each department.