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PRINTED: 12/12/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/03/2017
NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF GOLDSBORO		STREET ADDRESS, CITY, STATE, ZIP CODE 603 LOCKHAVEN COURT GOLDSBORO, NC 27530		
(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 a Construction Section Biennial Survey by Billy S. Bryant conducted on 11/03/2017. Records indicate this facility was first licensed on 10/27/1997. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Rev) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
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. Based on a review of documentation there is a failure to maintain on site current (within the calendar year) required inspection reports. Finding on 11/03/2017: a. The annual fire alarm system inspection report could not be located for review by the surveyor.	C 111		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

5210

2Z1021

If continuation sheet 1 of 5

12/29

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C 166	Continued From page 1 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 there is a failure to maintain the facility free from hazards. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on 11/03/2017: a. Activity Room - The pair of doors that lead into the corridor were held open by chairs that would prevent them from being closed. a. Dining Room - A table and chairs were positioned in front of one of the exit doors thus blocking access to the door. Based on observation the facility is not maintained free from hazards because the code required clearance of 36" in front of the electrical breaker panel is not maintained. Finding on 11/03/2017 a. Access to the MDP electrical panel was obstructed by items stored in front of the panel. Note: Corrected while the surveyor was on site.	C 166	<i>Completed day of</i> <i>Completed day of</i>	<i>11/3/17</i> <i>11/3/17</i>
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,	C 189		

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C 189	Continued From page 2 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 failure to maintain the facility's fire alarm system devices in a safe operating condition. All the occupants of the facility could be effected if the devices failed to alert the occupants in case of a fire. Finding on 11/03/2017: a. Dining Room - The smoke detector above the entrance doors was completely taped over. Note: Corrected while the surveyor was on site. 2. Laundry - The heat detector was detached from its mounting base and was hanging by its wiring. Note: Corrected while the surveyor was on site. 3. 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. Finding on 11/03/2017: a. 100 Hall Living Room - The latch on the pair of doors that open to the corridor is broken so the door will not latch to remain shut when closed. 4. Based on observation there is a failure to maintain the building's fire safety components in	C 189	<i>Completed</i> <i>Completed</i>	<i>11/3/17</i> <i>11/3/17</i>

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C 189	Continued From page 3 a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. 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. Finding on 1/03/2017: a. At the entrance from the corridor into the dining room one leaf of the double doors with an automatic closer is being held open by a chair because the magnetic hold open device tied to the fire alarm system is not energized. 5. 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 the signs indicating exit paths could not be seen in the event of an emergency evacuation Findings on 11/03/2017: a. Adjacent to Room 102 - When tested on battery power directional exit light above the cross corridor doors did not illuminate. b. Adjacent to Rooms 218 and 226 - When tested on battery power directional exit lights above the corridor exit doors did not illuminate. c. Dining Room - When tested on battery power directional exit light above the exit door did not illuminate.	C 189	<i>Completed</i>	<i>11/3/17</i>
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199	<i>Completed</i> <i>Completed</i>	<i>12/4/17</i> <i>12/4/17</i>

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C 199	Continued From page 4 (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: 1. Based on observation the facility failed to maintain the exhaust ventilation equipment. Finding on 11/03/2017: a. Laundry - The ceiling mounted exhaust fan does not operate. b. Women Visitor's Bathroom - The exhaust fan does not operate.	C 199	<i>Completed</i>	<i>12/29/17</i>