

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL030008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/07/2018
NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF MOCKSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 150 KEN DWIGGINS DRIVE MOCKSVILLE, NC 27028		
(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 Complaint Survey conducted by Frank Strickland on 02/07/2018: The complaint alleged that the sprinkler system has been out of service since November of 2017 and there are not plans in place to repair the system. This facility was licensed on 08/05/1999 as an Adult Care Facility with a total capacity of Sixty (60) Residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable components of the current 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1996 (w/revisions) North Carolina State Building Code, Section 409- Institutional Occupancy (Group I). The complaint was substantiated and a deficiency has been cited that requires a Plan of Correction.	C 000		
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-The building fire safety equipment has not been maintained in a safe and operating condition.	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 189	Continued From page 1 Findings on 02/07/2018: a. Review of correspondence from the Davie County Emergency Management Official, indicated that the sprinkler system was first reported out of service on 11/11/2017. b. Review of records from the sprinkler annual inspection report dated 04/7/2017, identified that there were pin holes rusted in a section of the sprinkler piping in the riser room and recommended replacing this piping and doing a complete sprinkler system inspection. c. Direct observation on 02/07/2018 of the Fire Alarm system revealed the system is in trouble mode. Interview on 02/07/2018 with facility staff revealed the impaired sprinkler system is causing the trouble. d. Direct observation of the sprinkler riser on 02/07/2018 revealed the system was out of service as evidenced by zero pressure showing on the supply and system side gages. This condition was confirmed by interview with the facility administrator and corporate personnel that the sprinkler system was placed out of service due to rust-through holes that do not hold pressure for the dry system. e. Interview with the facility administrator on 02/07/2018 revealed they have been performing a fire watch since the sprinkler was placed out of service. f. Interviews on 02/07/2018 with the facility administrator on site and corporate personnel by phone revealed that no estimate date of repair and/or replacement of the sprinkler system had	C 189		

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C 189	Continued From page 2 been determined.	C 189			