CAROLINA INN

Premier Assisted Living Residence

To: DHSR Construction Section 12-05-2017

From: Nancy Peterson, Administrator Carolina Inn at Village Green.

Re: Request for 60 day extension in reference to TAG C100, 2.A AND 2.B

In reference to tag C 101, 2.a. and 2.b. we are requesting that you grant us a 60 day extension to complete the correction of expanding the smoke detection system in to the two areas noted so that we can continue to serve our residents as well as possible by keeping these dining areas open to the corridor. Due to the number of residents in assisted living with ambulatory aids it will be safer in the long term for them to enter their dining areas through an open door system instead of a positive latching system. Simplex- Grinnell is the vendor for our fire alarm system and they have been contracted with us to assess the system and develop sealed drawings for the construction section to review since we are making a change to the fire alarm system. They have given us a time frame of two to three weeks to provide the sealed drawings to the construction section and the city of Fayetteville for approvals. Per a phone conversation with Mr. Miller, on December 1st, he thought that we should allow for thirty days for plan review by the construction section since we do not know what they will have in line when our plans are received. This would then allow Simplex a week to complete their installation once the plans are approved. When these rooms are in use there will be staff members present with the residents. They will be in serviced on fire safety and specifically the evacuation routes from these two areas. In summary to provide the safest experience to our current and future residents of The Carolina Inn we are requesting a sixty day extension in reference to tag C 100, 2.a and 2.b so that we can install additional smoke detectors in these dining areas which will allow us to keep them open to the corridors. Thank you for your assistance in this matter.

Nancy A Peterson

Nancy A. Peterson
Administrator
Carolina Inn at Village Green

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

November 21, 2017

Nancy Peterson
405 Forsythe Street
Fayetteville, NC 28303

RE: Carolina Inn At Village Green - HA Biennial Survey
400 Forsythe Street
Fayetteville Cumberland County
FID #960985 Hal026017

Dear Ms. Peterson :

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on October 25, 2017. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by December 6, 2017. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by December 6, 2017. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by December 6, 2017. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Ed Miller

Ed Miller
Architect
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Cumberland County DSS - with attachment-(via e-mail only)

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
	HAL026017	A. BUILDING: 01 B. WING _____	10/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA INN AT VILLAGE GREEN	400 FORSYTHE STREET FAYETTEVILLE, NC 28303

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay conducted on October 25, 2017. Record indicate that is Facility was first licensed on December 5, 1996 for One Hundred (100) residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Domiciliary Homes and the 1996 North Carolina State Building Code, Section 419-Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. Deficiencies were cited that 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 and interview with Executive Director and Maintenance Director, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components to properly operate doors equipped with "Special Locking Arrangements. Findings on October 25, 2017: a. 1st FL Front Door - this door appeared to have a "Special Locking" system installed as there was a magnetic lock, an on/off emergency release within three feet of the door and the door unlocked upon activation of the fire alarm. A central 'on/off emergency release switch located at a nurse's station serving the locked unit and any other control situation responsible for the evacuation of the occupants of the locked units that are manned 24 hours' was not located at the time of survey. b. Terrace Level Fire Alarm Control Panel (FACP) - the "Special Locking" system, does not have a wiring diagram and a system components location map posted at the FACP. c. 3rd FL Corridor near Bedroom 312, the exit door was once equipped with delayed egress with the delayed egress sign describing how to operate and exit the door. Now the door does not have delayed egress and will not respond to the instructions as displayed on the door. d. Terrace Level Elevator Lobby - the pair of doors are equipped with magnetic locking devices from when this level was a memory care unit. The magnets were not energized at the time of survey.These door do not have all the requred components to comply with the NC Building Code for Special Locking. 2. Based on observation, the facility failed to meet the Code requirements in effect at the time of	C 101	On/Off emergency release is being installed at the first floor nurses station Wiring diagram and component map fire panel Removed sign stating 15 second delay Removed mag locks	12-5-2017 12-6-17 10-25-2017 11-10-2017

map 10.5.17

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C 101	Continued From page 2 construction or alterations as relates to the Code requirements for corridor doors to be positive latching. Note: In sprinklered buildings, spaces equipped with a complete smoke detection system could be open to the corridor and doors installed in separating walls would not be required to have positive latching. Findings on October 25, 2017: a. 3rd FL Bistro - the two pair of corridor doors are equipped with roller latches and the room does not have smoke detection. b. 1st FL Dining - the corridor doors are equipped with roller latches and the room does not have smoke detection.	C 101	Request 60 Day Extension See enclosed copy of request for 60 day extension to correct this tag	12-5-17
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 failed to provide all tubs accessible to residents with hand grips. Findings on October 25, 2017: a. 3rd FL Spa - the tub did not have a hand grip (grab bar).	C 133	Installed grab bar	11-30-17
C 144	Med Prep Area-Sink with Lever Handles SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 144		

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C 144	Continued From page 3 (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: 1. Based on observation, the building did not meet the requirements for handwashing facilities adjacent to the drug storage areas. Findings on October 25, 2017: a. 3rd FL Med Room - the faucet for the medication preparation sink had knob type handles and was not equipped with wrist type lever handles.	C 144	Installed Wrist Type Lever Handles	11-8-2017
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: (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. Based on observation, the building did not provide exit door locks that are easily operable, by a single hand motion, from the inside at all times. This would affect residents, staff, and visitors by requiring more time to exit the building during an emergency. Findings on October 25, 2017: a. 1st FL Dining - the pair of exterior doors appear to be requred exit doors and are equipped	C 153	Larry's Locksmith to install Panic hardware	12-6-17

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C 153	Continued From page 4 with door handles which have a thumb button/turn that must to be operated before the door handles will release the doors. This results in requiring the ability to tightly pinch to grip the turn buttons and to use two hand motions to open the doors.	C 153		
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 failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on October 25, 2017: a. 3rd FL Elevator Lobby - there is a 2 to 3 inch hole in the wall. b. 2nd FL Residents Laundry - there was a hole in the clothes dryer duct allowing lint to spread into the room. c. 1st FL Exterior - there are several exhaust duct that have missing or deteriorated exterior wall caps and back draft dampers. d. 1st FL Warming Kitchen - there is a hole in the wall above the electrical power outlet serving the steam table. e. 1st FL Corridor near Soiled Utility - the carpet has deteriorated to a point that the carpet is unraveling. f. 1st FL Front Corridor - the carpet has	C 164	Will conduct routine inspections to assure safety of Residents A. Patched & Painted Wall B. Replaced Duct C. Replaced exterior wall caps & cleaned vents D. Repaired outlet. E. Tew Tile to make repairs to carpet	11-3-2017 11-7-2017 11-7-2017 10-26-2017 12-6-17

Nap 12-5-17

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C 164	Continued From page 5 deteriorated to a point that the carpet is unraveling. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on October 25, 2017: a. 1st FL Warming Kitchen - the HVAC grilles had an excessive accumulation of dust/lint.	C 164	Tew Tile to make repairs to carpet Cleaned vents	12-6-17 10-26-2017
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: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on October 25, 2017: a. 2nd FL Bedroom 220 - 4 portable medical oxygen cylinders are stored standing up not secured in the corridor side closet.	C 166	Removed oxygen bottles & requested proper storage container	10-26-2017
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	C 189		

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C 189	Continued From page 6 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 interior doors were not maintained in a safe and operating condition. Findings on October 25, 2017: a. b. 3rd FL Bedroom 318 - the corridor door did not latch into its frame when closed. c. 2nd FL Activity - the corridor door did not latch into its frame when closed. d. 2nd FL Bedroom 218 - the corridor door did not latch into its frame when closed. e. f. Terrace Level Elevator Lobby - the pair of doors did not latch into their frame when closed. g. Terrace Level Library - the corridor door had a magazine 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. 2. 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 of origin. Findings on October 25, 2017: a. 3rd FL Janitor Closet inside of soiled Utility Room - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. Deficiency corrected before Construction Surveyors departed the site. b. 1st FL Warming Kitchen - there is a broken acoustical ceiling panel above the seam table, a part of the fire-resistance-rated floor/ceiling	C 189	B. Adjusted door latch 10-25-2017 C. Adjusted door latch 10-25-2017 D. Adjusted door latch 10-25-2017 F. Repaired doors 10-25-2017 G. Removed magazine & informed Staff 11-3-2017 A. Replaced escutcheon plate 10-25-2017 B. Replaced ceiling tile 10-25-2017	

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C 189	Continued From page 7 assembly. c. 1st FL Nurse Station - the fire sprinkler is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. d. 1st FL Nurse Station - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. 1st FL Corridor near Bedroom 121 - there is a missing acoustical ceiling panel a part of the fire-resistance-rated floor/ceiling assembly. f. 1st FL Soiled Utility near Bedroom 102 - there is a missing acoustical ceiling panel, a part of the fire-resistance-rated floor/ceiling assembly. g. 1st FL Lobby near Riser Room - there is a missing acoustical ceiling panel, a part of the fire-resistance-rated floor/ceiling assembly h. 1st FL Front Entrance Foyer - there is a missing acoustical ceiling panel, a part of the fire-resistance-rated floor/ceiling assembly. Deficiency corrected before Construction Surveyors departed the site. i. 1st FL Storage near Entrance - there are gaps around two pipes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. j. Terrace Level Bedroom P104 Bathroom - the ventilation system did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. k. Terrace Level Main Electrical Room - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. l. Terrace Level Kitchen Storage room - there is a gap around condensation pump not firestopped as it penetrates the fire-resistance-rated ceiling assembly. m. Terrace Level Kitchen Office - there is a gap around a cable not firestopped as it penetrates	C 189	C. Replaced D. Fire Caulked E. Repaired tile & grid F. Properly set file in place G. Tile set back in place H. Set tile in place I. Fire caulked around pipe J. Adjust fan cover K. Fire caulked pipes L. Replaced tile & fire caulked M. Fire caulked	10-25-2017 10-26-2017 11-1-2017 10-26-2017 10-26-2017 10-26-2017 10-26-2017 10-25-2017 10-26-2017 11-9-2017 11-9-2017

12.5.17

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C 189	Continued From page 8 the fire-resistance-rated ceiling assembly. 3. 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 October 25, 2017: a. Terrace Level Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly inspections. b. Terrace Level Kitchen - the commercial kitchen hood suppression system's nozzles are not aimed at the deep fryer. (Note: This is one of the items that should be discovered on the monthly inspection.) 4. 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 October 25, 2017: a. 3rd FL Smoke Barrier Wall near Bedroom 312 - the exit sign did not illuminate on backup power when tested. b. 2nd FL Exit near Bedroom 215 - the exit sign has both chevron directional indicators punch-outs removed, indicating that you should turn left and/or right to exit, but the way out is straight. c. Terrace Level Smoke Barrier - when the cross-corridor double egress doors are closed you cannot see an exit sigh on the elevator side	C 189	Corrected Inspection Tag & Noted to check monthly Moved fryer back to proper Location. Notified staff that It cannot Be moved Replaced battery Replaced exit light Star Electric to Install Exit sign 11-30-2017	11-3-2017 10-26-2017 10-25-2017 11-9-2017 11-30-17

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C 189	Continued From page 9 of the barrier. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on October 25, 2017: a. 2nd FL Storage near Bedroom 202 - many items are stored in front of the electrical panel, limiting the required 36-inches minimum clear working space to zero-inches. This prevents quick access in any emergency. Deficiency corrected before Construction Surveyors departed the site. b. 1st FL Exterior - most of the ground-fault circuit-interrupter (GFCI) electrical power receptacle on the outside terrace did not function to provide electrical power with ground fault protection. c. 1st FL Dining - 4-5 recessed can light fixture are falling down from the ceiling. 6. Based on observation, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on October 25, 2017: a. 1st FL Residents Laundry - the fire sprinkler head was debris-loaded with lint. 7. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on October 25, 2017: a. Terrace Level Kitchen - the walk-in	C 189	A. Removed Items & Notified nursing Staff about proper clearance Star Electric to Test and Replace All GFI's as needed 11-30-2017 C. Adjusted can lights A. Cleaned sprinkler heads	10-25-17 11-22-2017 11-22-2017

NLP 12.5.17

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
	HAL026017	A. BUILDING: 01 B. WING _____	10/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA INN AT VILLAGE GREEN	400 FORSYTHE STREET FAYETTEVILLE, NC 28303

(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 189	Continued From page 10 refrigerator/freezer is equipped with hasp hardware with a padlock on the door and the units override device does not release this lock setup.	C 189	Removed padlock & Hasp Rekeyed Lock on Door	10-25-2017 11-29-2017
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: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on October 25, 2017: a. 2nd FL Bedroom 208 - the required exhaust ventilation system is not working.	C 199	A. Replaced with new fan motor	11-22-2017