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
	HAL097015	A. BUILDING: 01 B. WING _____	01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE GLEN MANOR	240 INDEPENDENCE AVENUE NORTH WILKESBORO, NC 28659

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on January 11, 2018. This facility was first licensed on May 23, 2016. The facility is currently licensed for 60 including a 16 bed Special Care Unit. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy.	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. Review of records revealed that the facility did not have current building sanitation and fire safety inspections. Findings on January 11, 2018: a. The facility had not had a building sanitation inspection since the facility was licensed. Environmental Health had been contacted. b. The fire sprinkler inspection had recently been conducted and the facility had not yet received the report.	C 111 A. B.	Environmental health contacted June 2016, June 2017, January 2018. Fire Sprinkler Inspection Report received by facility 2/5/2018.	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT	C 133		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Angela Wheeler | Administrator | 2/20/18

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C 133	Continued From page 1 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 observations, the facility did not meet the requirements for bathrooms by providing hand grips at the showers. Findings on January 11, 2018: a. Hand grips were not provided in the small showers of the residents' bathrooms. The nearest grab bar was approximately 20" away from the edge of the shower wall and would not be useful in providing assistance in getting in and out of the shower.	C 133 A.	Hand grips will be added to small private bathrooms per specifications outlined.	4/4/18
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. Observations revealed that the walls were not kept clean and in good repair. Findings on January 11, 2018:	C 164		

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C 164	Continued From page 2 a. Room 302 - the walls at the bathroom door are heavily scuffed and damaged. The finish has been beaten off leaving the corner beads exposed. b. Riser Room - the walls and ceiling are heavily damaged due to a water leak.	C 164 A-B	Repairs to both areas to be made.	4/4/18
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. Observations revealed that the facility was not maintained free of hazards by not properly storing oxygen cylinders. Unsecured oxygen tanks could cause harm to residents, staff and visitors is they fall over. Findings on January 11, 2018: a. 200B - four unsecured oxygen tanks were found in the storage room.	C 166 A.	Tank rack installed and oxygen tanks secured in rack.	1/12/218
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 requirement of the local Fire Prevention Code Enforcement Official.	C 185		

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C 185	Continued From page 3 (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 meet the requirements of the licensure rules by not providing a short description of what the rehearsal involved. Findings on January 11, 2018: a. The descriptions did not provide what the rehearsal involved, only what was reviewed or discussed.	C 185 A.	Compliance effective 2/11/18 and ongoing.	
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 4 fire and smoke to spread beyond the area of origin. Findings on January 11, 2018: a. SCU - the sprinkler head by room 109 has dropped leaving an opening in the fire rated ceiling assembly. b. 200B - there is a gap around the sprinkler head leaving an opening in the fire rated ceiling assembly in the corridor by Room 209. c. 300D Data closet - there are two unsealed conduits penetrating the ceiling of the room. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on January 11, 2018: a. SCU - the left leaf of cross corridor doors in the unit did not latch when released by the fire alarm. 3. 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 or properly indicated during a power outage. Findings on January 11, 2018: a. The exterior emergency light at the exit by Room 221 did not illuminate when tested on battery backup. b. Courtyard at the 200 Hall living room - the exterior emergency light at the living room wall did not illuminate when tested on battery backup. c. The chevron in the exit light/sign at the	C 189 A-C A. A-B	All repairs completed by maintenance. Repair to door complete by maintenance. Batteries replaced in both exterior areas.	1/12/18 2/8/18 2/6/18

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C 189	Continued From page 5 intersection of the 300 corridor is covered and does not indicated a second exit to the left. 4. Based on observation there is a failure to maintain the buildings's fire safety components in 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. Findings on January 11, 2018: a. The Dining room has kick downs to prop the doors open. b. Kitchen pantry - the pantry door was propped open with a stack of cardboard. This was removed at the time of survey. c. Kitchen janitor's closet - the door was propped open with equipment. This was removed at the time of survey. 5. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if the domestic water supply became contaminated. Findings on January 11, 2018: a. Kitchen - the drain line for the icemaker was resting directly on the drain and did not have a 2" air gap between the drain and the drain line.	C 189 C. A. B-C A.	Chevron directional areas removed by maintenance as directed. Kicks down removed by maintenance. Dietary dept. notified not to prop housekeeping and dry pantry door at any time. 1/11/18 and ongoing Drain line repaired by maintenance.	2/6/18 2/20/18 2/6/18
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

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C 199	Continued From page 6 (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. Observations revealed that the facility did not provide exhaust ventilation at the rate of two cubic feet per minute per square foot in required areas. Findings on January 11, 2018: a. SCU - the exhaust fans in the Special Care Unit did not appear to be working when a thin sheet of plastic was pressed against the vent did not adhere. b. Housekeeping closet - there is a storage room at the back exit being used for the storage of chemicals. There is not an exhaust fan in the room and there is a strong odor of chemicals.	C 199 A. B.	Belt repair corrected by maintenance. Chemicals re-located to ventilated storage room.	1/12/18 2/11/18