STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL080026	A. BUILDING: 01 B. WING _____	01/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS OF ROCKWELL RETIREMENT	612 HIGHWAY 152 EAST ROCKWELL, NC 28138

(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 Biennial Survey by Dennis Harrell and Ed Miller on 1-23-2018. Records indicate this facility was first licensed as a Home for the Aged serving 120 residents on 8-9-1988. Therefore, this facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 North Carolina State Building Code (Revision 9) Section 409, Institutional Occupancy, Unrestrained.	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: Based on a review of documents, the required annual sprinkler system inspection report could not be located. Sprinkler systems that are not inspected and approved as required could result in the sprinkler system not operating properly in the event of an actual fire.	C 111		
C 144	Med Prep Area-Sink with Lever Handles SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever	C 144		

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C 144	Continued From page 1 handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: Based on observation, the handwash sink the med staff uses was not equipped with wrist type lever handles.	C 144		
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 in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: a. Several (15) portable medical oxygen cylinders were stored standing on a table in the oxygen storage room. b. Two portable medical oxygen cylinders were stored in a cardboard box in the oxygen storage room. c. Several (8) portable medical oxygen cylinders were stored in no container or rack in the oxygen storage room. d. Several (3) portable medical oxygen cylinders were stored in no container or rack near the	C 166		

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C 166	Continued From page 2 nurse station on B Hall. 2. Based on observation, the inspection tags for the fire extinguishers had expired in August of last year. Fire extinguishers must be inspected annually by an outside vender and monthly thereafter. The inspections must be documented somewhere such as on the tag provided on the extinguisher. 3. Based on observation, the facility was not maintained in a safe condition because of combustible items stored in an electrical/furnace room . Combustible items must not be stored in an electrical or furnace room. Findings include; There were many combustible items stored in the "Electrical Panels" room which also houses gas furnaces. 4. Based on observation some toilets were loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards. Findings include: a. Toilet loose on floor in the shower room on B Hall, b. Toilet loose on floor in the Male Resident bathroom, c. Toilet loose on floor in the staff lounge women's bathroom. 5. Based on observation, the waste trap for the hopper in soiled utility on C Hall had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift	C 185		

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C 185	Continued From page 3 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) 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. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of last year, there was no rehearsal done during the 3rd shift. b. In the 2nd quarter of last year, there was no rehearsal done during the 3rd shift. c. In the 4th quarter of last year, there was no rehearsal done during the 1st shift. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	Continued From page 4 (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 interview with the Administrator, the sprinkler system had frozen and burst and was out of service. She also stated that the local Fire Marshal was aware and that they were conducting a fire watch that was going to continue until the system was repaired and back in service. 2. Based on observation, the fire alarm system was showing a "Trouble" condition. Fire alarms in "Trouble" may fail to operate properly when needed. Note; The fire alarm system worked properly when an initiating device was activated. 3. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings include: a. The exit sign near Re-hab on B Hall did not work on normal or battery power. b. The exit sign near room 330 did not work on normal or battery power. c. The exit sign near room 333 did not work on normal or battery power. d. The exit sign near room 337 did not work on normal or battery power. e. The exit sign near the sprinkler riser room did not work on normal power.	C 189		

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C 189	Continued From page 5 4. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. Kitchen, b. Corridor near room 329. 5. Based on observation, work had been done on the combustion air piping for one of the high efficiency gas furnaces in the "Electrical Panels" room on A Hall. The result is that furnace is now pulling its combustion air from the room which has no combustion air inlet. The combustion air piping must be restored to allow the furnace to get its combustion air from the outside. 6. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole in the ceiling of the "Bookkeeping" room, b. Hole in the wall of the A Hall shower room, c. Holes (several) in the ceiling of the maintenance room, d. Ceiling damaged in "Electrical Panels" room on C Hall, e. Attic access door damaged near dining room, f. Heat detector not tightly mounted to the ceiling in the laundry. 7. Based on observation, a corridor door is prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor	C 189		

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C 189	Continued From page 6 doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; A wedge was found at the 20 minute fire rated door to the "Electrical Panels" room indicating it is sometimes wedged open.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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: Based on observation, the hot water temperature was checked and found to be only 97 degrees F. in the bathroom off room 127 . Hot water temperatures must be maintained between 100 and 116 degrees F.	C 195		
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 7 (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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; a. The exhaust system was not working in the laundry. b. The exhaust system was not working in the bathroom off room 113. c. The exhaust system was not working in the men's bathroom off the employee lounge.	C 199		

Jessie Townsend
2/22/18

The Meadows of Rockwell
HAL-080-026

February 22, 2018

Plan of Correction

Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.

Non-Compliance Identified Section .0300- Physical Plant 10A NCAC 13F .0302 Design and Construction

Must Have Current San. & Fire Safety Reports

(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.

The ED has reached out Yadkin Valley Fire Protection and has received a copy of the latest sprinkler system inspection. The company has switched providers and it is now being followed diligently to ensure that all inspections are done in a timely fashion and that all copies of reports will be at the facility.

Non-Compliance Identified Section .0300- Physical Plant 10A NCAC 13F .0305 Physical Environment

Med Prep Area –Sink with Lever Handles

(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.

The facility has purchased and had installed handwashing sinks with wrist type levers. All med storage/prep areas have been inspected to ensure that there are handwashing sinks with wrist type levers.

Non-Compliance Identified Section .0300- Physical Plant 10A NCAC 13F .0306 Housekeeping and furnishings.

Housekeeping – Maintained Free of Hazards

(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.

1. Oxygen storage room has been cleaned and all oxygen tanks have been properly stored. Staff has been instructed on safe storage of oxygen tanks.

2. The fire extinguishers have now been inspected/replaced and retagged by an outside vendor. We have signed a new maintenance man hired through Facility 360 in the building 2-3 days per week that will be monitoring the fire extinguishers monthly and as needed.

3 The Electrical/ Furnace room has been cleared of all clutter and combustible items. Housekeeping staff have been instructed on where and what to store in all areas on the building. Housekeepers have been informed to routinely check maintenance, furnace and electrical rooms for cleanliness.

4. The toilet in the shower room on B hall has been tightened down. The toilet in the Male's resident's bathroom on the hall has been tightened down. The toilet in the staff lounge women's bathroom has been tightened down. The ED has met with and discussed with the facilities

maintenance provider to routinely check toilets for looseness, cracks or leaks. All staff will be instructed on how to write up a work order request when equipment is noted to be in need of repair.
5. The hopper in the soiled utility room on C hall has been filled with water. Housekeeping and staff have been instructed to observe all rooms that are not in constant use for cleanliness and odors. Weekly rounds will be made with housekeeping staff to ensure that all rooms not in constant use such as soiled utility rooms, furnace rooms and electrical rooms to ensure cleanliness, free of odors and debris.

Non-Compliance Identified Section .0300- Physical Plant 10A NCAC 13F .0309 Plan for Evacuation
Fire Safety-Rehearsals on Each Shift

(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) 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.
1. Fire drills will be preplanned by staff and staff member conducting fire drill will check records to ensure that each shift is being covered as required. The ED has met with the Rockwell Fire Chief for instruction on proper fire drill. The ED will meet with all staff at the monthly meeting on 3/7/18 to instruct on proper fire drill protocols. The Fire Drill log book will be stored where all staff will know where the book is and available for view.
Non- Compliance Identified Section .0300- Physical Plant 10A NCAC 13F .0311 Other requirements
Building Equipment Maintained Safe, Operating

(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) The Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.
1. The Sprinkler system pipe that had busted has been repaired and the sprinkler system is currently being checked for any further repairs needed and is scheduled to be completely repaired by 3/07/18.
2. The Fire alarm system does work when activated and the Fire Dept. is notified on any alarm activated. The ED is working with Odyssey Fire Protection and the local Fire Dept. to ensure that the alarm system will work in the event of unscheduled alarm activation.
3. The exit sign near the Rehab on B hall, near room 330, 333 and 337 were all turned off by breaker due to a leak in the lighting near those rooms. Upon turning the breaker back on all lights were checked by the facility maintenance provider and ED and are working properly. The exit sign near the sprinkler riser that did not work on normal power a bulb has been replaced and is now working properly.
4. The Emergency light in the kitchen that did not work during the walk through has had a battery replaced and is currently working properly. The Emergency light near room 329 was not working due to the breaker being turned off due to a leak near a light fixture that is now repaired. When the breaker was switched back on the emergency light is working properly.
The maintenance provider does weekly checks on all exit and emergency lights to ensure they work properly even in the event of a power outage. The weekly checks are tracked on a weekly log sheet.

5. The furnace that was pulling combustion air from the room has been repaired and is now pulling its combustion air from the outside.
6. The holes noted in the (a) "bookkeeping" room, (b)A hall shower room, (c)ceiling on the maintenance room have all been repaired and caulked with fire caulk. (d) The ceiling damage that was noted in the electrical panel room on C hall has been repaired and spackled. (e) The attic access door that was noted to be damaged near the dining room has been replaced with new fire rated sheet rock. The ED and maintenance provider have walked the facility to check all other attic access doors and 1 other access door has been replaced. During weekly rounds the maintenance provider will be checking for any visible signs of damage to any walls, ceilings and attic access doors. (f) The heat detector that was not tightly mounted has been tightly secured to the ceiling in the laundry room.
7. The doors to the electrical panel room have not been wedged open but the wedge that was found near that area was picked up. All staff has been instructed not to at any time wedge any doors open for prevention of a fire possibly spreading quickly from one area to another.

Non-Compliance Identified Section .0300- Physical Plant 10A NCAC 13F .0311 Other Requirements

Exhaust Ventilation

(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 the 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.
1. The exhaust fan in the laundry room is awaiting a fan motor and will be replaced by 3/07/18.
2. The exhaust system in room 113 and men's bathroom in the staff lounge have both had the fan motors replaced and both are now working properly.

The ED will meet with maintenance provider on a weekly basis to discuss any areas of concern with the facility. The ED will discuss with the entire staff monthly what to look for in our community that may need attention, how to write up a work order and who to turn it in to.

Date of Correction 3/7/2018

Jessie J. Townsend ED

Jessie Townsend
The Meadows of Rockwell
Executive Director