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
	HAL065020	A. BUILDING: 01 B. WING _____	02/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPIONS ASSISTED LIVING	1007 PORTERS NECK ROAD WILMINGTON, NC 28411

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on February 14, 2018. Records indicate this facility was first licensed as a Home for the Aged on April 27, 2000. An addition was submitted on 08/28/2002. The facility is currently licensed for One Hundred Forty-Eight (148) Beds including a 26 bed Special Care Unit. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes; applicable portions of the 2005 Regulations for Adult Care Homes; and the 1996 North Carolina State Building Code requirements for Group I Institutional - Unrestrained and the 2002 North Carolina State Building Code Group I-2 Institutional Deficiencies were cited that require a Plan of Correction.	C 000	Champions Assisted Living acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written assertion of compliance. Champions Assisted Living's response to this statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Champions Assisted Living reserves the right to refute and incorporates by reference any rebuttal of any deficiency on this statement of deficiencies that it submits through informal dispute resolution, formal appeal and/or other administrative or legal procedures.	
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	C 101	C101 Physical Plant 10A NCAC 13F .0301 Application of Physical Plant Requirements 1. In response to the smoke doors not having vision panels, Champions is requesting a waiver (extension of date of compliance) to replace original, existing doors with smoke doors with a vision panel. This affects a total of 12 doors. Surveyor found all other doors to be within code. Once new doors are installed the alleged deficient practice will not reoccur and	

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C 101	Continued From page 1 Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation and interview with Administrator and Maintenance Director, the facility does not meet the Code requirements in effect at the time of construction. Findings on February 14, 2018: a. Cross-Corridor door at the end of Sleeping Wings - the double-egress, cross-corridor, 20-minute doors appear to be in the smoke barrier wall and do not have vision panels as required by Code. 2. Based on observation, the Building did not meet the Code requirements in effect at the time of construction or alteration. Findings on February 14, 2018: a. Kitchen Service Corridor -the delayed egress lock, did not initiate the irreversible process when the release device was depressed, to unlock within 15 seconds, b. Exit near Bedroom 103 - when the release device was depressed it took six seconds and not within the required 3 seconds to initiate the irreversible process to unlock the door within 15 seconds,	C 101	~~therefore monitoring is not~~ necessary. Doors will be ordered and installed by February 14, 2019. 2. In response to the delayed egress doors not initiating the irreversible process, the Simplex technician checked and timed the doors to ensure they opened as required. Delayed egress doors have been checked to ensure they are functioning properly. The facility will conduct semi-annual inspections of the delayed egress doors to ensure proper operation. Any issues identified will be immediately reported to and then addressed by the Simplex technician. Any issues discovered will be brought to the quarterly safety committee meeting for review. Completion date March 31, 2018.	
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	C 133	C133 Bathrooms Hand Grips 10A NCAC 13F .0305 Physical Environment In response to the facility failed to provide all commodes, and tubs, accessible to residents with hand grips, the facility is requesting a waiver to complete the installation of additional hand grips. Although the hand grips are there, the facility will install additional hand grips by the commode in rooms 110, 225, and 228 for even easier use by the residents. The	

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C 133	Continued From page 2 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 commodes, and tubs, accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on February 14, 2018: The hand grips that were installed at the following locations were behind the commode in a location which makes it very difficult for resident to reach when sitting on the commode. Bedroom 228 Bathroom Bedroom 225 Bathroom SCU Bedroom 110 Bathroom	C 133	facility will inspect resident rooms to ensure that commodes have a hand grip accessible to the residents and add additional hand grips as necessary. Once the additional hand grips are installed the alleged deficient practice will not reoccur and therefore monitoring is not necessary. Completion date for installation of additional hand grips is December 31, 2018. C164 Housekeeping and Furnishings – Clean, Repaired 10A NCAC 13F .0306 Housekeeping and Furnishings In response to the facility failing to keep ceilings in good repair, the facility has kilzed and repainted the one stained area outside of an exterior bathroom identified by the surveyor. The Environmental Services Department have and will continue to observe ceilings that developed stains and report them to maintenance department for appropriate repair. The facility will monitor through a computerized work order system. Completion date is March 31, 2018.	
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, and interview the facility failed to keep ceilings clean and in good repair. Findings on February 14, 2018:	C 164	C166 Housekeeping – Maintained Free of Hazards 10A NCAC 13F .0306 Housekeeping and Furnishings In response to the facility failing to keep the building free of hazards by one oxygen tank being stored standing upright but not secured, the facility will in-service nursing staff on proper storage of oxygen tanks. The facility will verify that residents who use oxygen have the proper stands in their apartment to store their oxygen safely. Random audits will be conducted to ensure compliance is maintained. Any	

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C 164	Continued From page 3 a. Exterior Bathroom near Bedroom 103 - the ceiling was stained in one corner. This Bathroom is not a resident bathroom, staff indicated the intent is to convert this area into storage.	C 164	discrepancies will be discussed at the quarterly safety committee meeting. Completion date is April 11, 2018. C185 Fire Safety – Rehearsals on Each Shift 10A NCAC 13F .0309 Plan for evacuation In response to the facility failing to provide a description of the fire rehearsal, the facility will update its fire drill form to reflect an area for a brief description of the event. The fire drills will be conducted quarterly and any concerns discovered will be discussed at the quarterly safety committee meeting for proper resolution. Completion date March 31, 2018. C189 Building Equipment Maintained Safe, Operating 10A NCAC 13F .0311 – Physical Plant – Other Requirements 1. In response to the facility failing to keep the fire system maintain in a safe and working order, the facility was in the process of replacing the old fire system because it would no longer accept updates. The technicians were on site addressing and updating the new fire alarm panel when the surveyors entered the building. The local fire authority approved the installation of the new panel as long as the facility conducted a fire watch and the fire panel was put back into active mode after the technicians left for the day. The facility maintained the fire watch records. The facility follows the direction of the local fire authority	
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 February 14, 2018: a. Second Floor Nurse Station - one small portable medical oxygen cylinder is stored standing up not secured.	C 166		
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) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall	C 185		

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C 185	Continued From page 4 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 Record review and interview with Administrator and Maintenance Director, the Facility failed to document 'a short description' . Findings on February 14, 2018: a. The description documented on the fire plan rehearsal records did not include a the extent of the evacuation (i.e. defend in place, evacuation of a smoke compartment, evacuation of entire facility.)	C 185	~~when work is needed. When the~~ required fire rehearsals are conducted, any malfunction of the fire system has been and will continue to be reported to our monitoring company for immediate repairs. Completion date is March 31, 2018. 2. Deficiency corrected before surveyor departed facility. 3. Deficiency corrected before surveyor departed facility. 4. In response to the facility failing to maintain the commercial kitchen hood's fire suppression system in a safe and operating condition, the facility will add a monthly in-house/owner inspection of the commercial kitchen hood to its monthly fire extinguisher check. Any concerns will be addressed by the facility's contractor who conducts our semi-annual inspections of the commercial kitchen system. Completion date March 31, 2018. 5. Deficiency corrected before surveyor departed facility. 6. Deficiency corrected before surveyor departed facility.	
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, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing visible notification of fire event. Findings on February 14, 2018: a. Throughout the Building - the fire alarm system strobes did not operate. At the time of	C 189		

~~C195 Hot Water System~~

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C 189	Continued From page 5 survey, technicians were onsite working on system. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall and Smoke Barrier did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on February 14, 2018: a. 1st Floor Firewall - the front leaf of the cross-corridor doors did not latch when the fire alarm hold open devices released. Deficiency corrected before Construction Surveyors departed site. b. SCU Smoke Barrier - the back leaf of the cross-corridor doors did not latch when the fire alarm hold open devices released. Deficiency corrected before Construction Surveyors departed site. 3. 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 February 14, 2018: a. Electrical Room across from Bedroom 246 - there are two holes not firestopped as they penetrate the fire-resistance-rated floor/ceiling assembly. Deficiency corrected before Construction Surveyors departed site. b. 2nd Floor Electrical Room Left Side - there are gaps around conduits not firestopped as they penetrate the fire-resistance-rated floor/ceiling assembly. Deficiency corrected before Construction Surveyors departed site. c. Room 207 - there are gaps around electrical boxes not firestopped as they penetrate the fire-resistance-rated floor/ceiling assembly.	C 189	~~10A NCAC 13F .0311 Physical Plant~~ Other Requirements Deficiency corrected before surveyor departed facility. C199 Exhaust Ventilation 10A NCAC 13F .0311 Physical Plant – Other Requirements In response to the facility failing to maintain the ventilation system in operating condition, the facility discovered there was a bad contact switch on the unit and it has now been repaired. The facility will monitor this going forward during its quarterly filter change out as part of its preventative maintenance program. Any issues found will be address though the facility mechanical contractor. Completion date April 11, 2018.	4-30-10

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C 189	Continued From page 6 Deficiency corrected before Construction Surveyors departed site. d. SCU Mechanical room near Pantry - there are holes not firestopped as they penetrate the fire-resistance-rated floor/ceiling assembly. Deficiency corrected before Construction Surveyors departed site. 4. 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. Findings on February 14, 2018: a. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly in-house/Owner's inspections. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on February 14, 2018: a. Bedroom 225 Bathroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester. Deficiency corrected before Construction Surveyors departed site. b. Corridor near Bedroom 224 - several semi-recessed light fixture are falling down from the ceiling. Deficiency corrected before Construction Surveyors departed site. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not	C 189		

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C 189	Continued From page 7 contained in the Room of origin. Findings on February 14, 2018: a. Stair Tower across from Room 347 - 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. Deficiency corrected before Construction Surveyors departed site. b. 3rd Floor North Stair Tower - 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. Deficiency corrected before Construction Surveyors departed site. c. Kitchen Manager Office - 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. Deficiency corrected before Construction Surveyors departed site.	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.	C 195		

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C 195	Continued From page 8 This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on February 14, 2018: a. Men's 340 - the sink had a hot water temperature of 120 degrees Fahrenheit. Deficiency corrected before Construction Surveyors departed site now 112 degrees Fahrenheit.	C 195		
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, the Facility failed to maintain the Ventilation System in an operating condition. Findings on February 14, 2018: a. Most of the Building - the ventilation system is	C 199		

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C 199	Continued From page 9 not working. b. 2nd Floor Women near Nurse Station - the ventilation system was blowing some of the air back into the room instead of removing it. c. 1st Floor Bedroom 134 - the ventilation system was blowing some of the air back into the room instead of removing it. d. 1st Floor Bedroom 137 - the ventilation system was blowing some of the air back into the room instead of removing it. e. SCU Housekeeping - the exhaust fan is not running.	C 199		