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
	HAL090034	A. BUILDING: **01** B. WING _____	**01/11/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONROE MANOR ASSISTED LIVING BUILDIN(	**1101 BAUCOM ROAD MONROE, NC 28110**

(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 a Construction Section Biennial Survey by Ed Miller conducted on January 11, 2018. Records indicate this facility was first licensed as a Home for the Aged serving 12 residents on 7-21-1988. Therefore, the facility must meet the 1987 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds and, the 1978 North Carolina State Building Code, Section 409 Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	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. Based on record review, and interview with Staff in Charge the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on January 10, 2018: a. A current Fire Marshal Inspection Report was not available for review by the Surveyor. b. A current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review by the Surveyor.	C 111	1. FIRE ALARM SYSTEM INSPECTION REPORT WAS COMPLETED ON 4/27/2017. UNION COUNTY FIRE MARSHALL OFFICE WAS CONTACTED ON 3/09/18 FORMS WERE FILLED FOR UNION COUNTY FIRE MARSHALL OFFICE TO SCHEDULE FIRE MARSHALL INSPECTION. 2. EACH YEAR FIRE INSPECTION COMPANY AND UNION COUNTY FIRE MARSHALL OFFICE WILL BE CONTACTED IN DECEMBER TO SCHEDULE THE NEXT YEAR ANNUAL REQUIRED INSPECTIONS. 3. THIS WILL BE MONITORED EACH YEAR BY THE ADMINISTRATOR OR DESIGNEE. 4. INSPECTIONS SCHEDULED TO BE COMPLETED BY MAY 1ST 2018.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 03/11/2018

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C 143	Continued From page 1	C 143		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances. Findings on January 11, 2018: a. Laundry Closet- the closet door housing some cleaning agents, bleaches, and other hazardous substances was not locked. Deficiency corrected before Construction Surveyors departed site.	C 143	1. LAUNDRY DOOR WAS LOCKED DURING INSPECTION. ALL ROOMS THAT STORE CHEMICAL SUPPLIES WERE CHECKED AND ENSURED THAT THE SUPPLIES WERE LOCKED AND OUT OF REACH. 2. ALL STAFF HAVE BEEN INSTRUCTED BEFORE EACH SHIFT TO CHECK THAT THE DOORS THAT STORE CHEMICAL SUPPLIES ARE CLOSED AND LOCKED. ALL CHEMICAL SUPPLIES ARE NOW HOUSED IN ONE ROOM. ALL STAFF HAVE BEEN INSERVICED TO THE RULE OF KEEPING HAZARDOUS MATERIALS LOCKED AND OUT OF RESIDENT REACH. 3. THE ADMINISTRATOR/ DESIGNEE OR SIC WILL CHECK AT THE BEGINNING OF EACH SHIFT. 4. COMPLETED BY 3/12/18.	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free	C 150		

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C 150	Continued From page 2 of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on January 11, 2018: a. Corridor near Dining - an unattended medication cart, decreased the required six feet corridor width to four feet two inches. Deficiency corrected before Construction Surveyors departed site. b. Corridor near Bedroom 1 - a lift and pharmacy supplies, decreased the required six feet corridor width to three feet ten inches. Deficiency corrected before Construction Surveyors departed site.	C 150	1. HALLWAYS WERE CLEARED BEFORE SURVEYOR DEPARTED SITE. ALL STAFF HAVE BEEN INSTRUCTED TO KEEP MEDICATION CART AND LIFT IN BACK OFFICE WHEN NOT IN USE. 2. ALL STAFF HAVE BEEN INSERVICED ON KEEPING ALLWAY CLEAR AND TO NOT OBSTRUCT EGRESSDURING EMERGENCY. ALL OUTSIDE VENDORS WILL DROP SUPPLIES AND BOXES OFF INSIDE OFFICE OR STORAGE SHED TO NOT OBSTRUCT HALLWAYS. 3. THE HALLWAY WILL BE CHECKED AT THE BEGGINING AND THROUGHOUT THE SHIFTS BY THE ADMINISTRATOR/DESIGNEE OR SIC TO ENSURE HALLWAYS ARE KEPT CLEAR. 4. TO BE COMPLETED BY 3/12/18.	
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. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on January 11, 2018: a. Entire Building - the floors are dirty and need deep cleaning. 2. Based on observation, the building mechanical systems are not kept clean and in good repair.	C 164	1. THE FLOORS HAVE BEEN DEEP CLEANED THROUGHOUT THE FACILITY. INSPECTIONS WERE COMPLETED THROUGHOUT THE FACILITY AND NEW FLOORS ARE SCHEDULED TO BE INSTALLED. ALL VENTILATION GRILLS HAVE BEEN CHECKED AND CLEANED. 2. STAFF HAVE BEEN INSTRUCTED TO NOT USE HARSH BLEACHING CHEMICALS ON FLOORS IN ORDER TO NOT DIMINISH THE WAX ON THE FLOORS. THE VENTILATION GRILLS ARE NOW SCHEDULED TO BE VACCUMED AND CLEANED MONTHLY.	

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C 164	Continued From page 3 Findings on January 11, 2018: a. Shower across from Bedroom 1 - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint.	C 164	3. ADMINISTRATOR HAS SCHEDULED DAILY CLEANING OF FLOORS AND PROFESSIONAL CARE WHEN NEW FLOORS WILL BE INSTALLED.MONTHLY CLEANING OF VENTILATION SYSTEM. 4. NEW FLOORS SCHEDULED TO BE COMPLETED BY 4/2/18.	
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. Findings on January 11, 2018: a. Entire Building - since the last annual maintenance, performed in September 2017, there has been no documentation of the portable fire extinguisher's monthly in house inspections.	C 183	1. ALL FIRE EXTINGUISHERS WERE CHECKED AND NEW CARDS HAVE BEEN ADDED TO CHECK MONTHLY TO LOG DATES OF MONTHLY INSPECTIONS. 2. ADMINISTRATOR/DESIGNEE WILL COMPLETE MONTHLY INSPECTIONS OF FIRE EXTINGUISHERS. 3.SCHEDULED TO BE COMPLETE BY 3/28.18	
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	C 185		

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C 185	Continued From page 4 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 Record review and interview with Staff in Charge, fire drill rehearsals are not being performed regularly with at least one per shift for each quarter.. Findings on January 11, 2018: a. In the 2nd quarter for the last 12 months, no rehearsal was performed during 2nd shift. b. In the 3rd quarter for the last 12 months, no rehearsal was performed during 2nd and 3rd shift. c. In the 4th quarter for the last 12 months, no rehearsal was performed during 1st and 2nd and 3rd shift. 2. Based on Record review and interview with Executive Director/Administrator/Maintenance Technician/Manager the Facility failed to document all aspects of the fire plan rehearsals. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on January 11, 2018: a. The fire plan rehearsal records included date, time, shift, and staff members present, but little to no description of what the rehearsal involved.	C 185	1. FIRE INSERVICE WAS COMPLETED WITH ALL STAFF, BASED ON THE LOCAL FIRE PREVENTION CODE. 2. ADMINISTRATOR/DESIGNEE WILL COMPLETE FIRE REHERSAL EACH MONTH FOR A DIFFERENT SHIFT WITH FULL DETAILS AND DESCRITPION OF COMPLETION OF FIRE DRILL. THE REHERSALS WILL BE MAINTIANED IN A LOG FOR VIEWING. 3 TO BE COMPLETED BY 3/28/18.	
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 5 (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 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 January 11, 2018: a. Corridor near Utility - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. Living Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 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 or compartment of origin. Findings on January 11, 2018: a. Activity Room Closet - there is a gap around a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Office - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. 3. Based on observation the facility failed to maintain the exhaust ventilation equipment in rooms required to be mechanically exhausted. Findings on January 11, 2018: a. Activity Room Bathroom - the exhaust	C 189	1. ALL EMERGENCY LIGHTING HAS BEEN INSPECTED FOR REPAIR. ALL EMERGENCY LIGHTING HAVE BEEN REPLACED WITH NEW FIVE YEAR BATTERY LIFE EMERGENCY LIGHTING. 2. ADMINISTRATOR/DESIGNEE WILL CHECK EMERGENCY LIGHTING MONTHLY WHEN COMPLETING FIRE DRILLS FOR PROPER FUNCTION. 3. ALL IMPROPER NON FUNCTIONING LIGHTINGS HAVE BEEN REPLACED 3/12/18. 1. ALL CEILING HAVE BEEN CHECKED FOR GAPS OR OPENINGS. 2. FIRE STOPP WAS ADDED TO ACTIVITY ROOM CLOSET AGP AROUND PIPE. HEAT DETECTOR WAS REPLACED AND IS NOW COMPLETLY COVERED IN THE CEILING. 3. ADMINISTRATOR WILL CHECK MONTHLY FOR AN OPENING GAPS, OR CRACKS TO ENSURE THAT NO FIRE CAN PENTRATE THROUGH THOSE AREAS. 4. COMPLETED BY 3/12/18. 1. ALL EXHAUST FANS HAVE BEEN CHECKED THROUGHOUT THE FACILITY. ANY THAT DID NOT COME ON IMMEDIATELY HAVE BEEN REPLACED. 2. ADMINISTRATOR/DESIGNEE WILL CHECK EXHAUST FANS MONTHLY TO ENSIRE PROPER FUNCTIONING. 3. COMPLETED BY 3/12/18.	

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C 189	Continued From page 6 ventilation system is not working. b. CAM Room in Laundry - the exhaust ventilation system is not working. c. Laundry - the exhaust ventilation system is not working. d. Front Staff Restroom - the exhaust ventilation system is not working. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on January 11, 2018: a. Office - a relocatable power tap (power strip) is plugged into a multi-plug adaptor which is plugged into an electrical power receptacle. Relocatable power taps must connect directly to a permanently installed branch circuit electrical power receptacle. b. Office - a relocatable power tap (power strip) is plugged into another relocatable power tap. Relocatable power taps must connect directly to a permanently installed branch circuit electrical power receptacle. c. Both Staff Restrooms - the electrical power receptacle did not have electrical power and could not be tested for ground fault. d. Dining - there is an electrical power cord running from this room, through the door opening, powering a med cart in the corridor. e. Corridor near Bedroom 1 - the electrical power receptacle had a broken cover plate.	C 189	1. ALL ROOMS, AND OFFICES IN THE FACILITY HAVE BEEN CHECKED TO ENSURE THERE IS NO ELECTRICAL POWER OUTLETS THAT ARE NOT ATTACHED DIRECTLY TO A PERMANENTLY INSTALLED BRANCH OUTLET. THE MAIN OFFICE IN WHICH THIS DEFICIENCY WAS FOUND HAS BEEN REPLACED WITHA DIRECT OUTLET. ALL OUTLETS HAVE BEENCHECKED TO ENSURE POWER. ALL OUTLETS WERE ALSO CHECKED AND REPLACED IF BROKEN. 2. ALL STAFF HAVE BEEN INSERVICED TO ENSURE NO STAFF OR FAMILY BRING ANY POWER STRIPS INTO THE COMMUNITY TO BE USED. THE ELECTRICIAL OUTLETS ALL HAVE BEEN CHECKED AND HAVE POWER. THE STAFF HAVE BEEN INSTRUCTED TO CHARGE THE MED CART COMPUTER EACH NIGHT IN THE OFFICE AND LEAVE CORD UNPLUGGED WHEN PASSING MEDICATIONS IN THE HALLWAY. 3. THIS WILL BE MONITORED ONGOING BY THE ADMINISTRATOR/DESIGNEE. 4. COMPLETED BY 3/12/18.	
C 202	Existing Fac. Housing Non-ambs-Hand Bells SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (j) Except where otherwise specified, existing facilities housing persons unable to evacuate	C 202		

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C 202	Continued From page 7 without staff assistance shall provide those residents with hand bells or other signaling devices. (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 call system was not fully functioning to provide residents with the ability to signal for assistance. Findings on January 11, 2018: a. Shower across from bedroom 1 - the call system's pull station did not notify staff.	C 202	1. ALL CALL LIGHTS HAVE BEEN CHECKED FOR PROPER FUNCTION. THE CALL LIGHT IN SHOWER HAS BEEN REPLACED. 2. STAFF WERE INSTRUCTED TO CHECK CALL SYSTEM ON EACH SHIFT TO ENSURE PROPER FUNCTIONING OF SYSTEM. 3. ADMINISTRATOR/DESIGNEE WILL MONITOR MONTHLY. 4. COMPLETED BY 3/12/18.	