STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL055003	A. BUILDING: 01 B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	7901 OPTIMIST CLUB ROAD DENVER, NC 28037

(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 on 4-26-2018. Records indicate this facility was first licensed on 8-24-1989, as a HA for 80 Beds. Therefore, this facility was surveyed for conformance with the 1987 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 9) Edition, of the North Carolina State Building Code-Institutional Occupancy.	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; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to	C 101		

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C 101	Continued From page 1 meet the NC State Building Code in effect at the time of construction or alteration because the Special Locking system did not work as prescribed by the Building Code. Special Locking systems that do not work as required could delay or prevent an evacuation during an emergency. Failures to work as required include; a. The emergency switch at the front door would not unlock the door. b. The emergency switch at the exit on the East Wing would not unlock the door. c. The remaining emergency release switches unlocked the doors for about 10 seconds then the doors re-locked. After the doors re-locked, it was not possible to use the switches to open the doors again because the switches were of the type that could not be reset without a key. Emergency release switches must directly interrupt the power to the lock. The fact that the magnetic locks re-locked after a delay, makes it likely that the switches work by relays or other devices, possibly the 'convenience' key pad. The emergency release switches must simply interrupt the power to the lock and shall not depend on relays or other devices. d. The magnetic locks unlocked upon activation of the fire alarm system but then re-locked when the fire alarm system was silenced. Magnetic locks must not re-lock until fire alarm system is fully reset. A Plan of Protection was accepted in which the facility agreed to correct all deficiencies listed above and continue Safety Inspections of the keypads at the exit doors every 30 minutes until the locking system is corrected to work properly. 2. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction or alteration by not having all	C 101		

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C 101	Continued From page 2 of the required components for doors with Special Locking System. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings include: a. There was no central emergency release switch provided and labled at the nurse station. b. There was no wiring diagram or systems components location map posted under glass at the fire alarm panel.	C 101		
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: Several (7) portable medical oxygen cylinders were stored in unapproved beverage crates in the oxygen storage room. 2. Based on observation, the ice machine drain line was in direct contact with the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as	C 166		

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C 166	Continued From page 3 required by Code, could cause the ice to become contaminated.	C 166		
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, many corridor doors do not close and latch to resist the passage of fire and smoke. Corridor 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. There were holes at the latchset through the door to the public women's bathroom. b. There were holes at the latchset through the door to the public men's bathroom. c. The latchbolt is missing on the door to the pantry. d. The door to bedroom 8 does not latch when closed. e. The door to bedroom 9 does not fit the opening properly to be resistant to the passage of smoke. f. The door to bedroom 12 does not fit the opening properly to be resistant to the passage of smoke.	C 189		

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C 189	Continued From page 4 g. The door to bedroom 30 does not fit the opening properly to be resistant to the passage of smoke. 2. Based on observation, the sampling tube for the duct mounted smoke detector in the mechanical room near the electrical room was very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. 3. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons missing or not tightly fitted to the ceiling. Sprinkler escutcheons that are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Improperly mounted escutcheons were found in: a. Activity room, b. Activity office, c. Corridor at room 11.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities.	C 191		

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C 191	Continued From page 5 This Rule is not met as evidenced by: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Findings include: a. There was a portable electric heater found in the Administrator's office. b. There was a portable electric heater found in the sprinkler riser room.	C 191		

Lakewood Care Center

Plan of Correction

Wednesday May 16, 2018

C 101

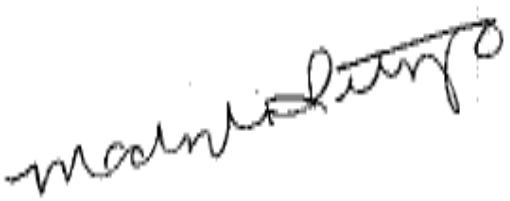
Helms Security was contacted on April 26, 2018 regarding areas of deficiencies. Kenny Helms from Helms Security came out to facility on 4-26-18 to review these areas and come up with plan to correct them immediately. Plan of Protection was written day of inspection and submitted to surveyor for approval. Facility completed safety inspections every 30 minutes to ensure locking system was working properly until issues were resolved on 5-2-18.

Helms Security came out to facility on May 2, 2018 to repair the deficiencies. The emergency switch at the front door was repaired on 5-2-18, the emergency switch on the east wing was also repaired on 5-2-18. The delay switches on all door's emergency switches was replaced to ensure they are unlocked for the entire time frame the switch was pulled. The fire alarm system was changed to where to doors remained unlocked in both silenced and unsilenced alarm states.

Facility performed both AM and PM shift fire drills to ensure staff was aware of changes and procedures to follow during these drills. Fire alarm training was held on May 10, 2018 and May 15, 2018 to ensure all facility staff were aware of changes and whereabouts to transfer residents based on location of fire.

Helms Security had to order materials for central emergency release switch. Helms Security is scheduled for service call on Monday May 21, 2018 to install central emergency release switch. Training will be held with Supervisors to ensure they know how and when to use central emergency release switch following its installation. Helms Security is to provide a detailed wiring diagram for facility to display under glass at the fire alarm panel by Monday May 21, 2018.

Facility managers and supervisors will be responsible for checking all magnetic locks at the beginning and end of their shift to ensure all are locking and unlocking properly. Helms Security has agreed to a monthly monitoring program where they will come out monthly to inspect all doors and locking mechanisms to ensure they are working properly. If facility managers or supervisors find a door failing to unlock and lock properly, Helms Security will be contacted immediately to schedule service visit to repair. Facility will implement immediate safety inspections on doors every 30 minutes until issue is resolved.



C166

Admissions Coordinator, Madylin Gillespie contacted oxygen supplying companies for new approved oxygen holding containers to be delivered immediately. Advanced Homecare delivered container on Monday April 30, 2018. Beverage containers were removed from the oxygen closet immediately following arrival of new containers. Excess oxygen containers were picked up by suppliers no longer servicing residents of our facility.

Admissions Coordinator, Madylin Gillespie contacted oxygen suppliers to inform them of beverage crates and facilities deficiency in hopes beverage crates weren't being used elsewhere.

Facility managers and supervisors will be responsible for monitoring each oxygen delivery to ensure beverage crates are not used in the future. Facility managers and supervisors have been advised to refuse oxygen delivery is approved holding containers are not delivered with these supplies. Oxygen suppliers will be notified immediately if delivery drivers try to use beverage crates as appropriate storage.

Facility maintenance was contacted on April 30, 2018 regarding ice machine drain and current deficiency. Ice machine drain was corrected on Friday May 4, 2018. Facility maintenance will monitor ice machine drain weekly to ensure contamination isn't occurring.

C189

Facility maintenance was contacted on April 30, 2018 regarding several issues with corridor doors not properly closing and latching to resist the passage of fire and smoke. Facility maintenance came out to facility on Friday May 4, 2018 to review all deficiencies. Facility maintenance purchased required materials and repaired all deficiencies on Tuesday May 8, 2018.

Holes in both male and female visitor bathroom doors were repaired/filled, new latch bolt and doorknob was installed on pantry room door. Bedroom doors 6, 9, 12 & 30 were also repaired on 5-8-18 and are now properly closing and resisting the passage of fire and smoke.

Facility maintenance will monitor all facility doors monthly and make repairs when necessary. All facility staff were asked to be more aware of their surroundings and report all issues to office staff immediately so facility maintenance can be contacted for repairs.

C191

Both portable electric heaters were removed from the facility on April 26, 2018. Administrator held short mandatory staff meeting to discuss the importance of not using portable electric heaters anywhere within the facility. Facility managers will be responsible for monitoring facility monthly to ensure portable electric heaters are not being used. Office staff discussed possibly installing HVAC unit if the temperature continued to be an issue. At this time, office staff does not feel that is necessary.