

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/07/2018
NAME OF PROVIDER OR SUPPLIER LAKEWOOD CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7981 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 Biennial Follow Up Construction Survey by Dennis Harrell on 6-7-2018. Some deficiencies were not corrected. Further action is required.	{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 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 on 6-7-2018 include; a. The emergency switch at the front door unlocked the door but then would not allow the	{C 101}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 101}	Continued From page 1 door to re-lock even after the switch was reset. A closer examination showed that the interior portion of the switch was broken and a folded piece of paper was being used to depress the switch button. 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 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 on 6-7-2018: 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: 2. Based on observation, the ice machine drain line was still 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 required by Code, could cause the ice to become contaminated.	{C 166}		

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{C 189}	Continued From page 2	{C 189}		
{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: 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 6-7-2018, in: a. Activity room (3), b. Activity office, New findings on 6-7-2018: c. Corridor (3) near room 9, d. Tape covering escutcheon in corridor near room 7. Note; This deficiency was corrected during the survey.	{C 189}		