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
	HAL083018	A. BUILDING: 01 B. WING _____	05/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTWICK VILLAGE	1000 JOHNS ROAD LAURINBURG, NC 28352

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay and Ed Miller conducted on May 23, 2018. Records indicate this facility was first licensed on May 19, 2004. The facility is currently licensed for 100 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 2002 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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. Review of records revealed that the facility did not maintain current sanitation inspection reports. Findings on May 23, 2018: a. The most current building sanitation inspection report available was dated June 3, 2016.	C 111	The sanitation, fire and building safety inspection ocurred on 6-14-2018 by Inspector, Brian from the Laurinburg Health Department. Brian has plans to come back tomorrow, 6-15-2018 or during week of June 18th-22nd to complete the kitchen survey. Administrator has asked Health Department Inspector to keep current with Prestwick Village Inspections in the future. Please see attachment of the sanitation, fire and building safety inspection report.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 164		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Alison Thames Administrator 6-14-18

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C 164	Continued From page 1 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. Observations revealed that the furnishings were not maintained in good repair. Findings on May 23, 2018: a. 600 Hall Screened Porch - the mesh is torn at the top panel of the screen door. 2. Observations revealed that the floors were not maintained in good repair. Findings on May 23, 2018: a. Dining room - there is a joint in the floor running from the entry doors and across the length of the room. The VCT is cracked and broken at the the second tile from the door.	C 164	The mesh was purchased and the mesh panel was repaired and therefore corrected on 5-28-18. Maintenance Director will monitor for any other areas having the potential to be affected by the same deficient practice and will ensure the practice will not recur. Prestwick Village has now obtained 2 bids of estimate toward repairing the joint in the Dining Room floor. The chosen vendor will completly repair the joint and any other necessary area of the floor that may have the potential to be affected by the same deficient practice. The Maintenance Director and the vendor will monitor to ensure the deficient practice will not recur. The repair will take place no later than the end of June of 2018.	
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:	C 166		

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C 166	Continued From page 2 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Findings on May 23, 2018: a. Room 611 - five oxygen tanks were being stored in a Coke crate. Twelve oxygen tanks were being stored in their cardboard carrying crates and one oxygen tank was resting unsecured on the floor. b. Room 601 - eight oxygen tanks were being stored, unsecured in a milk crate.	C 166	The corrective action included contacting Mabry Oxygen Service and and Health Keeperz Oxygen Service. Mabry Oxygen Service quickly, as of May 28, 2018, provided the service and the appropriate stand for oxygen tanks. Tim Stultz, Director of Warehouse of Healthkeepers has placed an order today, 6-7-18, to provide the appropriate stands for oxygen. Our RCD will continue to identify any other areas of the facility having the potential to be affected by the same deficient practice. Our RCD will also continue to monitor to ensure the deficient practice will not recur.	
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 facility's fire safety equipment is not maintained in operating condition. Items stored too close to the sprinkler heads could impede their ability to fight the fire. Findings on May 23, 2018: a. 100 Hall Storage - diapers were stored within 18" of the ceiling. b. 400 Hall Clean Linen - items were stored within 18" of the ceiling.	C 189	The corrective action of items stored within the 18" of the ceiling, has been moved by the Maintenance Director to maintain the appropriate measurement. Maintenance Director will monitor the fire safety equipment to ensure items are not stored to close to the sprinkler. This monitoring will be put into place to ensure the deficient practice will not recur. The 100 Hall Storage corrective action was completed on 5-24-2018 and the 400 Hall Clean Linen 5-23-18.	

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C 189	Continued From page 3 c. Kitchen Pantry - items are stored to the ceiling. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on May 23, 2018: a. 200 Hall water heater room - the sealant around one of the pipes has pulled loose leaving a gap in the ceiling finish. b. 400 Hall Clean Linen - there is a small hole in the rated ceiling assembly at the sprinkler escutcheon. c. Beauty Salon - the HVAC grille is loose from the ceiling leaving a hole in the rated ceiling assembly. d. Laundry Room - there are two open penetrations in the ceiling. e. Laundry Room - the round dryer duct has moved damaging the sealant around the ceiling penetration. f. Laundry Room - the sheetrock is damaged at the dryer flue. g. Room 611 - the escutcheon plate is missing from the sprinkler head. h. Dining Room - the escutcheon plate on the center pendant light fixture has dropped leaving a hole in the rated ceiling assembly. 3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. The occupants in the facility could be effected if doors cannot be closed quickly due to unapproved impediments so as to limit the spread of smoke and/or fire to the area of origin.	C 189	The corrective action was accomplished by the Maintenance Director and Dietary Staff by re-stocking dietary items to maintain the building's fire safety in a safe condition. All items were re-stocked to a lower area to meet the proper measurement. On Tuesdays, the Dietary staff receive stock and on those days will monitor the correct storage.This was completed on 5-25-18. a.The corrective action at the 200 Hall water heater room of failing to maintain the building's fire safety systems was for the Maintenance Director to re-caulk to prevent fire or smoke to spread. b. The corrective action for the 400 Hall Clean Linen was for the Maint. Director to re-caulk this as well. c. The corrective action for the Beauty Salon HVAC Grille was for the Maintenance Director to tighten the grille and re-caulk the hole. d. The corrective action for the Laundry Room involved the Maintenance Director replacing a vent and re-caulking the two penetrations in the ceiling. e. The corrective action for the Laundry Room involved putting in a new vent by Maintenance Diretor and this was done on 6-5-18. f. The corrective action of damaged sheetrock in Laundry Room involved the Maintenance Director patching the sheetrock at the dryer flue g. & h. Escutcheon replace in room 611 & dining room. All re-caulking and replacements were done on 5-28-18.	

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C 189	Continued From page 4 Findings on May 23, 2018: a. Staff Lounge - a brick is holding the door open. b. Dining Room - the doors were held open using a wedged device. 4. Based on observation the mechanical equipment is not maintained in operating condition. Failure to maintain the equipment could possibly create an unsafe or hazardous condition that would effect occupants of the facility. Findings on May 23, 2018: a. 200 Hall Staff Lounge Toilet - the exhaust fan has a heavy accumulation of dust. b. 400 Hall Restroom - the exhaust fan has a heavy accumulation of dust. 5. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Findings on May 23, 2018: a. 200 Hall Staff Lounge Toilet - the toilet is loose. 6. Based on observation electrical emergency/safety related equipment is not being maintained in safe operating condition. Findings on May 23, 2018: a. 200 Hall Staff Lounge - one of the blanks installed in the electrical panel is not compatible to the panel and breaker size. b. The exterior GFCI (Unit ODU3) outside of Riser Room did not have power. c. Riser Room - the cable at junction box 143 is not secure.	C 189	a. The corrective action involved the Administrator removing the brick from the staff lounge door and this was done on 5-23-18. Maintenance Director installed a door bumper on 6-6-18. Other facility doors that may have the need to be propped open have been monitored by Maintenance Director. Monitoring doors will be put into place to ensure this deficient practice will not recur. b. The corrective action of the dining room doors being held open using a wedged device involved the Maintenace Director from Greenbrier to assist with the appropriate tools in order to make the doors open safely. In the future the Maintenance Director will use appropriate tools for measures to be put in place to keep doors from being held by using a wedge device to keep this deficient practice from recuring. This was completed on 5-24-2018. 4 a. The corrective action of mechanical equipment is not maintained in operating condition involved our Housekeeper in the 200 Hall Staff Lounge Toilet and 400 Hall Restroom to thoroughly clean and dust these areas of the exhaust fan. Measures will be taken on a weekly basis for the Housekeeper to check these areas to prevent this deficiency from recuring. This was completed on 5-23-2108. 5 a. The corrective action taken involved the Maintenance Director to tighten the bolts on the toilet. On weekly rounds, MD will monitor the toilet to keep a defieient practice from recuring.This was done on 5-23-2018. See 6.Safety related equipment on next page.	

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C 189	Continued From page 5 7. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on May 23, 2018: a. Dining Room - the doors hit at the top and do not close and latch. b. Lobby - the left leaf of the control doors does not latch. The lever door hardware is not installed correctly and the doors are difficult to operate from the lobby side. c. Room 504 - the corridor door does not latch. d. Kitchen - the door between Dining and Kitchen does not close and latch. 8. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on May 23, 2018: a. Medical Storage - one of the bulbs in the emergency light has burned out. 9. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if the domestic water supply became contaminated. Findings on May 23, 2018: a. Kitchen - the icemaker drain line and the sink drain lines were resting on the top of the drain or below the mouth of the drain and did not provide	C 189	6. a. The corrective action for electrical emergency/safety related equipment not being maintained involved obtaining a vendor, Earl's Electrical, who fixed the blank in the electrical panel to be comaptible with the breaker size. This can be checked during service calls from Earl's Electrical & MD as a measure to keep this deficient practice from recuring.This was done on 6-6-2018. b. The corrective action for the exterior GFCI outside of Riser Room not having power involved a vendor, Earl's Electric fixing the GFCI. This can be checked during service calls from Earl's Electric & MD as a measure to keep this deficient practice from recuring. This was done on 6-6-2018. c. The corrective action for the cable at junction box 143was not secure and Maintenance Director detected the box and secured the cable. Upon monthly checks, MD can observe these cables and ensure they are working to keep this deficient practice from recuring. This was done on 6-7-2018. 7. a-d. The corrective action for doors not locking in Dining room, Lobby, Room 504, and Kitchen involved the Maintenance Director from Greenbrier to use appropriate tools to assist the doors in these areas to properly lock. Monthly checks and the appropriate tools will allow the MD to monitor for improper locking taking this measure to prevent this deficient practice from recuring. This was done on 5-24-2018 See 8 a. and 9 a. on the next page.	

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C 189	Continued From page 6 a minimum 2" air gap.	C 189	8 a. The corrective action taken for the facility not maintaining electrical/ emergency lighting involved the MD replacing a bulb in the emergency lighting in the medical storage. On weekly rounds, the MD can moitor and observe for any burnt out bulbs to prevent this deficient practice from recuring.This was done on 5-31-2018.	
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. Observations revealed that exhaust ventilation is not provided in all required areas. Findings on May 23, 2018: a. 400 Hall Janitor - there is not a working exhaust fan. b. 500 Hall bath - the exhaust fan is not working. c. Laundry Room - the exhaust fan is not working and the vent cover is missing.	C 199	9 a.The corrective action taken for the failure to install and maintain plumbing piping in a safe configuration involved the MD cutting the pipe to size in the appropriate configuration for the icemaker drain line and the and the sink drainline. In the future, the Dietary Director will monitor the drain lines to ensure they provide a 2" air gap. This was done on 6-6-2018. C 199 g. 1-5. The corrective action taken for exhaust ventilation at the rate of 2 cubic feet per minute involved using a vendor, Earl's Electric to observe, monitor and repair exhaust fans in soiled linen closet, soil utility room, bathrooms, and toilet rooms, house-keeping closets, and laundry area. Upon future service calls, Earl's Electric will continue to monitor exhaust fans to prevent this deficient practice from recuring. This was done on 6-7-2018. K. 1. a-c. The corrective action taken for exhaust ventilation not being provided in the 400 Hall Janitor Closet and the 500 Hall Bath, and Laundry Room involved a vendor, Earl'sElectric to provide working exhaust fans for these areas. Ensure fans continue to work. This was done on 6-7-18.	