

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/31/2018
NAME OF PROVIDER OR SUPPLIER WEXFORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 WEXFORD LANE 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 a Construction Section Biennial Survey conducted by Suzanna Fay on May 31, 2018. Records indicate this facility was first licensed on June 10, 1998 as a Home for the Aged. The facility is currently licensed for 60 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 1996 (1998 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were noted which require a Plan of Correction.	C 000		
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. Observations revealed that cleaning agents were not kept in separate locked areas. Findings on May 31, 2018: a. Shower Room #2 - two bottles of cleaning agents were sitting on top of a cabinet.	C 143	A.Lock was placed on cabinet on 5/31/18	

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

TITLE **COMPLETED** (X6) DATE

STATE FORM

6899

FSER21

If continuation sheet 1 of 6

ADMINISTRATOR
6-27-18
SIGNED
AND RESET 7-12-18

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C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on May 31, 2018: a. Outside Garden area near boiler - one of the railroad ties framing the flower bed has rotted and split creating a tripping hazard.	C 160	A.Railroad tie removed on 6/27/18	
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. Observations revealed that the ceilings were not maintained in good repair. Findings on May 31, 2018: a. Living Room - the popcorn finish is flaking and	C 164	A.Ceiling in living room repaired on 6/27/18	

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C 189	Continued From page 3	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: 1. 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 31, 2018: a. Room 111 - the sprinkler head has shifted leaving a gap in the fire resistant ceiling. b. Records Room - there is a small hole at the sprinkler head where the ceiling is damaged. c. Room 216 - the sprinkler head has shifted leaving a substantial gap in the fire resistant ceiling. d. Room 212 - the escutcheon plate is missing from the center sprinkler head. e. Residential Care Coordinator's Office - there are two 3/4" diameter penetrations at the back wall. f. 300 Hall smoke doors - there is a small hole at the exit/light sign where the new sign does not cover the old opening. g. Boiler Room - the ceiling around the boiler pipe penetrations is damaged. The fire caulking	C 189	A.Sprinkler head was shifted back and secured on 6/12/18 B.Hole was filled with fire caulk on 6/12/18 C.Sprinkler head was shifted back and secured on 6/12/18 D.Escutcheon was replaced 6/14/18 E.Holes were filled with fire caulk on 6/12/18 F.Hole was fire caulked on 6/12/18 G.Holes were repaired and fire caulked on 6/12/18	

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C 189	Continued From page 4 has loosened and separated from the ceiling on several of the pipes. h. Maintenance/Activity Office - there are three small penetrations in the ceiling in the alcove. 2. 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 31, 2018: a. Room 109 - the latch was jammed and the door failed to latch. This item was repaired at the time of survey. b. Room 103 - the door did not latch when closed. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain storage 18" or greater below sprinkler heads could effect occupants of the facility if the equipment could not operate properly to suppress a fire. Findings on May 31, 2018: a. Records Room - files stored in plastic tubs were stacked to within 12 inches of the ceiling. b. Housekeeping closet by dining - boxes containing paper products were stored to the ceiling. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps or holes between the door and the door frame	C 189	H.Holes were fire caulked on 6/12/18 A.Repaired at time of survey B.Latch was repaired on 6/4/18 A.Plastic tubs were removed on 6/15/18 B.Boxes were remved from top shelf and placed on lower shelves on 5/31/18	

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C 189	Continued From page 5 stops. Findings on May 31, 2018: a. Laundry Room - the corridor door is damaged at the bottom. A section of the door has broken off along the bottom left corner of the door. 5. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on May 31, 2018: a. Boiler Room - the copper piping had heavy corrosion around the joints and fittings. One small hole was visible in one of the overhead pipes where moisture accumulated in the opening. 6. 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 31, 2018: a. Break Room - the emergency light did not illuminate when tested.	C 189	A.Door is on order and will be replaced before 7/15/18 A.Pipes will be replaced the week of 7/2/18 A.Emergency light was replaced on 6/4/18	