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
	HAL055003	A. BUILDING: 01 B. WING ______	R 06/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD CARE CENTER	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}	please see attached MAG	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Office Admin (X6) DATE 7/5/18

Division of Health Service Regulation

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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}		

Lakewood Care Center
7981 Optimist Club Road
Denver, NC 28037
704-483-7000

Thursday July 5, 2018

Plan of Correction

C101

Lakewood Care Center contacted Helms Security immediately to inform them of broken emergency pull station. Helms Security came and installed new emergency pull station at front door on Friday June 8, 2018. Facility staff (MG &WD) will check all emergency pull stations in the building weekly to ensure they are working properly.

Lakewood Care Center spoke to Kenny Helms at Helms Security regarding wiring diagram and additional requirements. Helms Security emailed Madylin Gillespie on June 11, 2018 with new updated wiring diagram. This updated diagram was printed and hung on June 11, 2018. Madylin Gillespie sent updated diagram to Mr. Harrell on June 21, 2018 to ensure it met the requirements, Mr. Harrell verbally approved updated diagram on June 25, 2018 via email. Facility staff (MG & WD) will attempt to read online for updates, etc. throughout the year to stay within compliance of building code requirements.

C166

Lakewood Care Center removed PVC cylinder type pipe to prevent ice machine drain from touching and remaining within compliance of 2" above the floor drain. Facility staff (MG &WD) will check ice machine drain weekly to ensure the pipe remains 2" above the floor drain. Facility staff (MG & WD) will attempt to read online for updates, etc. throughout the year to stay within compliance of building code requirements.

C189

Lakewood Care Center spoke to representative from Gaston Sprinkler regarding escutcheons not being flush with the ceiling. Gaston Sprinkler came out to facility to replace missing escutcheons and 2 new sprinkler heads on June 25, 2018. Gaston Sprinkler surveyed facility and all sprinkler heads and escutcheons to place an order for required materials. All appropriate escutcheons are expected to arrive on July 9, 2018 at Gaston Sprinkler. Facility staff and Gaston Sprinkler will work closely together to ensure all sprinklers and escutcheons are in compliance by Monday July 16th. Facility staff (MG &WD) will periodically check all sprinkler heads and escutcheons to ensure facility complies. Gaston Sprinkler will be used as resource when supplies and maintenance are needed.