

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL019019</b>        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/27/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CAMBRIDGE HILLS OF PITTSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>P O BOX 1209<br/>PITTSBORO, NC 27312</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                                 | Initial Comments<br><br>Report of a Biennial Follow Up Construction<br>Survey by Ed Miller, conducted on June 27, 2018.<br><br>Deficiencies were cited that will require a new<br>Plan of Correction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | {C 000}                                                                              |                                                                                                                          |                                                                    |
| {C 101}                                                                 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF<br>PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult<br>care home shall be applied as follows:<br>(2) Except where otherwise specified, existing<br>licensed facilities or portions of existing licensed<br>facilities shall meet licensure and code<br>requirements in effect at the time of construction,<br>change in service or bed count, addition,<br>renovation, or alteration; however in no case shall<br>the requirements for any licensed facility where<br>no addition or renovation has been made, be less<br>than those requirements found in the 1971<br>"Minimum and Desired Standards and<br>Regulations" for "Homes for the Aged and Infirm",<br>copies of which are available at the Division of<br>Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, and telephone<br>interview with former Executive Director, the<br>facility failed to meet the requirements of the<br>NCSBC regarding special locking at the time of<br>construction or alteration.<br><br>Findings on June 27, 2018:<br>c. 100 Hall - the master override switch for the<br>SCU is located at the Nurses' Station for that unit.<br>At the time of the Follow up Survey, it was the | {C 101}                                                                              |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| {C 101}                                                                 | Continued From page 1<br><br>belief of the staff, that a key is needed to operate the emergency override switch. One of the staff has a key for the override switch but was in another unit at the time of testing. On June 28, 2018, a telephone interview with the former Executive Director revealed that the emergency override switch can deactivated the locks with a push of the switch, but requires a key to activate (relock) the doors. This function will be verified on a follow up survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {C 101}                                                                              |                                                                                                                          |                                                                    |
| {C 189}                                                                 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>3. 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 or walls could allow fire and smoke to spread beyond the area of origin.<br><br>Findings on June 27, 2018:<br>f. Boiler Room - there are three 4" PVC pipes that penetrate the ceiling which are sealed with fire caulk, but do not have collars.<br><br>New finding: | {C 189}                                                                              |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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| {C 189}                                                                 | Continued From page 2<br><br>1. Based on observation, the Building was not maintained in a safe and operating condition; because maintenance is not perform in a timely manner leaving the facility without proper fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide.<br>Findings on June 20, 2018:<br>a. Riser Room- examination of the fire sprinkler riser revealed the pressure gauge on the accelerator line is registering 0 psi. The "dry sprinkler system" may have water in the lines. This could indicate an abnormal condition. | {C 189}                                                                       |                                                                                                                          |  |                                                                    |