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
	HAL019019	A. BUILDING: 01 B. WING _____	R 06/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE HILLS OF PITTSBORO	P O BOX 1209 PITTSBORO, NC 27312

(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 Biennial Follow Up Construction Survey by Ed Miller, conducted on June 27, 2018. Deficiencies were cited that will require a new Plan of Correction.	{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, and telephone interview with former Executive Director, the facility failed to meet the requirements of the NCSBC regarding special locking at the time of construction or alteration. Findings on June 27, 2018: c. 100 Hall - the master override switch for the SCU is located at the Nurses' Station for that unit. At the time of the Follow up Survey, it was the	{C 101}		

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{C 101}	Continued From page 1 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}	**Training was provided to floor staff to ensure they knew how to properly activate & reset the door safeties in the event of emergencies. See attached training sheet**	
{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 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. Findings on June 27, 2018: f. Boiler Room - there are three 4" PVC pipes that penetrate the ceiling which are sealed with fire caulk, but do not have collars. New finding:	{C 189}	**Boiler room PVC Pipes have collars installed and fire caulk was utilized. See**	7/3/18

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{C 189}	Continued From page 2 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. Findings on June 20, 2018: 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}	**Riser room accelerator was replaced on 7/6/18. See attached invoice**	7/6/18

Purpose: To better understand the Door Alarm procedure.

Fire Alarm:
When the alarm goes off, all exterior doors are unlocked with the exception of the **FRONT ENTRANCE DOOR.** There are two stations to unlock/release the front door. The first one is located on the wall by the call lights at the 200 hall nurses station. The second one is located at the front door. (You must lift the cover and push the green button). The 200 hall med tech is responsible for pushing the green button at the nurses station any time the alarm goes off. To **RESET** the front door lock, you must lift the cover and twist the green button at the 200 hall nurses station.
**The receptionist is responsible for stopping all guest, residents, etc. from entering the building until an ALL CLEAR announcement is given by the Fire Department or Executive Director.

Other evacuations:
If a situation exists that requires immediate evacuation, and you don't want to pull the fire alarm(example- active shooter), the front door can be opened by using the procedure above.
To unlock the exit doors on 100 hall only, push the button on the small silver box located at the 100 hall nurses station by the call light panel. This will allow all 100 hall doors to unlock/release.
To **RESET** the 100 hall doors to secure/locked position, A KEY must be used. The key hole is located directly under the the silver box used to release the doors. Keys are kept on the 100 hall med tech key ring, the maintenance director key ring, and the Nursing Director's key ring.

******Under NO circumstances can the EXIT DOORS be blocked. Direct Access must be available at all times.

Cambridge Hills Assisted Living

Education Sign in sheet

Program: DOOR ALARM Procedures

Instructor: LISA RIDGE, Shirley McLeod, MIKE Walters

AV Aides: N/A

Location: 100 HALL NURSING Station / 200 HALL NURSING station

Date: 8/6/18 + 8/7/18

Program Length: 15 MINUTES **Time:**

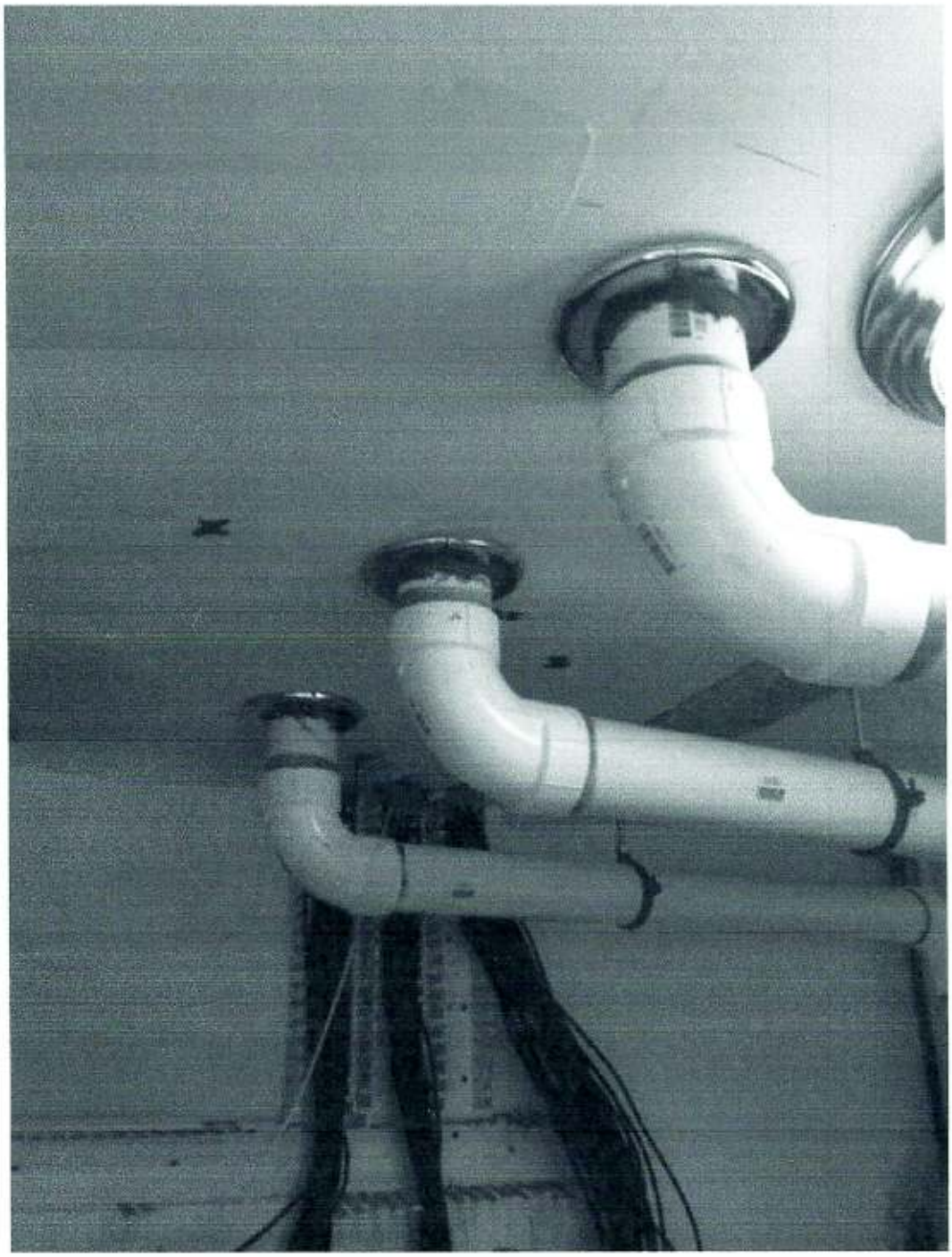
Program Objectives: To ensure nursing staff understan/ Proper operation of DOOR + DOOR magnet Procedures

NAME-PRINT	NAME-SIGNATURE	TITLE
Charmim Rone	Charmian Rone	CNA
Jessica Newkirk	Jessica Newkirk	CNA
Carol Spinks	Carol Spinks	CNA
Steven Baker	Steven Baker	CNA
Theresa Marsh	Theresa Marsh	CNA- Med-Tech
Shirley mcleod	Shirley mcleod	med-Tech
Aesal Mark	Aesal Mark	med-Tech
Patsy Thomas	Patsy Thomas	CNA
Katina walker	Katina Walker	med-Tech
Joan Glasgow	Joan Glasgow	CNA
LeChae Newkirk	LeChae Newkirk	CNA
Veronica Dave	Veronica Dave	PCA
Delight Tomum	Delight Tomum	CNA
Kasie May	Kasie May	CNA
Crystal Hawkins	Crystal Hawkins	med Tech

Cambridge Hills Assisted Living

Education Sign in sheet

NAME-PRINT	NAME-SIGNATURE	TITLE
Amber Moore	Amber Moore	CNA
LEEANNA KENNEDY	Leeanna Kennedy	Med-Tech PCA
Marie Norbeck	Marie Norbeck	CNA
Jasmine Domingwez	Jasmine Domingwez	CNA
Kelly Goldstein	Kelly Goldstein	med-tech
Lisa Ridge	LRidge	HCD



C189 F.
Collars installed in Boiler Room

C189 A

FESS FIRE PROTECTION

CHARLESTON
3363 North American Street
North Charleston, SC 29418
(o) 843-329-6909 • 800-350-6040

CHARLOTTE
3901 Hargrove Avenue
Charlotte, NC 28208
(o) 704-392-9376 • 800-350-6040

RALEIGH-DURHAM
131 International Drive
Morrisville, NC 27560
(o) 919-663-0400 • 800-350-6040

Bill To: 140 Brookstone Lane
Pittsboro N.C. 27312

Phone: 917-941-7074

WORK ORDER# 23873 **Service Date:** 7/6/18

Technician: Micky L. Bosley

Service Address: Same

FESS Fire Protection proposes to furnish the work and or materials described below, subject to the terms and conditions outlined below and on the reverse of this document.

I authorize FESS to proceed with the work.

[signature] Print Name — Mike Walters Signature

Contact Name: Luis – (Mike)

Contact Number: 917-941-7074

Contract Work ☐

Time & Materials ☑

Emergency Call ☐

Description of Work: install new accelerator on Dry system #2 and set it up. and looked around to see if Dry system was losing air it was not at this time 36 psi no lose of air

Travel Time / Distance:

Overnight Stay Required ☐ YES ☑ NO

MATERIALS USED	QTY	MATERIALS USED	QTY
½ Accelerator	1		
Viking model D-2			
* Accelerator Replaced		7/6/2018	

Notes:

Labor

TECH NAME	ST	OT	DT
Micky L. Bosley	3		
Ken Cardenas	3		

Left System in Service	Main Drain Test Performed		Return Trip Required	Lift Rental	Equipment Called in for RETURN/PICKUP	Valve Seal
☑ YES ☐ NO	☑ YES ☐ NO	1st Static 75 Residual 70 2nd Static 75	☐ YES ☑ NO	☐ YES ☑ NO	☐ YES ☑ NO	#______

NOTE: FIELD WORK ORDER IS EXPRESSLY SUBJECT TO AND INCLUDES THE TERMS AND CONDITIONS ON THE REVERSE SIDE HEREOF:

Customer Signature: [signature]

(Customer Signature confirms all products and services listed have been returned to customer.)

Print Name: Mike Walters **Date:** 7/6/18

Thanks for Your Business!