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
	HAL079103	A. BUILDING: 01 B. WING _____	07/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOYER'S ASSISTED LIVING	5767 HWY 135 STONEVILLE, NC 27048

(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 by Suzanna Fay conducted on July 12, 2018. Records indicate this facility was first licensed or submitted for licensure as a Home for the Aged serving 18 residents on or about March 1, 1971. Therefore the facility must meet the 1971 Minimum and Desired Standards for Homes for the Aged and Infirm, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code Section 407.1, Group D-2 -Institutional Occupancy Deficiencies were noted which require a Plan of Correction.	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 have a current fire alarm inspection report. Findings on July 12, 2018: a. The facility did not have a fire alarm inspection report which is required to be conducted annually. Interview with staff revealed that they were unaware that yearly inspections were required.	C 111	1a. We have taken action to correct this deficiency by making a folder to keep track of annul fire alarm inspections. On August 13th, 2018 will contact the fire department to have them come out or lead us in the direction of who can come out to inspect the fire alarm. We will keep the information with the annual inspection folder.	Aug. 13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Facility Manager (X6) DATE Aug 29, 2018

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C 160	Continued From page 1	C 160		
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 July 12, 2018: a. A section of the soffit outside of the staff area has fallen out leaving a large hole for pests to enter the facility. b. A section of the exterior roof trim has fallen off outside of the staff area. The remaining trim is bent and in need of repair. c. A section of the soffit trim has fallen off near the exit at the staff bath. The old wood soffit is damaged and there are nesting materials in the holes.	C 160	1.a,b,c. We have remove the fallen pieces from the grounds and have scheduled the open spots of the roof and soffit trim to be patched on August 17, 2018. We have made a long for the facility managers to do a walk around inspection of the exterior of the building to maintain safety and upkeep.	Aug. 17
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	C 164		

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C 164	Continued From page 2 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls and furnishings were not maintained in good repair. Findings on July 12, 2018: a. Room 1 - the door drags on the frame and is difficult to close. b. Bath by Room 1 - the door trim is missing over the door.	C 164	1.a,b. The door of room 1 and all other doors have been scheduled to be fixed on August 22, 2018. We have made a log for the facility managers to do a monthly inspection of the interior to check doors, bathrooms, etc. Reason for date being on the 22 is for availability of the workers.	Aug.22
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: 1. Observations revealed that the facility was not maintained free of hazards. Findings on July 12, 2018: a. Room 1 - two oxygen cylinders were stored standing upright and without any means of restraint to prevent them from falling over.	C 166	1.a On August 8th, new oxygen tank rack was delivered, and all oxygen tanks were placed inside of the rack. Checking the rack will be a part of the interior check list as described on pg.3.	Aug. 8
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan	C 185		

PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01	COMPLETED
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C 185	Continued From page 3 quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that fire rehearsals were not being conducted per the licensure rules. Findings on July 12, 2108: a. The drills were not being conducted on each shift per quarter. All drills from April 2018 through July 2018 were conducted on the first shift. The only record of a fire drill on the third shift was in March of 2017. b. Records for the fire drills did not include staff members present. c. Records for the fire drills did not include a brief description of what the rehearsal involved.	C 185	1.a,b,c We have made new Records to show a description of the fire drill and all the actions that take place for safety purposes. We have decide to do a fire drill once a month with every month being a new shift for the drill to take place.	July 30
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.	C 189		

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HAL079103	B. WING	07/12/2018

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C 189	Continued From page 4 This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain all plumbing equipment in a safe and operating condition. Findings on July 12, 2018: a. Tub bath by Room 3 - this bathroom is currently closed off due to repairs. Interview with staff revealed that they are in the process of replacing the tub. 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 assemblies could allow fire and smoke to spread beyond the area of origin. Findings on July 12, 2018: a. Employee bath - there are holes in the floor below the sink where the plumbing lines penetrate the floor. b. Basement - there is a large (approximately 12" x 12") hole in the ceiling near the door. Interview with staff revealed that the damage was caused from a leak that occurred last week. 3. 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 July 12, 2018: a. First half bath across from Room 4 - the door drags and is extremely difficult to close.	C 189	2.a,b The tub is being refurbished on August 9, 2018. After this, the bathroom will be reopened for use. The whole under the sink and the whole in the basement ceiling were filled in and covered on July 27th, 2018 by management. 1.a. For info on doors, see pg.2. 3.a,b See pg. 2 4.a. See pg. 2	Aug. 9

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C 189	Continued From page 5 b. Third bath across from Room 4 - the door drags and is difficult to close. 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 between the door and the door frame stops. Findings on July 12, 2018: a. Second half bath across from Room 4 - the door is rounded at the bottom corner and the door does not fit well in the frame leaving gaps between the door and frame at the top and bottom of the door.	C 189	See pg.2	
C 200	Facilities for 7-12 Res.-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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 the facility did not have an operational electrical call system. Findings on July 12, 2018:	C 200	1.a. Call system has been scheduled to be fixed by Shining Light electrical company on August 13th, 2018.	Aug. 13

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C 200	Continued From page 6 a. The facility had a call system in place. The system was not working at the time of survey.	C 200		