

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2018
NAME OF PROVIDER OR SUPPLIER DAYSPRING OF WALLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4026 HIGHWAY 11 SOUTH WALLACE, NC 28466		
(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 Suzanna Fay conducted on October 19, 2018. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on October 19, 2018: a. Community Bath near SCU Entrance - the mounting brackets for the removed towel bars remain attached to the wall. These brackets have rough and sharp edges, which could cause injury. Interview with staff revealed that he had missed this one. The other brackets had been removed.	{C 166}		
{C 184}	Fire Safety-Evacuation plan	{C 184}		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2018
NAME OF PROVIDER OR SUPPLIER DAYSPRING OF WALLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4026 HIGHWAY 11 SOUTH WALLACE, NC 28466		
(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 184}	Continued From page 1 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to properly post and maintain the evacuation maps. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on October 19, 2018: a. Entire Building- many of the mounted evacuation maps are not oriented to the actual floor arrangement. The maps had been corrected to be readable. However, the maps need to be moved or turned to be oriented to the evacuation route.	{C 184}		
{C 188}	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by:	{C 188}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2018
NAME OF PROVIDER OR SUPPLIER DAYSPRING OF WALLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4026 HIGHWAY 11 SOUTH WALLACE, NC 28466		
(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 188}	Continued From page 2 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on October 19, 2018: a. Kitchen Can Wash - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. At the time of the follow up survey, the electrical outlet had been replaced but the tester indicated reverse polarity. An electrician was on site and staff would have them correct the wiring.	{C 188}		
{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, the facility is not maintained in a safe and operating condition by blocking self-closing doors from closing completely. This could affect all residents and staff by not containing smoke and fire in the fire room of origin.	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/19/2018
NAME OF PROVIDER OR SUPPLIER DAYSPRING OF WALLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4026 HIGHWAY 11 SOUTH WALLACE, NC 28466		
(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 189}	Continued From page 3 Findings on October 19, 2018: a. Pantry Room - the door to this 100 plus square feet storage room is propped open with a small stepladder. The stepladder was being used again to prop open the door. The ladder was removed at the time of survey. 2. Based on Observation, the corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on October 19, 2018: a. SCU Housekeeping - the smoke resistant corridor door has a bottle holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. The bottle was again holding the door open. The bottle was removed at the time of survey. b. SCU Med Room - the smoke resistant corridor door has a small stepladder holding the door open. This prevents the rapid release of the door with a light push or pull of the door, to close and latch. The stepladder was again propping the door open. The ladder was removed at the time of survey.	{C 189}		