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	HAL066012	A. BUILDING: **01** B. WING _____	**10/25/2018**

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HAMPTON MANOR	**320 BROUGHTON STREET GASTON, NC 27832**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on October 25, 2018. This facility was first licensed for the home for the Aged on March 6, 1997. The rear addition to this facility was completed and certified on April 4, 2001. The current capacity is 82 beds including a 40 bed Special Care Unit. Therefore, the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 NC State Building Code for Institutional Unrestrained Occupancies. Deficiencies have been cited and a Plan of Correction 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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility conducted renovations of the shared toilet rooms which do not meet all applicable volumes of the North Carolina State Building Code. Findings on October 25, 2018: Direct observation revealed shower heads were installed over the toilets in each of the shared toilet rooms. Twenty-four inch wide FRP panels were placed over the sheetrock behind the toilet. Plastic plumbing access panels were installed in the corridor walls. [Note: At the time of survey, all of these shower heads were turned off at valves located behind the plastic plumbing access panels.] The wall areas do not meet the requirement for non-absorbant waterproof materials. The walls are regular sheetrock and the doors are untreated wood. [2012 NC Plumbing Code 417.4.1] The bathrooms have floor drains. No evidence that the drain meets requirements for shower drain. It was unknown if a trap primer was provided or if the drain meets an approved exception. [2012 NC Plumbing Code 417.3] There is no evidence that the bathroom floor (shower floor) were provided with a liner and made water tight, the liner turned up not less than 2 inches on all sides and sloped toward the drain. The floor is flat and the thresholds at the doors provide only 1/4 inch or less curb to keep water in the room. [2012 NC Plumbing Code 417.5.2] [See Cross Reference at Tag C 116]	C 101		

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C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify	C 116		

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C 116	Continued From page 3 the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Observations revealed remodeling occurred and construction documents were not submitted, approval was not obtained from the Division and all licensing requirements were not maintained. Findings on October 25, 2018: a. Shower heads were installed in the wall over the toilets in each shared resident 1/2 bath. There is no evidence that copies of the plans and specifications were submitted to DHSR/Construction Section for review and approval. [See Cross Reference at Tag C 101]	C 116		
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 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the floors were not	C 164		

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C 164	Continued From page 4 kept in good repair. Findings on October 25, 2018: a. Typical for the half baths between bedrooms - the bathroom floors were replaced with tile. The vinyl floor in the bedrooms was cut back approximately 2" to install the floor. The transition strip installed at the tile does not cover the gap between finishes. Dirt will collect in the gap and the vinyl will curl creating a trip hazard. b. North Hall exit - there is a 1" gap between the border and insert carpet in front of the exit door leaving a space for dirt to collect and creating a possible trip hazard. 2. Observations revealed that the furnishings were not kept in good repair. Findings on October 25, 2018: a. The veneer on the kitchen doors is scratched and heavily gouged. 3. Observations revealed that the facility was not kept free of chronic unpleasant odors. Findings on October 25, 2018: a. SCU - there was a strong, unpleasant odor upon entering the SCU that pervaded the entire unit. Staff revealed that the carpets sustained the odor and regular cleaning did not eliminate the problem. The carpets are scheduled to be replaced.	C 164		
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,	C 189		

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C 189	Continued From page 5 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. Observations revealed that the furnishings are not kept in good repair. Doors that drag on the frame are difficult to open and may create a delay in egress in the case of a fire or other emergency. Findings on October 25, 2018: a. Room 104 - the door drags on the frame and is difficult to open. b. Dining Room - the right door leading from the corridor to the dining room drags on the frame making it difficult to open. 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 ceilings could allow fire and smoke to spread beyond the area of origin. Findings October 25, 2018: a. Bath across from Room 107 - there is a hole at the sprinkler head in the small linen closet. 3. Observations revealed that the fire safety equipment was not maintained in a safe and operating condition. Sprinkler heads that have not been installed, removed or in poor condition do not provide full coverage to all areas during a fire. Findings on October 25, 2018:	C 189		

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C 189	Continued From page 6 a. Bath across from Room 107 - the sprinkler head is missing in the linen closet. b. Freezer unit on the right - the sprinkler head is rusted and corroded. c. "Staff" Bath across from Room 135 - the sprinkler head is missing in the small linen closet. d. Community Bath across from Room 137 - the sprinkler head is missing in the small linen closet. 4. 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 October 25, 2018: a. Staff Lounge - the door does not latch when closed. b. Living Room across from Dining - the latch was removed from the door and the door cannot latch. c. Room 137 - the door does not latch when closed. 5. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Findings on October 25, 2018: a. Laundry - the dryer duct on the last dryer is not connected well and lint is blowing into the room, coating the back and side walls and covering the electrical outlet. b. Conference Room - the vent nearest the door has a heavy accumulation of dust on the damper blades. 6. Based on observation the facility did not	C 189		

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C 189	Continued From page 7 maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on October 25, 2018: a. The emergency light at Room 143 did not illuminate on battery test. 7. Based on observation and testing there is failure to maintain the facility's emergency fire safety devices and equipment in a safe operating condition. Findings on October 25, 2018: a. The magnetic locking system on the SCU gate was not operational. The magnet was not engaged. b. The magnetic locking system control panel was not properly repaired. One of the fuses had been wrapped in foil and reinserted into the panel. c. SCU exit by Room 131 - the screamer box for the manual override switch was secured with a non-breakable tie. If the electronic system failed to release the door, the manual override switch could not be accessed without tools. The tie was removed at the time of survey. 8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close to help limit the spread of smoke or fire to the area of origin. Findings on October 25, 2018: a. One of the smoke doors in the North Hall did not completely close when the fire alarm was activated.	C 189		

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C 189	Continued From page 8 9. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment due to sprinkler heads being obstructed could effect occupants if the sprinkler head could not suppress a fire. Findings on October 25, 2018: a. SCU Storage - boxes were installed within 6" of the ceiling. The boxes were rearranged at the time of survey to allow 18" clearance below the sprinkler head.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 hot water temperature at all fixtures used by residents was not maintained between 100 and 116 degrees Fahrenheit. Findings on October 25, 2018:	C 195		

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C 195	Continued From page 9 a. Beauty Salon - the water temperature at the hair washing sink was 128 degrees Fahrenheit.	C 195		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 exhaust ventilation was not provided in required areas. Findings on October 25, 2018: a. Outside storage room - chemicals were being stored in this room and there is no exhaust ventilation provided.	C 199		