

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/16/2018
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NAME OF PROVIDER OR SUPPLIER C R T - GOLDEN LAMB REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on August 16, 2018. Record indicate that the facility was licensed as a Home for the Aged serving 40 residents on or about 06/27/1995. Therefore, this facility must meet the 1994 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code (1994 Revision), Section 409-Institutional Occupancy Deficiencies were cited that require a Plan of Correction.	C 000		
C 184	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. Based on observation, the building walls are not kept clean and in good repair. Findings on August 16, 2018: a. Bathroom 122 - there are holes in the shower wall where the seat was removed. b. Bathroom 122 -the gypsum shower wall above the ceramic tile is marred and scratched up. c. Bathroom 122 -the ceramic tile base has come off the wall possibly because water may be	C 184	The entire shower has been remodeled. Ceramic tile base has been repaired properly.	9-7-18 9-7-18

Division of Health Service Regulation

LABORATORY DIRECTORY FOR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

Deleen D. Scalls / Administrator

XWNQ21

10/24/18

If continuation sheet 1 of 9

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C 164	Continued From page 1 entering the holes where the shower seat was removed. d. Bathroom 138 - behind the door there is a hole in the wall. 2. Based on observation, the Building plumbing equipment was not maintained in a clean and orderly manner free of hazards. Findings on August 16, 2018: a. Kitchen - the ice machine drain on the floor drain resulting in the potential for the drain line to clog and contaminate the ice due to backflow.	C 164	Hole in the wall was repaired.	9.3.18
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 plumbing equipment was not maintained in a clean and orderly manner free of hazards. Findings on August 16, 2018: a. Woman Public Restroom - the connection of the commode to the floor is loose..	C 166	Drain line has been lifted.	9.5.18
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each	C 183	The women's public restroom commode fix and is stabilized.	9.31.18

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C R T - GOLDEN LAMB REST HOME

**1515 GOLDEN LAMB COURT
WINSTON SALEM, NC 27105**

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C 183	Continued From page 2 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on August 16, 2018: a. Kitchen - since the last annual maintenance, performed in January 2018, there has been no documentation of the portable fire extinguisher's monthly in-house/owner inspections.	C 183		
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: 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 August 16, 2018: a. Staff Bathroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and	C 188	Staff was trained on per- forming monthly inspections. 9.3.18 Fire extinguisher in the kitchen has been inspected and proper documentation has been made	

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C 188	Continued From page 3 could not be tested for ground faults. b. Bathroom 103 - both ground-fault circuit-interrupter (GFCI) electrical power receptacle at the sink did not reset after the test buttons were pushed.	C 188	Electrical receptacle in staff's restroom was replaced.	8.21.18
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 Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on August 16, 2018: a. East Firewall, - both leafs of the cross-corridor double-egress doors did not close so the doors could latch when the fire alarm hold open devices release. 2. Based on observation the facility failed to provide and/or maintain the automatic roll-down fire door. This would affect all residents, staff, and visitors by not having emergency equipment in proper working order.	C 189	Double-egress doors adjusted and are latching properly.	9.13.18

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C 189	Continued From page 4 Findings on August 16, 2018: a. Kitchen - the automatic roll-down fire door between Kitchen and Dining had not been inspected as required by NFPA 80. 3. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings on August 16, 2018: a. Kitchen - the required self-closing door to Dining is wedge open 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. 4. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on August 16, 2018: a. West Wing Exterior Exit - the exit sign did not illuminate on backup power when tested. 5. Based on observation, the Building is not maintained in proper operating condition, because the exterior doors do not operated properly. This could affect all by not delaying egress from the building guests. Findings on August 16, 2018: a. East Wing Exterior Exit - the door leaf hits its doorframe, making it very difficult to open. It requires more than 30 pounds of force to set this door into motion. 6. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if	C 189	Door will be inspected by overhead doors on Tues. Nov. 20, 2018. Kitchen door was adjusted and is opening and closing properly. West wing exterior exit sign bulbs were replaced. East wing exterior exit door was adjusted and is properly opening and closing.	11/20/18 9-6-18 8-20-18 8-23-18

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C 189	Continued From page 5 not contained in Room or compartment of origin. Findings on August 16, 2018: a. Attic East Firewall - there are three cable bundles not firestopped as they penetrate the firewall. b. Attic East Firewall - there is flexible conduit not firestopped as it penetrates the firewall. c. Attic East Firewall - there are several PVC pipes not firestopped with fire collars as they penetrate the firewall. d. Attic East Firewall - there are several PVC pipes with large gaps around them not firestopped as they penetrate the firewall. e. Attic West Firewall - there is a cable not firestopped as it penetrates the firewall. f. Attic West Firewall - there are three open-ended sleeves with insulated pipes not firestopped as they penetrate the firewall. g. Attic West Firewall - there are three PVC sleeves with insulated pipes not firestopped with fire collars as they penetrate the firewall. h. Cross-Corridor Double Doors - on the staff station side, the exit sign base did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. i. Office Supply Room in the Office - there are two cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. j. Mechanical Room - above the water heater, a copper tube with its firestopped sealant was pulled out of the penetration of the fire-resistance-rated ceiling, leaving an unprotected opening. k. West Wing Exterior Exit - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and	C 189	For items a-k, fire barrier sealant was used to close and seal all reported areas.	9.5.18

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C 189	Continued From page 6 operating condition. Findings on August 16, 2018: a. Bedroom 112 - the corridor door did not latch into its frame when closed. b. Bathroom 122 - the corridor door did not latch into its frame when closed. c. Bathroom 122 - the corridor door has a wedge 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. d. Soiled Utility - the corridor door (20 min rated, self-closing) did not latch into its frame. e. Living Room - the active leaf of the pair of corridor doors did not close completely and latch into the inactive leaf when closed. f. Bedroom 105 - the corridor door did not latch into its frame when closed. g. Bedroom 103 - the corridor door hits its frame when closed and is very hard to open.	C 189	112 bedroom door was adjusted and is now latching properly. 122 bathroom door was adjusted and is now latching properly. A state approve magnetic latch and release was installed Soiled utility door was adjusted and is now latching properly. Corridor doors in living room was repaired and adjusted for proper latching.	8.23.18 8.23.18 9.6.18 9.10.18
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:	C 195	105 bedroom door was adjusted for proper latching 103 bathroom door was adjusted and is now opening and closing properly.	8.23.18 9.2.18

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C 195	Continued From page 7 1. Based on Observation, the Facility failed to maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on August 16, 2018: a. Beauty Shop - the sink had a hot water temperature of 126 degrees Fahrenheit. b. Beauty Shop - the shampoo bowl had a hot water temperature of 124 degrees Fahrenheit.	C 195	Signs have been posted stating that residents are not allowed in the beauty shop. The beauty shop is now being used as a office for the dietary department.	8.31.18
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. Based on observation the facility failed to maintain the exhaust ventilation equipment in rooms required to be mechanically exhausted. Findings on August 16, 2018: a. Bathroom 122 - the exhaust ventilation system is not working. b. Soiled Linen - the exhaust ventilation system	C 199	For Section .0300 Physical plant 10A NCAC 13F.0311 (i) Items a-c a. Exhaust motor was replaced and is now working properly. b. Exhaust motor was replaced and is now working properly. c. Exhaust motor and area was thoroughly cleaned and is now working properly.	9.4.18 9.4.18 9.3.18

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C 199	Continued From page 8 is not working. c. Housekeeping Sink in Mechanical Room - the exhaust ventilation system is not working. 2. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on August 16, 2018: a. Employee Locker Room - the exhaust ventilation system was running, but did not remove any air b. Woman Pubic Restroom - the required exhaust ventilation system was running, but did not remove the required amount of air. c. Housekeeping Sink in Mechanical Room - the required exhaust ventilation system was running, but did not remove the required amount of air.	C 199	(2) Items a-c a. Exhaust motor and area was thoroughly cleaned and is now working properly b. Exhaust fan was properly installed and cleaned and is now working. c. Exhaust motor and area was thoroughly cleaned and is working properly.		