The Villages of Wilkes

A life of choices.

October 30, 2018

Dear Mr. Dennis Harrell,

Please accept this response to the DHSR Construction Section Biennial Survey conducted at The Villages of Wilkes Traditional Living on September 11, 2018.

The staff have reviewed the deficiencies listed on your report and have made corrections as warranted. I have included a copy of the plan of correction for your review. Please let me know if we need to make further corrections or if this is acceptable.

Thank you for your time during the survey. I hate that I personally missed being here. I hope you are doing well.

Respectfully submitted,

Kendra Byrd

Kendra Byrd
Administrator
Villages of Wilkes Traditional Living
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Phone: 336-927-3632

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
	HAL097010	A. BUILDING: 01 B. WING _____	09/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES OF WILKES TRADITIONAL LIV	206 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659

(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 Biennial Construction Survey by Dennis Harrell on 9-11-2018. Records indicate this facility was first licensed as a Home for the Aged serving 72 residents on 1-15-1998. There was a capacity increase to 102 beds in January of 2012. Therefore the facility must meet the 1996 Rules for the Licensing of Adult Care Homes and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven Beds or More. The older portion of the facility was surveyed using the 1996 NC State Building Code, 1997 revision, Section 409 Group I- Unrestrained Occupancy and the newer addition using the 2009 NC State Building Code, Section 407 Group I-2 Occupancy.	C 000		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: Based on observation, there were many items stored in the 200 Hall central bathroom. The amount of storage made the bathroom unusable.	C 135	C 135 The Central Bath Room was cleaned out and in moving forward, staff will not store any resident items in this room, yet instead take to the storage building or assure that family members are removing items in the rooms. *Management staff will monitor this room during the morning rounds and take any action as needed to assure it is kept clean and accessible for use.	9-12-18
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		

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C 166	Continued From page 1 (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: 2. Based on observation, the cooking equipment associated with the range hood fire suppression system was not properly positioned and maintained free of hazards. With cooking equipment miss-positioned, the range hood fire suppression system may not be capable of suppressing a range fire as designed. Findings on 9-11-2018; a. The deep fryer had been moved and was not properly situated under the system nozzle. b. The range had been moved and was not properly situated under the system nozzle. 3. Based on observation, the exterior exit paths were not maintained uncluttered and free of obstructions. Findings include; a. Access to the required exit gate from the Special Care Courtyard was blocked with 2 chairs and a table. b. The exteriot side of the same exit gate was obstructed with a chair. Note; These deficiencies were corrected during the survey. 4. Based on observation, a lamp cord type extension cord was being used in place of permanent wiring in room 412. Extension cords are intended for temporary use only and 2 wire lamp type extension cords must never be used.	C 166	C 166 2. Equipment placement has been reviewed with the dietary manager and verified by administrator. Equipment was placed under the system nozzle on 9-11-18 by Maintenance staff. The piping on the range was redone to where staff can no longer move equipment. Everything is positioned under the system nozzle. *Equipment is to be checked by maintenance staff and these items have been added to the monthly checklist. (included) C 166 3. The two chairs and table were removed From the area in front of the door and exit gate. *Administrative staff will monitor this area on the daily rounds as well. Staff have been educated on the importance of leaving all exit doors uncluttered.	10-3-18 9-11-18

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C 185	Continued From page 2	C 185		
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 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: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 9-11-2018: a. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 3rd quarter of last year, there was no rehearsal done during the 2nd shift.	C 185	C 166 4. continued from previous page (2) The extension cord has been removed from Room 412. *Maintenance staff will check rooms for inappropriate extension cords monthly following a schedule of: Week One: rooms 100-115 Week Two: rooms 200-215 Week Three: 402-415 Week Four: 300-309 and 400-401 In the event that one is absent, then the missed week(s) will be inspected the next week in the same month. All rooms will be inspected monthly. (copy included) C 185 Two fire drills had been overlooked by new maintenance staff and the maintenance supervisor. These have now been completed. *Moving forward, the maintenance supervisor will double check quarterly fire drills for a one year period to confirm compliance.	9-12-18 10-29-18
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.	C 189		

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C 189	Continued From page 3 (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 warning device, "screamer," protecting the emergency release switch at the exit from Special Care into the AL side would not work. Malfunctioning warning devices could allow resident elopement. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The doors to the main dining room do not latch when closed. b. The door to room 100 does not latch when closed. c. The door to room 401 was very difficult to latch when closed. d. The door to bedroom 414 was propped open. 3. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed penetration in the 100 Hall mechanical room, b. Unsealed conduit sleeve in the 100 Hall mechanical room.	C 189	C 189 continued from previous page (3) 1. The "screamer" device has been fixed at the exit from special care to the AL. All of the "screamer" devices have been checked for proper functioning. *Maintenance staff will assure these are checked monthly along with the fire extinguishers and emergency lights. (copy of checklist included) C 189 2. a) The latches on the main dining room doors have been readjusted and stoppers removed. b) room 100: the receiver part of door has been cut out and now shuts. c) room 401: the door was trimmed down and now closes and locks. d) staff are continuously removing props and will assure doors are not propped open throughout day. *Maintenance staff will check doors monthly following checklist. (included) C 189 3. a) Unsealed penetrations in the 100 hall mechanical room have been re-caulked. b) the unsealed conduit sleeve in the 100 hall mechanical room has been re-caulked. *Maintenance staff will follow subcontractors work to ensure all penetrations are sealed correctly after subs complete work.	9-17-18 10-5-18 10-5-18

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C 189	Continued From page 4 4. Based on observation, the battery powered emergency light in the Special Care Courtyard, that illuminates the required exit gate, would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 5. Based on observation, the clothes dryer vent was partially dislodged in the Special Care laundry. The loose vent had caused an unsafe accumulation of combustible lint in the room.	C 189	C 189 4. The emergency light in the special care unit courtyard was overlooked in past inspections. This has been shown to maintenance staff and he is to check it monthly along with other emergency lights.	10-29-18
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Findings on 9-11-2018: a. There was a portable electric heater found in the Administrators office. b. There was a portable electric heater found in	C 191	C 189 5. Maintenance staff has cleaned out the pipe and reattached it. The duct vent on roof has been cleaned out as well. The clothes dryer vent has been properly attached and maintenance staff will ensure proper attachment weekly. *Education has been provided and the checklist for the clothes dryer will be completed weekly. Staff will ensure proper attachment and cleanliness. (copy of checklist included) C 191 All electric heaters have been removed And will not be permitted in building	9-14-18 9-11-18

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C 191	Continued From page 5 the Business office. Note; These deficiencies were corrected during the survey.	C 191		
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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 9-11-2018; a. The exhaust provided was not working in the chemical storage off the laundry. b. The exhaust provided was not working in the 400 Hall bathroom. c. The exhaust vent was very dirty with lint in the Special Care laundry.	C 199	C 199 The 400 hall exhaust fans where technically functioning, however, the cassette filter was stopped up and not drawing air properly. Maintenance supervisor removed the filter, soaked and cleaned it over-night, and replaced it. This has since remedied the issue. Supervisor has shown staff how to clean the filters and these will be checked monthly instead of quarterly to ensure proper operation of fans. The SCU laundry exhaust fan was being cleaned once every month and is dirty again. The dryer and exhaust fan will be cleaned twice a month moving forward.	10-30-18

DIETARY MECHANICAL EQUIPMENT/APPLIANCES (FORM PM-07)

MONTHLY REPORT

INSPECTED BY: _____ DATE: _____

EQUIPMENT	TAG #	SERVICE Yes/No	FINDINGS
Food Blender			
Food Processor			
Food Mixer			N/A
Conveyor Toaster			
Slicer			
Toaster (Pop-Up)			
Coffee Brewer			
Tea Brewer			
Juice Dispenser			
Booster Heater			
Ice Cream Cabinet			
Holding Cabinet			
Reach-In Refrigerator			
Reach in Freezer under counter			
Fire Suppression System			
Drop-In Hot Food Well Unit			

EQUIPMENT	TAG #	SERVICE Yes/No	FINDINGS
Range Proper placement/ location			
Deep Fryer Proper placement/ location			

EXTENSION CORD USE /

CORRIDOR DOORS

MONTHLY REPORT

Inspected By: _____ **Date:**_____

Check rooms for 2 wire extension cords and remove as necessary. (If removed, assure proper cord can be put in place)

Rooms	Findings	Action Taken
100-115		
200-215		
402-415		
300-309 and 400-401		

Check room corridor doors to ensure proper latching

Rooms	Findings	Action Taken
100-115		
200-215		
402-415		
300-309 and 400-401		

EQUIPMENT INSPECTION CHECK LIST (FORM PM-03)

Monthly Report

INSPECTION BY: _____ DATE: _____

ITEM CHECKED	FINDING
1. Emergency Power Supply: Operating Condition, Accessibility, Batteries	
2. Electrical distribution: Check Main Panels/Sub-Panels, Rooms for Accessibility, Cleanliness, Condition, Identification Security.	
3. Emergency Lighting: Availability, Condition, Operation	
4. Communication System: Nurse Call Centers, Bedside Stations Light and emergency pull station light in toilet/baths	
5. Fire Alarm Panel: Signs, Test, Records, Condition	
6. Sprinkler System: Condition of Valves, Pressure (air/Water) Alarms	
7. Energy Conservation: Check for Leaks, Insulation, Windows Closed, Door Closed, Avoidance	
8. Boiler: Check Condition, Leaks, Pressures, Temperature, Flame, Flue	
9. Water Heaters: Condition, Leaks, Pressures, Temperature, Flame, Flue.	
10. Trip check interior/exterior GFCI outlets monthly. Replace if faulty	
11. Emergency Release "Screamer" Device Check	

#5 PS. 5

CLOTHES DRYER REPORT CHECK LIST (FORM PM-15)

WEEKLY REPORT

INSPECTED BY: _____ DATE: _____

EVENT	MACHINE #	MACHINE #	MACHINE #
1. Check Drum for Damage, repair or replace as needed			
2. Inspect Switches, Control, and Wiring, repair as needed			
3. Check Motor and Belts, adjust and lubricate as needed			
4. Inspect and Clean Lint Screen, clean or replace as need.			
5. Inspect and clean discharge duct and combustion and ventilation louver, do not block access			
6. Verify proper operation of heating elements (electrical machine)			
7. Verify and adjust flame operation and spark/pilot function			
8. Inspect equipment for proper ground			
9. Clean all lint from combustible chamber as necessary			
10. Check that proper lock out/tag out system is properly installed on equipment out of service			