AFFINITY Living Group

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Seven Lakes Assisted Living and Memory Care

292 MacDougall Drive | West End, NC 27376 | Phone: 910-673-2045 | Fax: 910-673-2048

Amenities

- Assisted Living
- Secure Special Care Unit for People with Alzheimer's and Dementia
- Short Term Respite Care Provided
- Assistance with Activities of Daily Living including Dressing, Bathing, Mobility, Eating, and Toileting
- Medication Administration
- 24-Hour Emergency Call System
- Coordination with Physicians and Specialists
- Coordination with Nursing Services including Home Health, Physical Therapy, Occupational Therapy, and Hospice Services
- Three Nutritious Meals and Snacks Daily
- Housekeeping Services
- Laundry Services
- Basic Cable
- Activities and Socialization Programs
- Transportation Services
- Salon and Barber Services
- Much More – Contact Us to Learn More or to Schedule a Tour

FAX

To: DHSR Construction Section

From: Jan Boughton

Fax: 919-733-6592

Date: 12/04/2018

Phone: 919-218-0930

Pages: 8 w/ cover

Re: DHSR-Biennial Survey PCC

Comments:

Attn: Ms. Suzanna Hay

Please find Plan of Correction.

Jan Boughton

PRINTED: 11/20/2018
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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
	HAL063023	A. BUILDING: 01 B. WING	11/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN LAKES ASSISTED LIVING	292 MCDOUGALL AVE SEVEN LAKES, NC 28375

(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 November 7, 2018. This facility was first licensed as a Home For the Aged on July 1, 1989 and is licensed for sixty beds of which 28 have been converted to Special Care Beds. Therefore, we are requiring that this facility to meet the 1984 Rules for Homes for the Aged, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more beds and the 1978 Edition Volume I of the North Carolina State Building Code-Section 409-Instutional Occupancies. Deficiencies were cited and a Plan of Correction is required.	C 000	Reponses to cited deficiencies do not constitute an admission of agreement by the facility of truth of fact alleged or conclusions set forth in this statement of Deficiencies of Corrective Actions Report; the plan of Correction is prepared solely as matter of compliance with state law.	
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 maintain current fire safety inspection reports in the home and available for review. Findings on November 7, 2018: a. The most current inspection report for the fire alarm system was dated June 21, 2017.	C 111	C111 Must Have Current San. & Fire Safety Reports. Section 0300 Physical Plant: 10A NCAC 13F .0302 1a. On 11/08/2018 the most current inspection report for the alarm system dated 07/14/2018 was available for review and in the home.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Executive Director/NHA 12/04/2018

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C 135	Continued From page 1	C 135		
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, the facility is utilizing bathrooms for storage puposes. Findings on November 7, 2018: a. Community Bath by Room 106 - the bathroom is being utilized for storage.	C 135	C135 Bathrooms-Not to be used for Storage Section 0300 Physical Plant: 10ANCAC 13F .0305 1a. As of 12/05/2018 the community bath by room 106-the bathroom will not be utilized for storage	
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not keep hazardous substances in a separate locked area. Findings on November 7, 2018: a. Med Room - the med room was unlocked at	C 143		

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C 143	Continued From page 2 the time of survey. Medicine packets and other items that could be dangerous is ingested were found in the room. This item was corrected at the time of survey.	C 143	C143 Janitor's Closest-Locked Section 0300 Physical Plant 10A NCAC 13F .0305 1a.This item was corrected at the time of the survey; 11/07/2018	
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 kept clean and in good repair. Findings on November 7, 2018: a. The light vinyl tiles in the bedrooms, typical for most bedrooms, were heavily stained. Interview with staff revealed that a request had been placed to clean the floors. 2. Observations revealed that the furnishings were not kept in good repair. Findings on November 7, 2018: a. Room 114 - the door to the bathroom is delaminating along the bottom edge. b. Room 115 - the door is damaged at the door hardware. c. Room 207 - the door knob is loose. d. Community Bath by 209 - the shower chair is	C 164	C164 Housekeeping and Furnishing-Clean, Repaired. Section 0300 Physical Plant 10ANCAC13F .0306 1a. A proposal/bid has been submitted for approval for all vinyl tiles to be cleaned; 12/05/2018 2a. On 11/09/2018 room 114, the delamination to the bathroom door was repaired. 2b. On 11/19/2018 room 115, damage at the door hardware was repaired. 2c. On 11/19/2018 room 207, the door knob was secured. 2d. As of 12/05/2018 the shower chair in community bath by room 209 will be replaced.	

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C 164	Continued From page 3 heavily rusted. Water running off the chair is staining the floor orange. e. Room 210 Bath - the toilet seat is heavily rusted. 3. Observations revealed that the ceilings were not maintained in good repair. Findings on November 7, 2018: a. Room 116 - the ceiling finish has bubbled and is cracking along the sheetrock joint parallel to the window. 4. Observations revealed that the facility was not maintianed free of unpleasant odors. Findings on Novmeber 7, 2018: a. Room 205 - there was a strong, unpleasant odor in the room.	C 164	2e. On 11/15/2018 room 210, the toilet seat was replaced. 3a. As of 12/05/2018 room 116, the ceiling finish will be repaired. 4a. On 11/07/2018 room 205, a thorough cleaning preformed, resident prefers door /windows closed.	
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 furnishings were not maintained free of hazards. Exposed rough metal edges can cause injury to a resident. Findings on November 7, 2018:	C 166		

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C 166	Continued From page 4 a. Typical for both resident hallways - the key slot on almost every door has been twisted and bent leaving hard metal edges that could cause a scratch or cut. b. Room 114 Bath - the towel bar had fallen off leaving the rough metal edges of the mounting bracket exposed. This was repaired on site. c. Room 214 - the door frame is rusted and the metal is eaten away leaving hard, rusty metal edges exposed. 2. Based on observation the facility was not maintained free from hazards. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Findings on November 7, 2018: a. Oxygen Storage - there were three unsecured oxygen bottles on the floor and ten small oxygen bottles stacked flat on a shelf.	C 166	Con't from page 4 C166 Housekeeping-Maintained Free of Hazards 10ANCAC13F .0306 1a. As of 11/07/2018 and ongoing, typical for both resident hallways key slots- have been replaced and/or temporarily repaired/modified as to ensure resident safety. 1b. Room 114, towel bar, this item was corrected at the time of the survey; 11/07/2018 1c. On 11/21/2018 room 214, damage at the door frame was repaired. 2a. As of 12/05/2018, all O2 tanks will be properly stored.	
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.	C 185		

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C 185	Continued From page 5 This Rule is not met as evidenced by: 1. Review of records revealed that fire drill rehearsals were not being conducted on each shift per quarter. Findings on November 7, 2018: There was no record of fire drills being conducted since July 25, 2018. The administrator revealed that he was aware of the lapse and was working with the local fire official for training.	C 185	Cont. from page 5 C185 Fire Safety-Rehearsals on each shift Section .0300 Physical Plant 10A NCAC 13F .0309 Plan for Evacuation 1a. On 11/21/2018 at approx.. 2:30 PM The Seven Lakes Fire & Rescue performed a Fire/Rescue briefing during a mandatory staffing In-service to include but limited to evacuation, fire-extinguisher usage ,crowd control and sprinklers.	
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 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 November 7, 2018: a. Med Room - the door has dropped and is very difficult to close. 2. Observations revealed that the plumbing	C 189	C189 Building Equipment Maintained Safe, Operating Section .0300 Physical Plant 10A NCAC 13F 0311 Other Requirements 1a. On 11/21/2018 Med Room door was repaired.	

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C 189	Continued From page 6 equipment was not maintained in a safe and operating condition. Findings on November 7, 2018: a. Room 213 - the water heater is leaking and rusting out at the bottom. There is a stream of orange water going from the water heater to the floor drain. b. Kitchen - failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the domestic water supply became contaminated. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Findings on November 7, 2018: a. AL Courtyard - the gate released on the fire alarm. However, the framing boards on either side of the gate were warped and curled at the top so that the gate could not be closed easily.	C 189	Cont. form page 6 C189 Building Equipment Maintained Safe, Operating Section .0300 Physical Plant 10A NCAC 13F 0311 Other Requirements 2a. A proposal/bid has been submitted For approval room 213- water heater; 12/05/2018. 2b. On 11/15/2018 kitchen, 2" minimum corrected. 3a. On 11/21/2018 AL courtyard gate was repaired. Section .0300 Physical Plant The facility executive director, maintenance technician and/or designee will monitor to maintain substantial compliance during bi-monthly facility rounds to ensure deficient practice does not reoccur. Results from facility rounds will be recorded and communicated to the appropriate resource to expedite resolution(s). All results/repairs will be recorded during Facility quarterly QA process.	12/05/2018