TO: DHSR CONSTRUCTION SECTION

ATT: SUZANNA FAY

FAX: 919-733-6592

FROM: DAYSPRING OF WALLACE, NC

4026 HWY 11 SOUTH, 28466

SUBJECT: BIENNIAL INSTITUTIONAL ENGINEERING SURVEY

PHONE: 910-285-9050

DATE: 11-28-18

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 31, 2018

Angela Eckard
4026 Highway 11 South
Wallace, NC 28466

RE: HA Follow-Up Biennial Construction Survey
FID #970835 Hal031017
Dayspring Of Wallace
4026 Highway 11 South
Wallace Duplin County

Dear Ms. Eckard:

On **October 19, 2018**, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted November 15, 2018

Your PoC for the deficiencies must contain the following:

- What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR-Construction Section.

    - Corrective action must begin immediately

Your **Signed Plan of Correction** can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Duplin County DSS - with attachment-(via e-mail only)

October 19,2018 Biennial follow-Up Construction Survey

C166 1.a. Towel bar bracket removed, 10-19-18

Maintenance Staff were informed, that no brackets are to remain on any surface that could injure staff or residents.

C184 1.a. All evacuation maps have been oriented in correct direction of evacuation. 10-19-18

Department Heads have been educated on correct orientation of evacuation maps and instructed check orientation of evacuation maps in their area and correct as needed.

C188 1.a. Electrician corrected reverse polarity by changing wire to correct terminal on receptacle. 10-19-18

Maintenance staff were instructed if in dough about electrical problems seek professional help from qualified electrician.

C189 1.a. Stepladder removed from pantry door in kitchen. 10-19-18

All staff were informed by MEMO to not prop open smoke resistant doors with any object. Department heads were instructed to monitor doors and to correct any Door problem as needed.

C189 2.a. Bottle removed from Housekeeping closet door. 10-19-18

All staff were informed by MEMO to not prop open smoke resistant doors with any object. Department heads were instructed to monitor doors and to correct any Door problem as needed.

C189 2.b. Stepladder removed from MC Med Room Door. 10-19-18

All staff were informed by MEMO to not prop open smoke resistant doors with any object. Department heads were instructed to monitor doors and to correct any Door problem as needed.

Dayspring of Wallace

Maintenance director

Ted Penny

11-28-18

PRINTED: 10/31/2018
FORM APPROVED

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
	HAL031017	A. BUILDING: 01 B. WING	R 10/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSPRING OF WALLACE	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}	C166 1.a. Tow Bar Brackets Removed 10-19-18	
{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

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{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 184 1. a All Evacuation MAPS have been Evaluated and orientated In Correct Direction of Evacuation 10-19-18	
{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}		

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{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}	C188 1.a. Electrician Corrected Problem by Changing Wires To Correct Receptacle Terminal. 10-19-18	
{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 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}		

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{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} C189 1.a C189 2.a. C189 2.b.	Stepladder Removed from Pantry Door. 10-19-18 Bottle Removed from Door of Housekeeping Closet. 10-19-18 Step ladder was Removed from med Room Door 10-19-18	

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PHONE: 910-285-9050

DATE: 11-28-18

TO ALL STAFF
READ THE FOLLOWING;

STATE REGULATION SECTION .0300 – PHYSICAL PLANT 10a NCAC 13f .0311

STATES THAT NO SMOKE RESISTANT DOOR SHALL NOT BE PROPED OPEN WITH ANY OBJECT.

PLEASE DO NOT PROP OPEN ANY DOOR WITH ANY OBJECT.

ANY QUESTIONS SEE MAINTENANCE DIRECTOR, TED PENNY

11-28-18

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READ THE FOLLOWING;

STATE REGULATION SECTION .0300 – PHYSICAL PLANT 10a NCAC 13f .0311

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