AFFINITY Living Group

New Hanover House Assisted Living

Fax

Date:	11/29/18
From:	Ronni Taylor ED
Sender Phone:	(910) 632-2671
Sender Fax:	(910) 632-2678

To:	DHSR Construction Section
Company Name:	
Recipient Phone:	
Recipient Fax:	919-733-6592

Pages Including This One:	

Comments: POC - New Hanover House

PRINTED: 11/14/2018
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
	HAL065036	A. BUILDING: 01 B. WING _____	10/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HANOVER HOUSE	3915 STEDWICK COURT WILMINGTON, NC 28412

(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 Construction Section Biennial Survey by Dennis Harrell on 10-31-2018. Records indicate this facility was first licensed on 9-23-2011, for 61 residents with 32 of those in a Special Care Unit. Based on this information, the facility was surveyed using the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds and the 2002 NC State Building Code for Institutional Occupancies.	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; This Rule is not met as evidenced by: 1. Based on observation, the facility is equipped with Special (magnetic) Locking on all the exit doors. The magnetic locking failed to operate as required by the NC State Building Code. Magnetic locks that do not work properly could	C 101	Repaired by FirstFire	11/01/18

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C 101	Continued From page 1 delay or prevent an evacuation in an emergency. Findings on 10-31-2018; a. None of the Special (magnetic) Locking unlocked on activation of the fire alarm system. b. None of the Special (magnetic) Locking unlocked on activation of the required central emergency release switch.; Note: A Plan of Protection (POP) was accepted in which the facility agreed to de-energize the magnetic locking and station staff at each exit until the system was repaired and working properly.	C 101		
	2. Based on observation and interview, most staff were not aware of the location or the use of the required central emergency release switch for the Special (magnetic) Locking on all the exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment.		ED will inservice all staff responsible for evacuation in an emergency to be properly trained in evacuation procedures and equipment.	11/30/18
	2b. . Based on observation, the Special (magnetic) Locking on the required exit gate from the SPC courtyard was damaged and would not lock. A rope had been tied around the gate and post to hold it closed. The rope, which was over 7 feet high, could not be reached by many staff in the facility and therefore would prevent an evacuation in an emergency. Note; The rope was removed but the Special Locking on the gate was still damaged.		Keypad repaired by FirstFire	11/20/18
	3. Based on observation, the facility failed to meet the NC State Building Code requirements for fire resistance separation of laundries over 100 feet square. Finding on 10-31-2018; There are 2 doors from the corridor into the large main laundry, each being a 3/4 hour fire rated door and frame. Neither door is equipped with a		Closers installed by Facility 360	11/20/18

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C 101	Continued From page 2 listed door closer. 4. Based on observation, the facility failed to meet the requirements of the NC State Electrical Code as relates to required access for electrical panels. The Electrical Code requires the area in front of an electrical panel to remain clear for at least 2.5 feet wide by 3 feet deep. Finding on 10-31-2018; There were many items stored directly in front of the electrical panel in the :IT Equipment" room.	C 101	Items were removed from front of electrical panel room. Staff will be inservice on keeping rooms being blocked	11/20/18 11/30/18
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. Based on a review of documents, the most recent Fire Marshal building safety inspection report could not be located. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. 2. Based on a review of documents, the most recent sprinkler system inspection report was dated 9-22-2017. Sprinkler systems must be inspected and approved annually as required to ensure the system can operate properly in an actual fire.	C 111	Will retrieve Fire Marshall inspection report Sprinkler inspection completed by FirstFire	11/30/18 11/20/18
C 135	Bathrooms-Not to Be Utilized for Storage	C 135		

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C 135	Continued From page 3 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 bathroom in SPC with a tub was full of stored items. There was so much storage the bathroom was not available for use.	C 135	Items were removed and staff will receive inservice on storage	11/30/18
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 was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 10-31-2018: a. Several (9) portable medical oxygen cylinders were stored in no container at all in room 183. b. Two portable medical oxygen cylinders were	C 166	Portable medical oxygen cylinders were moved to proper containers. Cylinders were placed in crates. Staff was inserviced on the proper storage for oxygen	11/01/18

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C 166	Continued From page 4 stored in a beverage crate in the SPC med room. 2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding on 10-+31-2018; Items had been stacked to within 12 inches of the ceiling in the storage room near 185. 3. Based on observation, part of the latch assembly was missing on the front door. The missing hardware exposed sharp edges.	C 166	Items stored in supply room rearranged to have a clearence of 12 inches. Staff was inservice on proper storage. Replacement ordered, will be replaced by Facility 360 by 11/27/18	11/30/18 11/27/18
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: 1. 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	C 185	Staff will be inservice regarding fire drills and will insure fire drills are being conducted to policy and procedures	11/30/18

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C 185	Continued From page 5 delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 2nd quarter of this year, there were no rehearsals done at all. c. In the 3rd quarter of this year, there were no rehearsals done during the 2nd or 3rd shifts. d. In the 4th quarter of last year, there were no rehearsals done at all. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	Records of fire drills will begin to have description	11/30/18
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: 2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several 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 on 10-31-2018: a. Ceiling damaged in the AL dining room,	C 189		

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C 189	Continued From page 6 b. Unsealed conduit penetrations (2) in the ceiling of the riser room, c. Hole in the ceiling of the riser room, d. Unfinished edges and corners on a gypsum box built over the main electric panels. e. Gap where the ceiling meets the low air intake duct behind the commercial dryer, f. Unsealed wire penetration in the ceiling of the staff lounge, g. Hole in the ceiling in the "IT Equipment" room, h. Holes in the wall in the bathroom off room 181, i. Unsealed penetrations (2) in the ceiling of the housekeeping closet near 179, j. Unsealed penetration in the ceiling of the SPC nurse station, k. Unsealed penetrations (2) at 3 inch PVC pipes through the ceiling of the SPC housekeeping closet, l. Unsealed conduit penetrations (2) in the ceiling of the SPC "Electrical Room." 3. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons missing or not tightly fitted to the ceiling. Sprinkler escutcheons that are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Improperly mounted escutcheons were found in: a. The closet off the Administrator's office, b. Maintenance office, c. Soiled utility. 4. 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.	C 189	Repairs were made by Facility 360 Request to repair put in to First Fire. Fire stopped gaps until final repair is made	11/20/18 12/10/18

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C 189	Continued From page 7 Findings include; a. The door to the "IT Equipment" room was blocked open with a chair and boxes. b. The door to the AL nurse station was wedged open. c. The door to the AL nurse station was obstructed from closing with a wreath and a garment hanger. Note; This deficiency was corrected during the survey. d. The door to the AL nurse station was in 2 halves like a Dutch door. The top half was obstructed from closing by a barrel bolt latch. e. The door to the SPC nurse station was propped open with a chair. f. The door to the SPC nurse station was in 2 halves like a Dutch door. The gap between the doors was from 3/8 inch to 3/4 inches wide. g. There was a hole at the latchset through the door to the maintenance office. h. There was a hole at the latchset through the door from the kitch to the service corridor. I. There was a hole at the latchset through the door to the storage near 186. j. There was a hole at the latchset through the door to the AL med prep room. k. There was a hole at the latchset through the door to room 119. l. There was a hole at the latchset through the door to room 121. m. There was a hole at the latchset through the door to room 122. n. There was a hole at the latchset through the door to room 124. 5. Based on observation, battery powered emergency lights 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. Mal-functioning lights include the following areas:	C 189	Repairs were made by Facility 360 a-n Batteries installed by Facility 360	11/20/18 11/20/18

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C 189	Continued From page 8 a. Dining room, b. Kitchen. 6. Based on observation the required fire depratment connection sign "FDC" had been damaged and was missing.	C 189	Sign installed by Facility 360	11/20/18
	7. Based on observation and interview, the electronic code to re-enter the back door of the kitchen would not work. The result was staff blocked the door open which can allow pests to enter the kitchen.		Door repaired by Facility 360	11/20/18
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: Based on observation the facility failed to maintain required exhaust. Finding on 10-31-2018; Soiled linen storage had been moved to a new location. The new location had no exhaust	C 199	Soiled Linen moved back to original room by staff	11/20/18

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C 199	Continued From page 9 provided. Also, the room does not meet the 1 hour fire resistance rated separation requirement for incidental use area /soiled linen storage listed State Building Code.	C 199		

New Hanover, ADM- Taylor, Ronni

From: Byrd, Felicia A <felicia.byrd@dhhs.nc.gov>
Sent: Wednesday, November 14, 2018 4:33 PM
To: New Hanover, ADM- Taylor, Ronni; hschult@nhcgov.com; Sean Dwyer
Cc: Harrell, Dennis
Subject: DHSR-New Hanover House
Attachments: 20181114-New Hanover House letter.pdf; 20181114-New Hanover House SOD.pdf

Attached is the Statement of Deficiencies and letter for the **DHSR-Construction Section Biennial Survey** conducted on 10/31/2018 by Dennis Harrell.

Please sign and date the Plan of Correction. The 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

Thank you

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New Hanover, ADM- Taylor, Ronni

From: New Hanover, ADM- Taylor, Ronni
Sent: Thursday, November 29, 2018 4:27 PM
To: 'DHSR.Construction.Admin@dhhs.nc.gov'
Subject: POC-New Hanover House
Attachments: Scanner_20181129_162122.pdf

Ronni Taylor I Executive Director I New Hanover House I Affinity Living Group I P: (910) 632-2671 I E: hano.adm@affinitylivinggroup.com