STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034090	A. BUILDING: 01 B. WING _____	11/16/2018

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CLEMMONS VILLAGE I	6401 HOLDER ROAD CLEMMONS, NC 27012

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on November 16, 2018. Records indicate this facility was first licensed as a Home for the Aged serving 60 residents on 1-11-1996. Therefore, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Group I-2 Deficiencies were cited that require a Plan of Correction.	C 000	Response Preface The provider submits this Plan of Correction (POC) in accordance with specific regulatory requirements. The Provider does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that the stated deficiencies are accurate. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings if at any time the Provider determines that the findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the State of North Carolina or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider.	
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 Building does not	C 101	Plan of Correction – C-101 The provider believed it was in compliance with providing all required exit access doors with exit signs. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits, and various quality assurance measures are examples of the many components utilized. Exit signs were mounted above all required exits in the Dining Room. The Maintenance Director will assure that all required exit signs remain above the required exit doors by including visual checks of such during the community's monthly exit light testing. These checks are part of the community's Quality Improvement and Safety Program.	12/28/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

K A J Kim Bridgeman, Executive Director 12/18/18

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C 101	Continued From page 1 meet the code requirements in effect at the time of initial Licensing or alteration, by not providing all required exits or exit access doors with exit signs. This could affect residents, staff, and visitors by not providing egress directions for a prompt evacuation of the building. Findings on November 16, 2018: a. Dinning - this room does not have exit signs for all of its required exits.	C 101	The Maintenance Director inspected the entire building to assure that the required exit signs were in place. All required exit signs were in compliance.	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on November 16, 2018: a. Kitchen - there is a tray rack and many empty boxes, obstructing the exit. Deficiency corrected before Construction Surveyors departed site.	C 150	Plan of Correction – C-150 The provider strives to ensure that the corridors are free of all equipment and other obstructions. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits, and various quality assurance measures are examples of the many components utilized. The tray rack and empty boxes that were obstructing the kitchen exit were removed and the deficiency was corrected prior to the Construction Surveyor departing the premises. The Executive Director reviewed the findings from the DHSR Construction Survey with QA members during the facility's monthly QA Meeting. Department Managers and staff were re-educated on the importance of continuously monitoring exits and corridors to assure that they are free of all equipment and other obstructions. A posting reminding staff was also displayed at the time clock. Id of Other Areas- The Maintenance Director inspected the entire building to assure that corridors were free of all equipment and other obstructions. No other concerns were noted.	11/16/18 12/19/18 12/18/19 11/20/18
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;	C 160	Plan of Correction – C-160 The provider strives to ensure that the outside premises are maintained in a clean and safe condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits, and various quality assurance measures are examples of the many components utilized. Prior to the inspection, plans were in process to tear down the wooden stairs at the back of the building. However, a cement walkway needs to be poured leading to the other set of stairs, prior to the destruction. This process has been held up due to inclement weather and scheduling conflicts	

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C 160	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on November 16, 2018: a. Wooden Stairs off Back Deck - several treads are loose and spongy making the stairs hazardous to traverse.	C 160	The other set of stairs that are in safe condition, is used by staff, instead of using the wooden stairs. Residents, nor visitors, has access to either set of stairs. This entrance is for employee use only. Facility management requests a 30-day waiver in order to successfully complete the destruction of the wooden stairs. The Maintenance Director is responsible for monitoring outside grounds and building, at least monthly, to assure that cleanliness and safety is maintained. Id of Other Areas- The Maintenance Director inspected the entire exterior building to assure that there were no other areas that were not maintained in a clean and safe condition. No other concerns were noted.	
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. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on November 16, 2018: a. Entire Building - the ventilation system throughout the Facility with their radiation dampers have an excessive accumulation of dust/lint.	C 164	Plan of Correction - C-164 The provider strives to ensure that the building mechanical systems are kept clean and in good repair. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits, and various quality assurance measures are examples of the many components utilized. The ventilation system with radiation dampers throughout the community have been cleaned and are in good repair. The Maintenance Director is responsible for monitoring the ventilation system, at least monthly, to assure that it is kept clean and in good repair. Id of Other Areas- After cleaning the ventilation system throughout the community, the Maintenance Director re-inspected the entire community's ventilation system with radiation dampers to assure that the entire ventilation system was free of dust and in good repair.	12/19/18
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 185	Plan of Correction – C-185 The provider strives to ensure that fire safety rehearsals are performed quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. The facility has policies and procedures designed to maintain these goals. Safety committee audits, and various quality assurance measures are examples of the components utilized.	

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C 185	Continued From page 3 (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 Record review and interview with Executive Director/Administrator/Maintenance Director/Technician/Manager, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on November 16, 2018: a. In the 1st quarter for the last 12 months, no rehearsals were was performed during 3rd shift. b. In the 3rd quarter for the last 12 months, no rehearsals were was performed during 3rd shift. c. In the 4th quarter for the last 12 months, no rehearsals were was performed during 1st and 2nd shifts.	C 185	The Executive Director, along with the Maintenance Director identified scheduling needs for future monthly fire safety rehearsals based on the shift rotation requirement. The Maintenance Director is responsible for assuring that fire safety rehearsals are conducted and documented as required. The Maintenance Director and Executive Director are responsible for monitoring fire safety rehearsal drills, at least monthly, to assure that shift rotation is maintained and documented in accordance with the local Fire Prevention Code Enforcement Official.	11/20/18
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)	C 189	Plan of Correction – C-189 The provider strives to ensure that the building, along with all fire safety, electrical, mechanical and plumbing equipment is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and various quality assurance measures are examples of the many components utilized.	

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C 189	Continued From page 4 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. 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 November 16, 2018: a. Corridor near Bedroom 10 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. b. Entire Building - the exit signs do not have test buttons to confirm backup power and there is no generator. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 16, 2018: a. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, performed in July 2018, there has been no documentation of the monthly in-house/owner inspections. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on November 16, 2018: a. Riser room - there is a gap around a flue, not firestopped as it penetrates the	C 189	Pathway obstructions, doors that positive latch, fire barrier penetrations, door propping and storage height are evaluated at least quarterly as part of the Quality Improvement (QI) and safety audits. The Executive Director reviewed the findings from the DHSR Construction Survey with QA members during the facility's monthly QA Meeting. The Maintenance Director, Executive Director and Resident Care Director re-educated facility department managers and staff regarding means of egress for obstructions; fire door closures for correct operation and positive latching; use on other doors not identified for props and/or wedges, storage areas for correct ceiling clearance, and proper plug for oxygen concentrators and other medical equipment. The Administrator posted a reminder notice at the time clock for all staff to report any of the above areas of concern immediately to a Department Manager or Shift Supervisor. All Department Managers will assist in monitoring doors for pathway obstructions; check smoke barrier doors for positive latching; be observant for doors being wedged/propped open with any items; and monitor storage areas to assure that items are stored below the outlined ceiling clearance space, and check oxygen concentrators and other medical equipment for proper plug directly into an outlet. The Maintenance Director will be responsible for monitoring the facility, at least monthly, to assure: all Emergency Lights and Exit Signs illuminate when tested, the kitchen hood fire suppression system is checked and initialed, fire wall penetrations are sealed, exits are free and clear of obstructions; no doors throughout the facility are wedged open with any type of device or item; all storage areas have items and/or supplies stored at least 18 inches below sprinkler heads and oxygen concentrators and other medical equipment is properly plugged directly into the outlet.	12/19/18 12/18/19 11/20/18

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C 189	Continued From page 5 fire-resistance-rated ceiling assembly. b. Riser room - there a sprinkler pipe is sealed with gypsum tape as it penetrates the fire-resistance-rated ceiling assembly. Gypsum tape over a hole is not be approved to seal this type of penetration. 4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on November 16, 2018: a. Bedroom 7 - the corridor door did not latch into its frame when closed. b. Bedroom 5 - the corridor door did not latch into its frame when closed. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 16, 2018: a. Nurse Station - electrical panel A has two open slots were breakers have been removed or blanks fell out. This allows access to energized components that are not guarded against accidental contact. 6. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room. Findings on November 16, 2018: a. Basement Storage - items are being stored within the area 18 inches below the fire sprinkler head. 7. 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.	C 189	1. a. Emergency Light- The Maintenance Director repaired the wall-mounted self-contained emergency light in the corridor near Bedroom 10 so that the light illuminates on backup power when the test button is pushed. b. Exit Signs – After researching the exit lights, it was identified that the exit signs are hard wired into the emergency lights. To test the exit signs, the emergency light test buttons were pressed and all exit signs illuminated to confirm backup power. No further action was taken. 2. a. Kitchen Hood Suppression System – The Maintenance Director was re-trained by the Executive Director regarding the requirement to check and initial the kitchen hood suppression system on a monthly basis. 3. a. Riser Room - The Maintenance Director sealed the gap around the flue with a 1-hour fire rated sealant. b. Riser Room – The Maintenance Director removed the gypsum tape from the sprinkler pipe and sealed it with an fire rated sealant. 4. a. & b. Bedroom Doors Room's 5 & 7 – The Maintenance Director repaired both doors to assure proper closure and latching. 5. a. Nurse Station Electrical Panel – The Maintenance Director replaced the two open slots in question with the appropriate breaker to assure that it is guarded against accidental contact. 6. a. Basement Storage – The Maintenance Director removed the items in question that were obstructing the fire sprinkler head. 7. a. Bedroom Door Room 33 – The Maintenance Director removed the trashcan and repaired the door to assure proper closure and latching. b. Laundry Room Door – The Maintenance Director unobstructed the door to assure proper closure and latching. 8. a. & b. Bedrooms 33 & 36 – The Maintenance Director and Med Tech removed the power taps and plugged the oxygen concentrators directly into the outlet.	11/25/18 11/29/18 11/25/18 11/29/18 11/25/18 12/3/18 11/16/18 11/16/18

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C 189	Continued From page 6 Findings on November 16, 2018: a. Bedroom 33 - the corridor door has a trashcan 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. b. Laundry - the corridor door has a coat hanger 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. 8. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Using medical equipment, high power loads such as space heaters, refrigerators, and microwave ovens with multiple power taps can overload building wiring is a fire hazard Findings on November 16, 2018: a. Bedroom 33 - an oxygen concentrator is plugged into a power tap. Power taps are not designed for medical equipment. b. Bedroom 36 - an oxygen concentrator is plugged into a power tap. Power taps are not designed for medical equipment.	C 189	Id of Other Areas- The Maintenance Director inspected all doorways for obstructions; fire door closures for correct operation and positive latching; walls and ceilings for penetrations; use on other doors not identified for props and/or wedges, and storage areas for correct ceiling clearance and oxygen concentrators for proper plug. No other concerns were noted.	
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;	C 199	Plan of Correction – C-199 The provider believed it was in compliance with maintaining the ventilation system in proper working order. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits, and various quality assurance measures are examples of the many components utilized. The Maintenance Director replaced the exhaust ventilation units in the Laundry Room and Bathroom #22.	12/28/18

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C 199	Continued From page 7 (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 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 November 16, 2018: a. Bedroom 22 Bathroom - the required exhaust ventilation system did not work. b. Laundry - the required exhaust ventilation system did not work.	C 199	The Maintenance Director is responsible for checking the community's ventilation system, at least monthly, to assure the system is maintained in proper working order. Id of Other Areas- The Maintenance Director inspected the entire building to assure that all ventilation systems were in proper working order. No other concerns were noted.	