PRINTED: 12/18/2018
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	R 12/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HANOVER HOUSE	3918 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 Biennial Follow Up Construction Survey by Dennis Harrell on 12-5-2018. Some deficiencies were not corrected. Further action is required.	(C 000)		
(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.	(C 111)	Received Fire Marshall building safety inspection report.	12/18/18
(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:	(C 166)		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Vanessa G. Taylor

TITLE: ED

(X6) DATE: 12/20/18

STATE FORM 6899 ZUPH32 If continuation sheet 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065036	A. BUILDING: B1 B. WING	R 12/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HANOVER HOUSE	3015 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)	COR COMPLETE DATE
(C 166)	Continued From page 1 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 12-5-2018: b. Two portable medical oxygen cylinders were stored in a beverage crate in the SPC med room.	(C 166)	Metal containers received for portable medical oxygen cylinders.	12/18/18
(C 169)	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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 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. Findings on 12-5-2018: 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.	(C 169)	Door to SPC nurse station corrected by 360 Facility.	12/20/18

Wilmington Fire Department
230 Government Center Dr Ste 150
Wilmington, NC 28403
910-343-0696 Office 910-341-0097 Fax

WFD No Violation Notice

Tuesday December 18, 2018

NEW HANOVER HOUSE
3915 STEDWICK CT
WILMINGTON, NC 28412

An inspection of your facility on Monday August 27, 2018 revealed no violations to the North Carolina Fire Prevention Code.

Thank you for your cooperation.

MARTIN, JEREMY S./Master Firefighter
Inspector

New Hanover, ADM- Taylor, Ronni

From: Marlisa Perry <Marlisa.Perry@wilmingtonnc.gov>
Sent: Tuesday, December 18, 2018 3:09 PM
To: New Hanover, ADM- Taylor, Ronni
Subject: Fire Inspection Report
Attachments: New Hanover House.pdf

Good afternoon,

Ms. Montgomery with the City of Wilmington Fire Department contacted me this afternoon to see if I could assist you with obtaining a copy of your most recent inspection report. Please find this document attached. She further indicated that you had requested this document on several previous occasions. My sincere apologies for any inconvenience this delay has caused you. Please let me know if you have any other questions.

Kindly,

Marlisa Perry
Administrative Support Technician
Wilmington Fire Department
Fire Marshal's Office
(910) 343-0699
(910) 341-0097 - fax
marlisa.perry@wilmingtonnc.gov

"Fire is Everyone's Fight"