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
	HAL046004	A. BUILDING: 01 B. WING ______	01/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AHOSKIE HOUSE	407 LOFTIN LANE AHOSKIE, NC 27910

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C 000	Initial Comments Report of a Construction Section Biennial Survey conducted by Suzanna Fay on January 9, 2019. Records indicate this facility was first licensed on November 28, 1997 as a Home for the Aged for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.	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. Observations revealed that the facility does	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sandra D. Vaughan, ED	Executivie Director	2/1/2019

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C 101	Continued From page 1 not meet the code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Facilities with magnetic locking systems are required to have a components map posted near the fire alarm panel.	C 101		
	Findings on January 9, 2019: a. The facility did not have a systems component map posted near the fire alarm panel.		We have contracted First Fire Protection to make a component map. Estimated completion: 3/1/2019	
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; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.	C 160		
	Findings on January 9, 2019: a. There was a pile of trim pieces with protruding nails stacked against the facility wall outside of the dining room. The trim was removed at the time of survey.		Corrected	1/9/2019
	b. Porch outside of Activity Office - the metal base plates on the porch columns are coming loose leaving sharp edges that may cause injury.		The metal base plates on the porch columns have been repaired	1/18/2019
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	C 164		

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C 164	Continued From page 2 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 ceilings were not kept clean and in good repair. Findings on January 9, 2019:	C 164		
	a. Room 205 - the popcorn finish around the sprinkler head in the bathroom is cracking and separating as well as in the room.		The popcorn finish has been repaired.	1/30/2019
	b. Room 215 - the ceiling finish above the door is cracked and flaking.		Room 215 the ceiling abvove the door has been repaired.	1/30/2019
	c. 200 Porch - the ceiling material has cracked along the joints and sprinkler head. Sections of the finish have fallen off along the joints and at the bulkhead.		The 200 porch ceiling will be repaired. Estimated completion: 3/1/2019	
	d. The ceiling finish is flaking and cracked along the expansion joint outside the front lobby. The ceiling around the joint has large yellow water stains.		The ceiling finish outside the front lobby has been repaired.	1/30/2019
	e. Room 311 - the ceiling finish is damaged and flaking above the door.		Room 311 damage ceiling has been repaired.	1/30/2019
	f. Dining - the popcorn finish is buckling at the sheetrock joints and the ceiling around the supply vent has a coating of dust.		The dining room popcorn finish will be repaired and the vent will be cleaned. Estimated completion: 3/1/2019	
	2. Observations reveled that the walls were not kept clean and in good repair. Findings on January 9, 2019: a. Room 211 - the wallpaper in the shower area			

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C 164	Continued From page 3 is no longer adhering to the walls. The paper is curling at the seams. b. Corridor outside of Room 200 - there is a 2" x 6" tear in the wallpaper where the wall has been damaged. c. Dining Room - there is a ding in the wall to the right. The walls on the right are heavily scuffed. 3. Observations revealed that the furnishings and equipment are not maintained in good repair. Findings on January 9, 2019: a. Activity Office - the door front for the oven has broken off. The oven is currently turned off.	C 164	The wall paper will be repaired. Estimated completion: 3/1/2019 The corridor outside of Room 200 will be repaired. Estimated completion: 3/1/2019 The dining room wall to the right will be repaired. Estimated completion: 3/1/3019 We will be ordering a replacement range. Estimated date of arrival: 3/1/2019	
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 facility is not maintained free from hazards. The code requires a clearance of 36" in front of electrical breaker panels. Findings on January 9, 2019: a. Med Room - access to the electrical panels is obstructed by two small refrigerators installed in front of the panels.	C 166	The two small refrigerators have been removed.	1/09/2019

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C 189	Continued From page 4	C 189		
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 did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on January 9, 2019: a. 300 Hall Exit - the exit/emergency light over the exit door did not maintain a constant illumination when tested. b. The emergency light outside of the dining room did not illuminate on test. This was repaired at the time of survey. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on January 9, 2019: a. There is a hole in the ceiling at the sprinkler head outside of the RCC office. b. Dining Room - the sprinkler head near the	C 189	The 300 Hall Exit/emergency light has been replaced. The hole has been corrected UL Rated Fire caulk.	1/29/2019 1/29/2019

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C 189	Continued From page 5	C 189		
	exterior exit is missing the escutcheon leaving a small gap in the ceiling.		The escutcheon has been ordered. Estimated completion date: 3/1/2019	
	c. Kitchen - some of the caulk around the sprinkler head over the icemaker has fallen out leaving gaps in the ceiling assembly.		The gaps have been caulked with UL Fire rated caulk.	1/29/2019
	d. Med Room - there are unsealed penetrations in the wall above the fire alarm panel.		The penetrations have been caulked with UL rated fire caulk.	1/29/2019
	3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.			
	Findings on January 9, 2019: a. Laundry Room - the door was propped open and unlocked at the time of survey.		The doors will remain close.	1/29/2019
	b. Pantry - the door was propped open. The door has become warped along the bottom half and no longer closes tightly in the frame.		We have inserviced our kitchen employees to not block open the door. The door will be repaired. Estimated completion: 3/1/2019	
	4. 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 January 9, 2019: a. Room 400 - the door does not latch when closed.		The door will now latch.	1/30/2019
	5. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition.			

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C 189	Continued From page 6 Findings on January 9, 2019: a. Room 205 - the shower control panel was loose leaving a gap for water to penetrate. This was secured at the time of survey.	C 189	The shower contral panel has been secured.	1/9/2019
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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. Observations revealed that the facility failed to maintain a hot water temperature between 100 degrees F and 116 degrees F. Findings on January 9, 2019: a. The water temperature taken in the 200 Hall Shower room was 125 degrees F. The thermostat was adjusted at the time of survey. The temperature was taken later in the survey on the 400 hall and the temperature was 96 degrees F.	C 195	The thermostat has been adjusted, the temperture will check every week.	1/9/2019