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	R 01/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMONS VILLAGE I	6401 HOLDER ROAD CLEMMONS, NC 27012

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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on January 17, 2019. Deficiencies were cited that will require a new 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. Any changes to Provider's policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.	
{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 January 17, 2019: 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 through routine preventive maintenance checks by the Maintenance Director. 1. a. 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.	2/1/19
{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	{C 185}		

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{C 185}	Continued From page 1 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: 2. Based on Record review and interview with Executive Director the Facility failed to document a short description of what the rehearsal involved. New Finding on January 17, 2019: a. There is no short description of what the rehearsal involved.	{C 185}	After the Maintenance Director cleaned the ventilation system throughout the community, the Executive 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. **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 through safety committee audits, and quality assurance measures. The Fire Drill Report Form was revised to include a section for a brief description of the fire drill. The Maintenance Director is responsible for assuring that fire safety rehearsals are conducted and documented as required, including a brief description of the drill.	1/18/19
{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 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.	{C 189}	**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 through routine maintenance checks. The repair company for the exhaust fan in question was waiting on a motor replacement. The entire exhaust fan has been replaced in Bathroom #22. 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. The Maintenance Director re-inspected the entire building to assure that all ventilation systems were in proper working order. No other concerns were noted.	2/4/19

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{C 189}	Continued From page 2 Findings on November 16, 2018: b. Entire Building - the exit signs do not have test buttons to confirm backup power and there is no generator. 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. Finding on January 17, 2019: a. Riser room - the gap around the flue is much smaller but sill the gap is not firestopped as it penetrates the 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 a penetration in a 1 hour fire rated ceiling. 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 Finding on January 17, 2019: a. Bedroom 33 - an oxygen concentrator is plugged into a power tap. Power taps are not approved for medical equipment. Deficiency corrected before Construction Surveyors departed site. b. Bedroom 36 - an oxygen concentrator is plugged into a power tap. Power taps are not approved for medical equipment. Deficiency corrected before Construction Surveyors departed site.	{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 through routine monthly checks. 1. b. Exit Signs – After researching the exit lights, it was identified that the emergency lights and exit signs are hard wired into a breaker located in the first panel box in the front office. The breaker has been marked so that it easily identified. Upon testing, all emergency lights and exit signs illuminated to confirm backup power in the event of a power outage. 3. a & b. Riser Room - The Maintenance Director re-sealed the small space around the flue with a 1-hour fire rated sealant and repaired the area in question to assure a complete seal of the 1 hour fire rated ceiling. 8. a. & b. Bedrooms 33 & 36 – The Maintenance Director and Executive Director again removed the power taps and plugged the oxygen concentrators directly into the outlet. The Maintenance Director re-inspected all walls and ceilings for penetrations and oxygen concentrators for proper plug. No other concerns were noted. The Maintenance Director is responsible for monitoring the facility, at least monthly, to assure: all Emergency Lights and Exit Signs illuminate when tested, fire wall penetrations are sealed, and oxygen concentrators and other medical equipment is properly plugged, directly into the outlet.	2-14-19 2-5-19 1-18-19 1-18-19

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{C 199}	Continued From page 3	{C 199}		
{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: 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 January 17, 2019: a. Bedroom 22 Bathroom - the required exhaust ventilation system did not work. Per interview with Maintenance Manager the contractor found a bad motor for this room and is scheduled to for tomorrow to replace whole assembly.	{C 199}		