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 |
|---|---|---|---|
| | HAL063025 | A. BUILDING: 01<br>B. WING _____ | 02/07/2019 |

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| ELMCROFT OF SOUTHERN PINES | 101 BRUCEWOOD ROAD<br>SOUTHERN PINES, NC 28387 |

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| C 000 | Initial Comments<br><br>Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on February 7, 2019.<br><br>Records indicate this facility was first licensed as a Home for the Aged on October 8, 1997. The facility is currently licensed for Ninety-Four (94) Beds, including a Thirty-Eight (38) Special Care Bed facility. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Institutional Occupancy Group I.<br><br>Deficiencies were cited that require a Plan of Correction. | C 000 | The following is a summary of the Plan of correction for Elmcroft of Southern Pines 2019 Biennial Survey. This plan of correction is in regards to the SOD from the inspection conducted 2/7/2019. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the SOD or related sanctions or fine. It is being as confimation of our ongoing efforts to comply statutory or regulatory requirements. In this section, we have definitive actions in response to the identified issues. | |
| C 160 | Outside Premises-Clean, Safe<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(m) The requirements for outside premises are:<br>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the outside premises were not maintained in a clean condition.<br><br>Findings on February 7, 2019:<br>a. C Hall Exit - the paint is flaking and peeling on the exterior side of the door and there is dirt and | C 160 | C160<br><br>1a-<br>Maintenance Director cleaned the interior of the door. He also cleaned and painted the exterior of the C hall exit door. All lint was removed from this door.<br>Community exterior will be monitored monthly by MD or designee for needed repairs. | 3.4.19 |

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| C 160 | Continued From page 1<br>lint collecting around the door frame inside and outside. | C 160 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the ceilings were not kept clean and in good repair.<br><br>Findings on February 7, 2019:<br>a. Kitchen - there is a large, 12" long crack in the ceiling over the reach-in cooler. The finish is separating along the crack line.<br>b. Service Corridor - the R/A grille outside of dining has a heavy accumulation of dust.<br>c. Beauty Salon - the exhaust vent is completely clogged with dust.<br><br>2. Observations revealed that the walls and furnishings were not kept clean and in good repair.<br><br>Findings on February 7, 2019:<br>a. Kitchen - the door to the service hall hangs up at the latch and does not latch by itself. The doorframe trim is loose at the latch side.<br>b. Riser Room - there is an excessive amount of | C 164 | C164<br><br>1a-<br><br>Will be repaired by licensed cotractor on 3.13.19 to replace the sheetrock that has cracked<br><br>1b-<br><br>Maintenance Director cleaned the return air grille outside the dining room. The inside and outside of the grille was cleaned and will be inspected monthly and cleaned as needed.<br><br>1c-<br><br>Maintenance Director cleaned the exhaust vent in the beauty salon and will inspect monthly and clean as needed.<br><br>2a-<br><br>Maintenance Director installed a new latch and tightened the hinges on the door. The door trim was also secured at this time. | 3.13.19<br><br>2.19.19<br><br>2.19.19<br><br>2.14.19 |

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| C 164 | Continued From page 2<br>lint blown in from the adjacent dryer exhausts in the back corner of the room. | C 164 | C164<br>2b-<br>Maintenance Director cleaned the Riser room out and removed all lint. MD will check Riser room monthly and clean as needed. | 2.19.19 |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility was not maintained in a uncluttered, clean and orderly manner, free of all obstructions and hazards.<br><br>Findings on February 7, 2019:<br><br>b. Med Tech Office - there was one unsecured oxygen tank in the office.<br>c. SCU, A9 Bath - the towel bar was broken leaving the hard metal bracket exposed.<br>d. SCU -the metal threshold at the exit door by A7 was not secure at one side creating a trip hazard. | C 166 | C166<br>1b-<br>Oxygen tank was removed from the Med Tech office and cplaced in a closet with an oxygen stand.<br><br>1c-<br>Maintenance Director replaced the towel bar in the unoccupied A9 apartment.<br><br>1d-<br>Maintenance Director replaced the metal threshold on A hall exit door. | 2.11.19<br><br>2.14.19<br><br>2.14.19 |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and | C 189 | C189 | |

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| C 189 | Continued From page 3<br>operating condition.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>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.<br><br>Findings on February 7, 2019:<br>a. The emergency light outside of the Guest Bathroom did not illuminate on test.<br>b. Kitchen - the right lamp is dangling by its wires on the emergency light by the pantry door.<br>c. Kitchen exit - one lamp is burned out in the exterior emergency light outside of the kitchen door.<br>d. Service Corridor - emergency light #4 outside of the kitchen did not illuminate on test.<br>e. 600 Hall - emergency light #21 outside of Room 606 did not illuminate on test.<br><br>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.<br><br>Findings on February 7, 2019:<br>a. The smoke doors by the Guest Bath near the 100 Hall did not close completely when the fire alarm was activated.<br>b. SCU - the smoke doors in C Hall did not close completely when the fire alarm was activated. | C 189 | C189<br><br>1a-<br><br>Maintenance Director replaced batteries in Emergency Light outside the guest bathroom. Monthly checks will continue and batteries will be replaced as needed.<br><br>1b-<br><br>Maintenance Director replaced the Emergency Light outside the pantry in the AL kitchen. A door stop was also added to prevent future damage to the Emergency Light.<br><br>1c-<br><br>Maintenance Director replaced the light bulb in the emergency light on carport( outside of AL Kitchen door) and is now operational. Monthly checks by MD or Designee.<br><br>1d-<br><br>Maintenance Director replaced the battery in Emergency Light #4 outside of AL kitchen. Monthly checks by MD or designee.<br><br>1e-<br><br>Maintenance Director replaced the battery in Emergency Light #21 outside of room 606. Monthly checks by MD or Designee. | 2.14.19<br><br>2.14.19<br><br>2.14.19<br><br>2.14.19<br><br>2.14.19 |

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| C 189 | Continued From page 4<br>c. SCU, Room C6 - the door hangs on the frame and does not close and latch.<br><br>3. 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.<br><br>Findings on February 7, 2019:<br>a. The escutcheon plate for the sprinkler head outside of the staff lounge has shifted leaving a gap in the ceiling.<br>b. Mechanical Room - the tape and caulking around the duct penetration at Unit #3 is separating leaving a gap at the ceiling.<br>c. Maintenance Office - the supply vent is not secure to the ceiling leaving a hole in the ceiling.<br>d. Mechanical Room by 403 - there is a hole in the corridor wall at the emergency light.<br>e. Room 710 - the sprinkler head in the sitting area has shifted leaving a gap around the escutcheon plate.<br>f. Room 709, closet - the sprinkler head has shifted leaving a gap around the escutcheon plate.<br>g. SCU, A Hall - the sprinkler head outside of the storage room has shifted leaving a gap around the escutcheon plate.<br>h. SCU, Activity Room off of Parlor - the old ceiling was removed and the sprinkler head is too low creating a hole in the rated ceiling.<br>i. SCU, Service Hall off of Kitchen - there is a small unsealed cable penetration in the wall between the kitchen and the service area.<br>j. SCU, Outside Storage Room - there is a small hole at the sprinkler head and there is a 4" section of damaged ceiling adjacent to the light fixture. | C 189 | 2a and 2b<br><br>Contractor scheduled to make repairs to the smoke door frame on 3.13.19. Adjustments will close the gap allowing the doors to close tightly.<br><br>2c<br><br>Maintenance Director tightened the hinges and door frame on apartment C6.<br><br>3a<br><br>Maintenance Director caulked the escutcheon plate gap into the ceiling leaving no open areas.<br><br>3b<br><br>Maintenance Director caulked around the duct unit #3 sealing the gap.<br><br>3c<br><br>Maintenance Director secured the vent to the ceiling leaving no gap.<br><br>3d<br><br>Maintenance Director covered the hole in the wall with a wall plate.<br><br>3e<br><br>Maintenance Director caulked the escutcheon plate gap leaving no open areas.<br><br>3f<br><br>Maintenance Director caulked the escutcheon plate gap leaving no open areas.<br><br>3g<br><br>Maintenance Director caulked the escutcheon plate gap leaving no open areas. | 3.13.19<br><br>2.21.19<br><br>3.4.19<br><br>3.4.19<br><br>2.28.19<br><br>2.19.19<br><br>3.4.19<br><br>3.4.19 |

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| C 189 | Continued From page 5<br><br>4. 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.<br><br>Findings on February 7, 2019:<br>a. Several of the doors along the 100 Hall were wedged open using wedges, hand weights and furnishings.<br>b. Room 706 was propped open using a wedges device.<br>c. SCU, Parlor by Community Kitchen - the doors were propped open with furniture.<br><br>5. Observations revealed that the fire alarm equipment was not maintained in a safe and operating condition.<br><br>Findings on February 7, 2019:<br>a. Room 704 - the smoke detector was dangling and not secure to the base.<br>b. Room 707 - the smoke detector was dangling and not secure to the base.<br>c. SCU, Room A8 - the smoke detector is not secure to the base.<br>d. SCU, Room A5 - the smoke detector is not secure to the base.<br>e. SCU Activity Director's Closet - the smoke detector is damaged.<br><br>6. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below sprinkler heads could obstruct the sprinkler head's ability to suppress a fire. | C 189 | 3h<br><br>Maintenance Director sealed the sprinkler head in the activity room with fire caulk.<br><br>3i<br><br>Maintenance Director caulked the cable hole to seal any open areas.<br><br>3j<br><br>Maintenance Director caulked the sprinkler head outside storage room and repaired damage to the ceiling.<br><br>4a<br><br>Residents on 100 hall were instructed by the Maintenance Director that they should not prop doors. Residents were asked to remove all wedges, weights, and furnishings.<br><br>4b<br><br>Resident in 706 was instructed by the MD that they shoulld not prop their door.<br><br>4c<br><br>Maintenance Director removed the furniture from obstructing the non-rated doors and a magnetic door holder was applied to the door.<br><br>5a<br><br>Maintenance Director replaced the smoke detector in apartment 704.<br>Monthly monitoring by MD or Designee.<br><br>5b<br><br>MD replaced the smoke detector in apartment 707.<br>Monthly Monitoring by MD or designee.<br>5c and 5d<br><br>Contractor (Simplex) to replace smoke detector in A5, A8 on 3.14.19 | 3.4.19<br><br>2.28.19<br><br>3.4.19<br><br>3.5.19<br><br>3.5.19<br><br>3.6.19<br><br>2.19.19<br><br>2.19.19<br><br>3.14.19 |

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| C 189 | Continued From page 6<br><br>Findings on February 7, 2019:<br>a. Room 801 - items in the closet were stored to the ceiling.<br>b. Storage across from Dining - napkins and other supplies were stored within 18" of the ceiling. This was corrected at the time of survey.<br><br>7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition.<br><br>Findings on February 7, 2019:<br>a. Service Corridor - the middle overhead light was not secure to the ceiling.<br><br>8. Observations revealed that the mechanical systems were not maintained in a safe and operating condition.<br><br>Findings on February 7, 2019:<br>a. Boxing was installed around the exterior dryer exhaust vents to help keep the lint from blowing into the adjacent riser room, but the boxing traps the lint around the vents and there is a heavy accumulation of lint creating a fire hazard.<br><br>9. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes in the door or gaps between the door and the door frame stops.<br><br>Findings on February 7, 2019:<br>a. SCU, Room A7 - there is a small hole through the door at the door hardware.<br>b. SCU - there is a gap along the top edge of the exit door beside Room B4. | C 189 | 5e<br><br>Maintenance Director replaced smoke detector in activity director closet.<br>Monthly monitoring by MD or designee.<br><br>6a<br><br>Apartment 801 top shelf in closet was lowered by Maintenance Director.<br><br>6b<br><br>Items noted were moved under the 18 inch mark during the survey as noted.<br>Line marked in closet to show 18 inches<br><br>7a<br><br>MD secured the Light to the ceiling.<br><br>8a<br><br>MD cleaned out the boxing inside and out removing all lint. MD or designee will complete weekly.<br><br>9a<br><br>MD applied a door knob plate to door hardware covering the noted hole.<br><br>9b<br><br>Contractor scheduled for 3.13.19 to adjust the door frame to remove the gap and level the exit door to close tight. | 2.28.19<br><br>3.1.19<br><br>2.7.19<br><br>3.1.19<br><br>2.19.19<br><br>3.1.19 |

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| C 189 | Continued From page 7<br><br>10. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition.<br><br>Findings on February 7, 2019:<br>a. SCU, C Hall Spa - the toilet seat was loose which could cause someone to slip and fall when seating.<br>b. SCU, D Hall Mechanical - one of the 4" plumbing pipes had separated at the elbow fitting and was no longer connected.<br><br>11. Observations revealed that the building life safety components were not maintained in a safe and operating condition. Exit doors that are difficult to open can deter safe exiting in the case of a fire or other emergency.<br><br>Findings on February 7, 2019:<br>a. SCU - the D Hall exit door sticks and is difficult to open without the use of excessive force. | C 189 | 10a<br><br>MD tightened the toilet seat in Chall spa room. MD or designee will monitor monthly.<br><br>10b<br><br>MD reglued the fitting to the pipe and added a support hanger to keep the pipe from seperating again in the future.<br><br>11a<br><br>MD adjusted Dhall exit door and it now opens closes with normal exertion(force). | 2.19.19<br><br>2.19.19<br><br>3.1.19 |
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing | C 199 | | |

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| C 199 | Continued From page 8<br>facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility did not provide or maintain exhaust ventilation in required areas.<br><br>Findings on February 7, 2019:<br>a. Room 605 - the bathroom exhaust fan is not working.<br>b. SCU - the ventilation system is not working in the four Laundry Rooms and adjacent Spa Rooms.<br>c. SCU, Room B-3 - the exhaust fan is not working in the bathroom.<br>d. SCU, Guest Bath - the exhaust fan is not working. | C 199 | C199<br><br>1a<br><br>MD installed a new exhaust fan and is now operational.<br>MD or designee will monitor fans monthly.<br><br>1b, 1c, 1d<br><br>HVAC contractor is scheduled for 3.7.19 to evaluate all duct work for the entire communities exhaust system. If no isues or deficiencies are found with the duct work. The contractor will replace all exhaust fan assemblies with larger motors to move the required amount of air. | 3.5.19<br><br>3.7.19 initial assessment |