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
	HAL032020	A. BUILDING: 01 B. WING _____	02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM PARKWAY DURHAM, NC 27705

(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 a Biennial Construction Survey by Suzanna Fay conducted on February 28, 2019. Records indicate this facility was first licensed on September 22, 1999. The facility is currently licensed for 30 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1999 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
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. Findings on February 28, 2019: a. Insulation boards were placed over the exterior soffits to protect the sprinkler pipes from the cold. The insulation boards are buckling, curling at the edges and separating at the seams.	C 160	• The insulation boards were removed from the exterior perimeter of the adult care home as of March 20, 2019. • Administrator completed tour of building perimeter. No other areas of concern were identified • Administrator and or designee will conduct quarterly building and grounds inspections. • An audit of the rounds will be presented to the QA Committee during scheduled meetings. Audits will be conducted for 6 months or until consistent compliance is maintained.	3-20-19 2-28-19

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C 164	Continued From page 1	C 164		
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. Observations revealed that the furnishings were not kept in good repair. Findings on February 28, 2018: a. Kountry Kitchen, D199 Sun Room and the Office - a section of the door veneer has chipped and broken off along the bottom corner at the floor latch. b. Room D108 - the door drags on the frame. c. D182, Men's Toilet - the door drags on the frame. d. Door 32 at the Sunroom drags at the top of the frame. 2. Observations revealed that the walls were not kept in good repair. Findings on February 28, 2019: a. D191, Oxygen/Linen Storage - there are numerous small holes in the wall between the storage room and the mechanical room where shelving was removed. b. Laundry Room - the plastic housing for the washer connections had fallen off of the wall. This was repaired at the time of survey.	C 164	• Identified doors were repaired and are in good repair. The doors identified as dragging were adjusted and operating appropriately. • Administrator completed building inspection. No other doors were identified. • Administrator and or designee will conduct monthly interior physical plant rounds to identify areas that require maintenance. • An audit of the rounds will be presented to the QA Committee during scheduled meetings. Audits will be conducted for 6 months or until consistent compliance is maintained. • The identified areas were patched and are free of holes. • Administrator completed building inspection. No other areas of concern were noted. • Administrator and or designee will conduct monthly interior physical plant rounds to identify areas that require maintenance. • An audit of the rounds will be presented to the QA Committee during scheduled meetings. Audits will be conducted for 6 months or until consistent compliance is maintained.	3-20-19 2-28-19 3-20-19 3-20-19

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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 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 could allow fire and smoke to spread beyond the area of origin. Findings on February 28, 2019: a. Mechanical Room - there is a 1/2" unsealed penetration in the ceiling at the right corner of the room. 2. Based on observation fire safety equipment has not been maintained in a safe and operable condition. All delayed egress doors are to be equipped with signage stating "Push until alarm sounds. Door can be opened in fifteen seconds." Findings on February 28, 2019: a. The door exiting from D wing to the main building is a delayed egress door. The door was not labeled as such which could create panic or confusion. The label was attached at the time of survey.	C 189	• The potential area of penetration was appropriately sealed. • Community inspection completed. No other areas of concern were identified. • Administrator and or designee will conduct monthly interior physical plant rounds to identify areas that require maintenance. • An audit of the rounds will be presented to the QA Committee during scheduled meetings. Audits will be conducted for 6 months or until consistent compliance is maintained. • The delayed egress door exiting the D wing was labeled during the survey. • Community inspection completed. All other delayed egress doors were in compliance with the rule. • Administrator and or designee will conduct monthly interior physical plant rounds to identify areas that require maintenance. • An audit of the rounds will be presented to the QA Committee during scheduled meetings. Audits will be conducted for 6 months or until consistent compliance is maintained.	2-28-19 3-20-19 2-28-19 2-28-19