STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054067	A. BUILDING: **01** B. WING _____	**03/19/2019**

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THE VILLAGE OF KINSTON	**1935 IDLEWILD DRIVE KINSTON, NC 28504**

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 3-19-2019. Records indicate this facility was first licensed as a Home for the Aged on 3-9-1993, for 29 beds. A 34 bed addition was submitted on 4-24-2002, for a total capacity of 63 beds includung a 26 bed Special Care Unit. Therefore the facility must meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1991 and 2002 North Carolina State Building Code Institutional Occupancy.	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: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of	C 148		

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C 148	Continued From page 1 corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: Based on observation, there was no handrail provided on 13 feet of corridor near the medroom.	C 148		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Corridors must be maintained clear at all times. Finding on 3-19-2019: A chair was found in an exit corridor completely blocking access to the exit door.	C 150		
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.	C 166		

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C 166	Continued From page 2 This Rule is not met as evidenced by: 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 3-19-2019: a. Several (8) portable medical oxygen cylinders were stored in an unapproved beverage crate in the med room. b. One portable medical oxygen cylinder was stored in no container or rack in the med room. c. Several (8) portable medical oxygen cylinders were stored in an unapproved beverage crate in the other med room. 2. Based on observation, there was no key onsite to allow entry into the storage room on the 200 Hall to survey for hazards. 3. Based on observation, an extension cord was being used in place of permanent wiring in the pantry. The cord was stapled to the wall around a door Extension cords are intended for temporary use only and must never be attached to a wall. 4. Based on observation, there was exposed electrical wiring in the pantry where an electric water heater had been removed. Exposed wiring is a hazard. 5. Based on observation, one side of an exit sign was missing in the main area of the 300 Hall. The missing side failed to direct occupants to the nearest exit and exposed electrical wiring. 6. Based on observation, there were 4 sharp ends of bolts that had been cut off on the courtyard gate. Sharp bolt ends pose a laceration	C 166		

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C 166	Continued From page 3 risk to residents and staff.	C 166		
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 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: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 3-19-2019: The facility has 3 shifts but the records available onsite indicated rehearsals have been done in only the 1st shift.	C 185		
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	C 189		

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C 189	Continued From page 4 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 warning devices, "screamers," protecting the emergency release switches were not working at most exits from the locked portion of the facility. Malfunctioning warning devices could allow resident elopement. 2. Based on observation, the side exit door from the 300 Hall will only open about 75 degrees. Exit doors that will not fully open could delay an evacuation in an emergency. 3. Based on observation, the sampling tube for the duct mounted smoke detector in the attic was very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. 4. Based on observation, battery powered emergency lights would not work properly when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. Corridor at the Administrator's office, b. Corridor at room 2, c. Corridor at the Parlor, d. Corridor at room 7, e. Corridor at the Vending room, f. Corridor at the Dining room, g. Corridor near the 300 Hall entrance, h. Combination exit sign/emergency light at the front door,	C 189		

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C 189	Continued From page 5 i. The right side of the fixture in the dining room would not illuminate. 5. 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 3-19-2019; a. The 3 hour fire rated door near room 16 did not automatically latch when activated by the fire alarm system. b. The 3 hour fire rated door near room 16 had 6 holes through the door and 6 holes in the frame where a magnetic lock had been removed. c. The magnetic hold-opens on the smoke barrier doors on the 100 Hall re-energized when the fire alarm was silenced. Magnetic hold-opens must not re-energize until the fire alarm system is fully reset. d. There was a hole at the latchset through both the doors to the laundry. e. There was a hole at the latchset through the door to the soiled linen room. f. There was a hole at the latchset through the door to the pantry. g. There was a hole at the latchset through the door to the corridor bathroom beside room 33. h. A wedge was found at the door to the kitchen indicating it is sometimes wedged open. i. The double doors to the dining room would not latch to the frame when closed. j. The door to the rear dining room would not latch when closed. k. The door to room 24 would not latch when closed. l. The door to room 31 would not latch when closed.	C 189		

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C 189	Continued From page 6 m. The door to the beauty salon was propped open. 6. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 3-19-2019: a. Hole in the ceiling of the laundry, b. Hole and unsealed penetrations in the ceiling of the kitchen above the hood fire suppression system, c. Holes in the ceiling of the pantry above 2 new tankless water heaters, d. Holes in the wall of the pantry at water lines, e. Hole in the ceiling of the pantry around the flue where a gas water heater was removed, f. Hole in lower corner of the pantry wall, g. Unsealed penetrations in the ceiling above an electrical panel in the main electrical room, h. Hole and unsealed penetration in the ceiling of the mechanical room off the medroom, i. Unsealed penetration in the ceiling of the outside storage room, j. Unsealed penetration in the ceiling of the main riser room at the riser. 7. Based on observation, the building roof was not maintained in a good condition. A leaking roof could severely damage the one hour fire rated ceiling as well as other safety devices. Findings on 3-19-2019; a. A large portion of the roof over the 300 Hall was covered with a tarp. b. There were many shingles missing on the roof over the 300 Hall.	C 189		

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C 189	Continued From page 7 8. Based on observation, at least 2 sprinkler heads were covered with dirt and lint. Dirty sprinkler heads could delay activation in an actual fire. 9. Based on observation, plumbing equipment was not maintained in a safe condition. Findings on 3-19-2019; a. The wall mounted sink in the bathroom off the medroom was severely sagged and in danger of falling. b. The wall mounted sink in the bathroom off the 200 Hall was severely sagged. c. The wall mounted sink in the public men's bathroom was sagged.	C 189		
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: Based on observation the facility failed to maintain required exhaust in a working condition.	C 199		

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C 199	Continued From page 8 Finding on 3-19-2019; There was a pattern of dirty lint-covered exhaust fans and grills throughout the facility. Exhaust fans and grills that are dirty cannot work properly.	C 199		