

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL051041</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>03/29/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CLAYTON HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>145 DAIRY ROAD</b><br><b>CLAYTON, NC 27520</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                  | Initial Comments<br><br>Report of a Biennial Follow Up Construction<br>Survey by Suzanna Fay conducted on March 29,<br>2019.<br><br>There are deficiencies cited in the Biennial<br>Construction Survey that remain to be corrected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | {C 000}                                                                                    |                                                                                                                          |                                                                    |
| {C 101}                                                  | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF<br>PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult<br>care home shall be applied as follows:<br>(2) Except where otherwise specified, existing<br>licensed facilities or portions of existing licensed<br>facilities shall meet licensure and code<br>requirements in effect at the time of construction,<br>change in service or bed count, addition,<br>renovation, or alteration; however in no case shall<br>the requirements for any licensed facility where<br>no addition or renovation has been made, be less<br>than those requirements found in the 1971<br>"Minimum and Desired Standards and<br>Regulations" for "Homes for the Aged and Infirm",<br>copies of which are available at the Division of<br>Health Service Regulation at no cost;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility does<br>not meet the Building Code requirements for the<br>installed magnetic locking system in effect at the<br>time of construction or alteration.<br><br>Findings on March 29, 2019:<br>a. There is not a wiring diagram and a<br>components map located at the fire alarm panel. | {C 101}                                                                                    |                                                                                                                          |                                                                    |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| {C 160}                                                  | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {C 160}                                                                                    |                                                                                                                          |                                                                    |
| {C 160}                                                  | <p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0305 PHYSICAL<br/>ENVIRONMENT<br/>(m) The requirements for outside premises are:<br/>(1) The outside grounds of new and existing<br/>facilities shall be maintained in a clean and safe<br/>condition;</p> <p>This Rule is not met as evidenced by:<br/>1. Observations revealed that the outside<br/>premises were not maintained in a clean and safe<br/>condition. The exterior damages have not been<br/>repaired and the conditions are deteriorating.<br/>Additional deficiencies are cited at each location.</p> <p>Findings on March 29, 2019:<br/>a. The fascia trim is rotting outside of the dining<br/>room at the 100 Hall. Some of the soffit vents are<br/>missing and birds are building nests in the<br/>openings. The paint is flaking and peeling at the<br/>fascia trim around the kitchen and dining rooms.<br/>b. There is a small section of rotted fascia trim<br/>outside of the old building at the staff exit (end of<br/>100 Hall.) The siding is soft and rotting along the<br/>left side of the addition. There is a 3" diameter<br/>hole in the exterior siding along the left side of the<br/>addition.<br/>c. 200 Hall Exit - the exterior soffit and trim are<br/>heavily damaged from rot along the bottom right<br/>of the gable roof and on the bottom right corner of<br/>the porch roof. The paint along the fascia is<br/>flaking and peeling. The porch ceiling is<br/>unfinished plywood. The soffit at the right corner<br/>of the front of the building is damaged and falling<br/>off leaving holes in the soffit.<br/>g. 300 Hall back exit - the fascia trim and soffit at</p> | {C 160}                                                                                    |                                                                                                                          |                                                                    |

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| {C 160}                                                  | Continued From page 2<br><br>the end of the porch are heavily damaged from decay.<br>f. 300 Hall back exit-the concrete walk from the ramp to the patio is cracked, spalling and uneven. The walk at the 200 Hall exit is also spalling and broken creating an unsafe walk.<br>g. New Deficiency: An old pavilion and fountain were removed outside of the fenced enclosure. The debris was thrown into the fountain leaving an unsafe pile of rubble.                                                                                                                                                                                                                                                                                                                                                                                                                      | {C 160}                                                                                    |                                                                                                                          |                                                                    |
| {C 189}                                                  | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>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 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>4. 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 gaps between the door and the door frame stops.<br><br>Findings on March 29, 2019:<br>a. Room 205 - there is a gap around the door between the door and the door frame stops. | {C 189}                                                                                    |                                                                                                                          |                                                                    |