AFFINITY
Living Group

Williamston House Assisted Living
160 Santree Drive
Williamston, NC 27892
252-792-6969
252-792-6785

Dear Suzanna Fay,

Please accept this as my plan of correction for the deficiencies for your construction survey Which was completed on March 7, 2019. If you should have any questions or concerns, please Feel free to give me a call.

Tonya Cade, Executive Director

Tonya Cade

March 29, 2019

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
	HAL058011	A. BUILDING: 01 B. WING _____	03/07/2019

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C 000	Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay conducted on March 7, 2019. Records indicate this facility was first licensed on or about January 30, 2001 for Sixty (60) residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1996 Edition of the North Carolina State Building Code-Section 419 Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusions set forth in the state of defieciences, the plan of correction is prepared solely as a matter of compliance.	
C 101	Existing Licensed Fac- No less than '71 Rules	C 101		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:			

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C 101	Continued From page 1 1. Observations revealed that the facility did not meet code requirements in effect at the time of construction, renovation or alteration. NCSBC requires that special locking systems have a wiring diagram and system components map placed adjacent to the fire alarm panel under glass. Findings on March 7, 2019: a. The facility has a magnetic locking system. There was not a wiring diagram nor a system components map adjacent to the fire alarm panel.	C 101	The wiring diagram and system componets map for the magnetic locking system workorder has been submitted.	4/21/19
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Observations revealed that the facility was utilizing the community bath as storage. Findings on March 7, 2019: a. Community bath - the shower was filled with plastic storage bins. There was a medicine cart with trash piled on top near the tub. There was a wheelchair near the entrance and there were shower chairs stacked on and around the tub.	C 135	The community bath was deep cleaned on 3/8/19 the medication cart, wheel chair and multiple shower chairs have been removed. The ED/designee will monitor for cleanliness daily during rounds.	3/8/19
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 160		

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C 160	Continued From page 2 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 March 7, 2019: a. Smoking porch - there is a pile of trash behind the mechanical units. There are piles of cigarette butts on the ground around the concrete porch. b. The metal trim is loose and curling at the base of the columns creating a hazard for residents and staff. c. The downspout at the front left side of the facility has fallen off. d. To alleviate water from coming into the building during the last storm, drain pipes have been installed to the front gutters and run across the sidewalk creating a trip hazard.	C 160	A. Trash was removed from behind the mechanical units, and cigarette butts were cleaned up B. A work order has been submitted for repair of the loose metal trim on columns. C. The downspout at the front left side of facility was replaced. 3/26/19 D. Drain pipes have been cut back from the side wallk to prevent tripping hazards. ED/designee will make rounds outside of facility to note repairs that need to be made, and initiate work orders.	3/25/19 4/21/19 3/26/19 3/ 26/19
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.	C 164		

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C 164	Continued From page 3 This Rule is not met as evidenced by: 1. Observations revealed that the furnishings were not kept clean and in good repair. Findings on March 7, 2019: a. Room 207 - the mattress on the far bed was sagging and the vinyl was cracked and splitting. b. Room 207 - the melamine finish on the built-in cabinets was peeling and falling off. c. Room 301 - the melamine finish is coming off of the built-in cabinets and the drawers on the far cabinet are missing or damaged. d. Kitchen - the trim is loose on the door from dining to kitchen. e. Exit by Room 405 - the bottom of the astragal has chipped and broken off leaving a small opening to the exterior. f. Smokers Porch - one of the rocking chairs had a broken armrest, three vinyl chairs had cracked and splitting seat cushions, a half dozen fabric chairs had tears and the seats were heavily stained. 2. Observations revealed that the facility was not maintained clean and free of unpleasant odors. Findings on March 7, 2019: a. Community Bath - the floors were dirty. There was dirt tracked at the entry and around the toilet. There was toilet paper on the floor by the toilet soaking up a yellow liquid. There was a gray textured residue in the tub. b. Room 405 - the sheets on the first bed were stained yellow and there was a strong unpleasant odor of urine emanating from the room. 3. Observations revealed that the floors were not kept clean and in good repair.	C 164	New beds have been orderd and will be replaced upon arrival. Estiamted arrival date 4/19/19 Wardrobes have been orderd and will be replaced upon arrival. Estimated arrival date 4/19/19 Work order placed for repair of kitchen trim. Exit door by room 405 has been repaird Broken and soiled chairs have been discarded and replaced with new chairs. ED/Designee will make rounds to assess broken furniture, or items in need of repair, and submit orders. A. Deep clean of the community bath was done on 3/8/19. B. Staff were inserviced on 3/25/19 regarding personal care, linen changes. ED/designee will make daily rounds to ensure cleanliness of community bath and reseident rooms.	4/21/19 4/21/19 4/21/19 3/28/19 3/25/19 3/8/19 3/25/19

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C 164	Continued From page 4 Findings on March 7, 2019: a. Staff Bath - the floor base is coming off around the toilet. 4. Observations revealed that the ceilings are not maintained in good repair. Findings on March 7, 2019: a. Room 401 - there is a leak over the shower that has damaged the ceiling.	C 164	Work order placed for repair of flooring in staff bath. Work order placed for repair of ceiling in room 401.	4/21/19 4/21/19
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 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: 1. Review of records revealed that the quarterly fire rehearsals were not conducted on each shift. Findings on March 7, 2019: a. There was not a rehearsal conducted on the second shift for the second quarter of 2018. b. There was not a rehearsal conducted on the third shift for the fourth quarter of 2018.	C 185	ED/designee will monitor during facility rounds Fire drills have been conducted. ED/designee will monitor monthly to ensure that each shift receive fire rehearsals within the quarter.	3/ 25 /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 facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close to help limit the spread of smoke or fire to the area of origin. Findings on March 7, 2019: a. Smoke doors by Room 204 - the closer on the left leaf was broken and did not pull the door closed when the fire alarm was activated. 2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on March 7, 2019: a. The exit light did not illuminate on battery test at the door by 405. 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	C 189	Smoke doors by room 204 have been repaired. During fire rehearsals Ed/designee will monitor smoke doors for closeure.during fire rehersals. Work order was placed for repair of exit light by room 405.	3/8/19 4/21/19

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C 189	Continued From page 6 through fire resistant rated walls could allow fire and smoke to spread beyond the area of origin. Findings on March 7, 2019: a. Attic by Room 204 - the sheetrock tape has deteriorated and is no longer adhering to the wall. The peeling tape has left holes and gaps in the smoke barrier wall. b. Room 311 - the door knob has fallen out of the door leaving a 3" diameter hole in the door compromising the integrity of the corridor wall. 4. Observations revealed that the electrical equipment is not maintained in a safe and operating condition. Findings on March 7, 2019: a. Room 207 - one of the cover plates on the left wall is broken. b. Room 301 - the nurse call light over the bedroom door did not illuminate when the call button was engaged. c. Room 6 - the electrical outlet to the left of the door does not have a cover plate. d. Entry - at the time of survey, the front doorbell had fallen off and there was not an easy way to notify staff of visitors. 5. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on March 7, 2019: a. Room 204 - the toilet seat is not secure to the toilet and could cause a resident to slip and fall. b. Room 204 - the lavatory is not secure to the wall and the caulk behind the sink has cracked and separated from the wall. c. Women's Toilet - the toilet seat is loose.	C 189	Work order was placed forrepair of Attic by room 204. Door knob to room 311 has been replaced. ED/designee will make rounds to ensure repairs are done in a timely manner. Work orders were placed for replacement of cover plates for 207 and room 6. Work order placed for call light over the door of room 301. Entry door bell was replaced 3/26/19. ED/designee will make rounds to identify maintenance issues, and enter work orders as needed. Work order placed to generate maintenance repair the citied plumbing issues in room 204 and Womens bathroom. ED/Designee will make rounds to ensure that maintenace issues are handled in a timely manner.	4/21/19 3/8/19 4/2119 4/21/19 3/26/19 4/21/19

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C 189	Continued From page 7 6. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Findings on March 7, 2019: a. Kitchen - the vent over the range has a heavy build-up of grease and grime. b. Kitchen - the HVAC vents have heavy accumulations of grease and dust. The ceilings around the supply vents are dirty. c. Beauty Shop - there is an excessive amount of trash (plastic gloves, food wrappers, lint and clothing) behind the washer and dryer.	C 189	Work order placed for Kitchen Vents and HVAC vents to be cleaned. Trash removed from behind the washer and dryer int he beauty shop. Ed/designee will monitor for cleanliness ED/designee will make rounds to identify maintenance issues, and enter the work orders.	4/21/19 3/ 8 /19