A New Outlook of Taylorsville

An Adult Care Home, Where the Nature of Caring is Real.

Fax Transmittal Form

To: DHSR Construction
Name: _____
Attention: Ed Miller
Phone number: _____

From: _____
Fax number: 919-733-6592

( ) Urgent
(~~)~~ For Review
( ) Please comment
( ) Please reply

Date sent: 10/7/18
Time Sent: 11:26am
No. of pages including cover: 5

Message/Memo:

360 Wood Road, Taylorsville, NC 28681
Phone 828.635.8350 • Fax 828.635.8353
Email: ANewOutlookOfTaylorsville@windstream.net

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 2, 2018

Alfreda Robinson
3200 Matthews Mint Hill Road
Matthews, NC 28105

RE: HA Follow-Up Biennial Construction Survey
FID #920080 Hal002007
A New Outlook Of Taylorsville
360 Wood Road
Taylorsville Alexander County

Dear Ms. Robinson:

On **September 13, 2018**, a Biennial Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted October 17, 2018

Your PoC for the deficiencies must contain the following:

- What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than 15 days from date of survey requires a written waiver from DHSR-Construction Section.

    - Corrective action must begin immediately

Your **Signed Plan of Correction** can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Ed Miller

Ed Miller
Architect
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Alexander County DSS - with attachment-(via e-mail only)

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
	HAL002007	A. BUILDING: 01 B. WING _____	R 09/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A NEW OUTLOOK OF TAYLORSVILLE	360 WOOD ROAD TAYLORSVILLE, NC 28681

(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 Follow Up Construction Survey by Ed Miller, conducted on September 13, 2018. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		11/15/18 Waiver requested
{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: 2. Based on observation, 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 9/13/2018 include; a. The smoke barrier door did not close completely and latch when activated by the fire alarm system. Per interview with Manager, a replacement door has been ordered, b. The edge of the smoke barrier door is damaged and does not fit the opening properly to be resistant to the passage of smoke. Per interview with Manager, a replacement door has been ordered,	{C 189}	Rule 10A NCAC 13F .0311 Other Requirements. Facility will ensure all plumbing, fire safety, electrical, and mechanical equipment are maintained in a safe and operating condition. Doors will be repaired or replaced as required to remain in compliance. Med tech will monitor daily, RCC will monitor weekly, Administrator will monitor monthly and as needed.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa Mack — TITLE: Administrator — (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL002007	A. BUILDING: 01 B. WING	R 09/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A NEW OUTLOOK OF TAYLORSVILLE	360 WOOD ROAD TAYLORSVILLE, NC 28681

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{C 189}	Continued From page 1 c. The right leaf of the dining room doors did not latch when closed. Per interview with Manager, a replacement door has been ordered. d. There was a hole at the latchset through the door to the personal hygiene closet.	{C 189}		

A New Outlook of Taylorsville

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October 10, 2018

RE: HA Follow-Up Biennial Construction Survey.
FID #920080 Hal 002007
A New Outlook of Taylorsville
668 Wood Rd
Taylorsville, NC Alexander County

Dear Ed Miller,

A New Outlook of Taylorsville is respectfully requesting a waiver for the completion date for the corrective action to be completed. We request a 30-day extension for the completion date for the current deficiencies. We received the Plan of Correction October 2, 2018 and the survey was completed on September 13, 2018. The date we received the PoC was after the 15 day requirement for the waiver to be filed.

Thank you in advance for your cooperation and consideration regarding this.

If you have any questions, please call 828-635-8351.

Teresa Matos

Administrator

A New Outlook of Taylorsville

Emailed to:
Frieda
Ed miller @ construction

360 Wood Road, Taylorsville, NC 28681
Phone 828.635.8350 • Fax 828.635.8353