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
	HAL051041	A. BUILDING: 01 B. WING _____	R 03/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAYTON HOUSE	145 DAIRY ROAD CLAYTON, NC 27520

(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 Suzanna Fay conducted on March 29, 2019. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules 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: 1. Observations revealed that the facility does not meet the Building Code requirements for the installed magnetic locking system in effect at the time of construction or alteration. Findings on March 29, 2019: a. There is not a wiring diagram and a components map located at the fire alarm panel.	{C 101}	We have contracted First Fire Services to create a diagram, to be place at the fire alarm panel. Estimated time of completion May 15, 2019.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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{C 160}	Continued From page 1	{C 160}		
{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. The exterior damages have not been repaired and the conditions are deteriorating. Additional deficiencies are cited at each location. Findings on March 29, 2019: a. The fascia trim is rotting outside of the dining room at the 100 Hall. Some of the soffit vents are missing and birds are building nests in the openings. The paint is flaking and peeling at the fascia trim around the kitchen and dining rooms. b. There is a small section of rotted fascia trim outside of the old building at the staff exit (end of 100 Hall.) The siding is soft and rotting along the left side of the addition. There is a 3" diameter hole in the exterior siding along the left side of the addition. c. 200 Hall Exit - the exterior soffit and trim are heavily damaged from rot along the bottom right of the gable roof and on the bottom right corner of the porch roof. The paint along the fascia is flaking and peeling. The porch ceiling is unfinished plywood. The soffit at the right corner of the front of the building is damaged and falling off leaving holes in the soffit. g. 300 Hall back exit - the fascia trim and soffit at	{C 160}	Agemark Maintenance currently working with Total Construction Company to repair whole exterior, fascia trim, soffit, unfinished plywood. Estimated time completion May 15, 2019	

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{C 160}	Continued From page 2 the end of the porch are heavily damaged from decay. 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. 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}	Agemark Maintenance currently working with Total Construction to repair cracked patio and spalling and uneven walk way Agemark Maintenance has communicated with community's landscapping vendor to clean up debris thrown into area where fountain was removed from. Estimated date of completion May 15, 2019	
{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: 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. Findings on March 29, 2019: a. Room 205 - there is a gap around the door between the door and the door frame stops.	{C 189}	Agemark Maintenance will repair gap around the door and door frame of room 205. Estimated completion date May 15, 2019	