NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

May 2, 2019
Shelby Manor (via e-mail only)
Po Box 2568
Hickory, NC 28603-2568

RE: Shelby Manor - HA Biennial Survey
1176 Wyke Road
Shelby Cleveland County
FID #921104 Hal023046

Dear Ms. Strange:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on April 25, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected 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.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by May 17, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your 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

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by May 17, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by May 17, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023046	A. BUILDING: 01 B. WING _____	04/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY MANOR	1176 WYKE ROAD SHELBY, NC 28150

(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 Construction Section Biennial Survey by Suzanna Fay and Ed Miller conducted on April 25, 2019. Records indicate this facility was first licensed on May 1, 1992 for 64 beds. On April 7, 2000, a change of capacity was approved increasing the total to 74 beds. Based on the above information, the facility is required to meet the 1991 Minimum Standards and Regulations for Homes for the Aged and Disabled, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1991 North Carolina State Building Code, Section 409.1 Group I-Unrestrained Occupancy Deficiencies were cited that require a Plan of Correction.	C 000	Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report. The Plan of Correction is preparedsolely as a matter of compliance with the State Laws.	
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: 1. Observations revealed that the corridors were not kept free of equipment and other obstructions. Findings on April 25, 2019: a. Upper Level - there were a large number of dining style chairs being stored in the corridor by the front exit.	C 150 C 150	It is the policy of Shelby Manor to assure the community is maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. All the chairs have been removed from the corridor.Staff have been informed not to store items in corridors. ED will monitor all areas for compliance on a monthly basis.	5/15/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Virginia Franco TITLE: Administrator (X6) DATE: 5-17-19

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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. Findings on April 25, 2019: a. One of the globes has broken on the exterior light pole at the front drive.	C 160	The globe has been ordered and will be replaced. Work orders will be placed and ED and maintenance will monitor to assure work orders are completed in a timely manor.	5/31/19
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. This Rule is not met as evidenced by: 1. Observations revealed that the furnishings and equipment were not kept clean and in good repair.	C 164	It is the policy of Shelby Manor to assure the community is maintained in a clean and odor free environment. Housekeeping has been trained to make sure to clean the furnishings. ED will make sure all work orders are placed and maintance will make repairs as requested in a timely manor.	

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C 164	Continued From page 2 Findings on April 25, 2019: a. Four of five mechanical vents observed had heavy accumulations of lint and dust indicating a pattern of dirty vents. b. Apartment 29, Upper Level - one of the kitchen drawers to the left of the stove is broken. c. Apartment 26, Upper Level - two of the kitchen drawer faces were missing. 2. Observations revealed that the facility was not maintained free of unpleasant odors. Findings on April 25, 2019: a. Room 8 - there was a strong, unpleasant odor in the room. 3. Observations revealed that the ceilings were not kept clean and in good repair. Findings on April 25, 2019: a. A section of the ceiling, approximately 24" long by 12" deep, at the cross corridor doors near Room 8 was stained from a previous leak and the finish was flaking and peeling. b. The corridor ceiling outside of Dining was damaged when a sprinkler pipe burst. The facility is in the process of repairing the ceiling. c. Upper Level Boiler Room - the ceiling above the first water heater is damaged and stained. The sheetrock is dry, brittle and crumbles at the touch. 4. Observations revealed that the flooring was not maintained clean and in good repair. Findings on April 25, 2019: a. The carpet throughout the facility was heavily stained and worn. 5. Observations revealed that the walls were not	C 164 C164 C 164 C164 C 164 C 164 C 164 C 164 C 164	All vents are in the process of being cleaned. They are being removed and cleaned. Apartment 29-Broken drawers are being repaired. Apartment 26-Drawer faces are being repaired. Room 8 carpet will be cleaned Ceiling areas have been repaired and painted. Ceiling areas have been repaired and painted Ceiling areas have been repaired and painted. Will have carpet cleaned in hall ways	5/31/19 5/31/19 5/31/19 5/31/19 5/14/19 5/14/19 5/13/19 6/7/19

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C 164	Continued From page 3 maintained in good repair. Findings on April 25, 2019: a. Apartment 29, Upper Level - the stove hood was removed and there is a large hole, approximately 4"x8" in the wall.	C 164 C 164 C164	Several rooms and hallways are being painted. Hole has been repaired	6/7/19 5/15/19
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. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on April 25, 2019: a. Room 6 - one oxygen bottle was unsecured on the floor of the room beside the oxygen rack. b. Oxygen Storage - one oxygen bottle was unsecured on the floor of the room. c. Room 21 - one bottle of oxygen was unsecured on the floor beside the oxygen rack and a second bottle was leaning unsecured against the wall at the window. 2. Observations revealed that the facility was not maintained free of hazards.	C 166 C 166 C166 C 166	It is the policy of Shelby Manor to assure the community is maintained in an uncluttered and safe environment. ED and RCC will monitor all areas that have oxygen tanks and make sure they are stored properly. All oxygen bottles have been placed in oxygen racks All oxygen bottles have been placed in oxygen racks All oxygen bottles have been placed in oxygen racks	4/25/19 4/25/19 4/25/19

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C 166	Continued From page 4 Findings on April 25, 2019: a. Room 30 - the carpet edges at the threshold to the room were beginning to unravel creating a trip hazard for the occupants of the room. 3. Observations revealed that the fire safety equipment was not maintained in a safe and operating condition. Findings on April 25, 2019: a. The two fire extinguishers in the upper level corridor had not been serviced sine February of 2018.	C 166	C 166 The Carpet edges have been secured C 166 The 2 fire extinguishers in the upper level corridorwill be serviced.	5/13/19 5/31/19
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 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 April 25, 2019: a. The exit sign by the C Hall Living Room was	C 189	C 189 It is the policy of Shelby Manor to assure the community is maintained in a safe and well maintained environment. Maintance will routinely check and the areas listed and provide and maintain all repairs needed. Ceiling areas been repaired and painted.	

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C 189	Continued From page 5 not illuminated at the time of survey. b. The exit sign at the exit by Room 14 did not illuminate on battery test.	C 189 C 189	The batteries have been changed in the 2 exit signs listed. They are working now.	5/13/19
	2. Observations revealed that the building electrical equipment was not maintained in a safe and operating condition. This is a potential hazard if receptacles near water sources do not function to provide shock protection. Findings on April 25, 2019: a. Room 1 - the GFCI outlet by the sink did not trip when tested.	C 189	Outlet has been repaired	5/15/19
	b. Exit by Room 51 - the exterior GFCI outlet did not trip when tested.	C 198	Outlet has been repaired	5/15/19
	c. The GFCI outlet at the HVAC equipment outside of the exit by Room 63 did not trip when tested.	C 189	Outlet has been repaired	5/15/19
	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 through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on April 25, 2019: a. C Hall - there is a small hole at the base of the exit sign at the cross corridor doors by the Living Room.	C 189	Hole has been repaired	5/14/19
	b. C Hall - there is a small hole at the base of the exit sign on the opposite side of the cross corridor doors by the Living Room.	C 189	Hole has been repaired	5/14/19
	c. There is a small hole at the back side of the exit sign at Room 14.	C 189	Hole has been repaired	5/14/19
	d. Corridor near Room 35 - a WIFI cable was installed along the ceiling. The penetrations into the ceiling were not sealed. This was typical for each corridor where the WIFI cable was installed.	C189	WIFI cable has been sealed to the sealing.	5/14/19
	e. Clean Linen - there are two nail pops			

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C 189	Continued From page 6	C 189		
	penetrating the ceiling over the door. f. Laundry - there is an unsealed conduit penetrating the ceiling by the dryers. g. Upstairs Boiler Room - there are two unsealed penetrations a the corridor wall. There is a small hole in the ceiling over the first water heater where a bracket was removed. There is an unsealed copper wire penetration to the right of the first water heater. There is a partially sealed penetration over the data panel and there are several data wire conduits with open ends. h. Maintenance Director's Office - there is an unsealed WIFI cable penetration in the back corner of the office and there are two nail pops penetrating the ceiling on the right wall. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on April 25, 2019: a. Room 21 - the corridor door did not latch when closed. 5. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the ice became contaminated. Findings on April 25, 2019: a. Kitchen - the icemaker drain line is resting directly on top of the floor drain. 6. Based on observation the facility's fire safety	C 189 C 189 C 189 C 189 C 189 C 189	Ceiling has been repaired Ceiling has been repaired Ceiling area has been repaired. Door latch has been replaced The icemaker drain line has been corrected to the 2" air gap.	5/14/19 5/14/19 5/14/19 5/14/19 5/15/19

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C 189	Continued From page 7 components are not being maintained in a safe operable manner. Doors were blocked open or held open by unapproved devices or methods. All the occupants in the facility could be effected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin. Findings on April 25, 2019: a. Kitchen Pantry - the pantry door had a kick down installed on the door. b. Room 52 - the corridor door was held open using a wedged device. c. Food Service Director's Office - the door was held open using a wedged device. 7. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on April 25, 2019: a. Attic Mechanical Room - the duct detectors has an accumulation of dust.	C 189	The managers will monitor this area to make sure there are not unapproved devices or methods blocking open doors. The kick down has been removed from the door. Door wedges have been removed Door wedges have been removed The duct detectors have been cleaned.	5/13/19 4/25/19 4/25/19 5/10/19
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	C 199		

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C 199	Continued From page 8 (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: 1. Observations revealed that the facility did not maintain exhaust ventilation in required areas. Findings on April 25, 2019: a. The exhaust system for the fans was not working in B Hall. b. Room 21 - the exhaust fan is not working in the resident's bathroom. c. Laundry Room - the exhaust fan is not working.	C 199	Maintance will monitor ventilation exhaust fans and make repairs as necessary.	
		C 199	The belt was replaced on the exhaust system	5/14/19
		C 199	The belt was replaced on theexhaust system	5/14/19
		C 199	The exhaust fan motor had to be replaced. The motor was ordered on 5/14/19.	5/31/19