

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2019
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613		
(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 Construction Section Biennial Survey by Ed Miller, conducted on May 2, 2019. Records indicate this facility was first licensed on or about January 1, 1978. The facility is currently licensed for 29 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1977 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 1967 Edition of the North Carolina Building Code, Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	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;	C 101		

RECEIVED
JUN 05 2019
CONSTRUCTION SECTION

Division of Health Service Regulation

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

TITLE

(X6) DATE

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, counting, and interview with Administrator and Manager the facility does not meet the requirements found in the 1971 Minimum Licensure Rules. The Rules require a toilet and hand lavatory for each 5 residents and a tub or shower for each 10. Findings on May 2, 2019: a. The facility has two Bathroom Groups with a total plumbing fixture count of 4 hand lavatories, 5 commodes, and 4 tubs or showers. Therefore, the facility has only accommodations for twenty residents. (Short 2 hand lavatories and 1 toilet).	C 101	See attached letter for response to this finding.	5-20-19
C 126	Bedrooms-Windows SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (d) The requirements for the bedroom are: (9) Each resident bedroom shall be ventilated with one or more windows which are maintained operable and well lighted. The window area shall be equivalent to at least eight percent of the floor space and be provided with insect screens. The window opening may be restricted to a six-inch opening to inhibit resident elopement or suicide. The windows shall be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height; and This Rule is not met as evidenced by: 1. Based on observation, the facility failed to maintain operable windows for the residents' bedrooms and their components in good working order. This deficiency affects all residents who do not have an operable window so the resident can control the ventilation of their bedroom. Findings on May 2, 2019:	C 126		

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C 126	Continued From page 2 a. Bedroom 18 - the window's operable sash would not stay in the open position.	C 126	1-a New window with new sash has been ordered and scheduled to be installed 6/12/2019	6-12-19
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. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on May 2, 2019: a. Entire Building - the HVAC return system throughout the Facility have an excessive accumulation of dust/lint. 2. Based on Observation, the Building walls are not kept clean and in good repair. Findings on May 2, 2019: a. Bedroom 6 - the corridor door handle is loose, and may not function properly when used. 3. Based on Observation, and interview with Administrator and Manager, the facility failed to keep plumbing system devices clean and in good repair. Findings on May 2, 2019: a. Left Bathroom Group -the commode did not have a lid for its tank.	C 164	1-a The HVAC return system has been cleaned and free from dust. Staff instructed to clean on a schedule once a week for all hvac vents. 2-a Door handle in #6 has been replaced and is in working condition. 3-a Left Bathroom Group commode has been replaced.	6-3-19 5-6-19 6-9-19

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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. Based on Record review and interview with Administrator and manager, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on May 2, 2019: a. For the last 12 months, all rehearsals were performed on 1st shift.	C 185	1-a Started fire safety rehearsals on night shift at 0430 on 2nd shift 5-21-2019. Continue to rehearse the fire plan on both shifts and record each quarter.	5-21-19
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, with ground fault interrupters. This would affect	C 188		

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C 188	Continued From page 4 residents, staff, and visitors by not providing ground fault protection to these devices. Findings on May 2, 2019: a. Right Bedroom Group - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester.	C 188	1-a Right Bedroom Group-GFCI receptacle was replaced and did trip when tested.	5-21-19
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 observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on May 2, 2019: a. Med Room - there are two cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Corridor between Bedrooms 4 & 6 - there is a hold not firestopped as it penetrates the fire-resistance-rated wall assembly. c. Right Bathroom Group - there are several Pex plumbing lines not firestopped as they penetrate the fire-resistance-rated ceiling assembly. d. Bedroom 9 - there is a gap around the loose	C 189	1-a-d Area's A through D have been chalked with a fire resistance rated fire stop to maintain a safe and operating condition.	5-8-19

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C 189	Continued From page 5 HVAC return grille not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Dining - there is a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. f. Left Bathroom Group - there are several Pex plumbing lines not firestopped as they penetrate the fire-resistance-rated ceiling assembly. g. Bedroom 23 - there is a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. h. Bedroom 25 - there is a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. i. Boiler Room - there are several pipes/conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 2. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 2, 2019: a. Boiler Room - many items are stored in front of the electrical panels, limiting the required 36-inches by 30-inches minimum clear working space. This prevents quick access in any emergency. b. Right Bathroom Group - the ground-fault circuit-interrupter (GFCI) electrical power receptacle's cover plate is broken. 3. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on May 2, 2019: a. Bedroom 23 - the corridor door does not latch into its frame when closed. 4. Based on Observation, the corridor doors are not maintained in a safe and operating condition.	C 189	1-e-i Area's E through I have been chalked with a fire resistance rated fire stop to maintain a safe and operating condition. 2-a All items have been removed from boiler room for safe clearance and access to electrical panel. 2-b Cover plate replaced for GFCI receptacle in Right Bathroom Group 3-a Bedroom 23 latch was replaced to assure safe and operating condition.	5-8-19 5-3-19 5-3-19 5-10-19	

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C 189	Continued From page 6 This affects all by not containing smoke and fire in the room of origin. Findings on May 2, 2019: a. Bedroom 21 - the corridor door has a chair holding the door open. b. Bedroom 25 - the corridor door has a chair holding the door open. c. Bedroom 22 - the corridor door has a wedge holding the door open.	C 189	4-a-c Bedrooms 21,25,22 all have a magnet in place to assure door will remain open and shut as needed. Chairs and wedge have been removed, and staff instructed not to use as such.	5-10-19 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 (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. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on May 2, 2019: a. New Housekeeping near Right Bathroom Group - there is no ventilation system in this	C 199		

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C 199	Continued From page 7 windowless closet and odor is present.	C 199	1-a Items removed from closet room , and only dry products stored in closet oder has been removed .	5-15-19
			Director of Operation Austin Adult Care. <i>Ray Patrick</i> <i>R. Patrick</i> 5-30-19	



catawba county
social services

To: Ed Miller
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

From: Shelley Caldwell, SWIII

Re: AUSTIN ADULT CARE Construction Survey dated 5/2/2019
511 BUMGARNER INDUSTRIAL DRIVE
CONOVER, NC 28613

Date: 5/20/2019

Dear Mr. Ed Miller/Construction Division,

I was emailed a copy of the Construction Survey for Austin Adult Care home, dated 5/2/2019. In speaking with Patrick Barlow, Administrator for Austin Adult Care Home, it was brought to my attention that he was able to submit a plan of correction for all items listed in that report, except adding an additional hand lavatory and commode. Their current census is 21 residents, and their licensed capacity is for 29 beds. According to the report from 5/2/2019, they are out of compliance.

I was able to review these findings with the former adult home specialist, Chandra Henson. Our combined records, indicate that for a total of 11 years' worth of monitoring reviews, surveys, and construction reports, there were no previous findings in that area. I will forward this letter to Mr. Patrick Barlow, so that he will have a copy of this letter. He can forward this letter with the other information and corrections from the May 2, 2019 review.

I do appreciate your time and consideration of this information. If you have any questions, please contact me at 828-695-5638.

Sincerely,

Shelley Caldwell

Adult Home Specialist

Catawba County DSS

catawbacountync.gov

Post Care Services

3050 11th Avenue Drive SE | Hickory NC 28602 | Ph 828.695.5755 | Fax 828.695.6556

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