

PITTSBORO CHRISTIAN VILLAGE

A Retirement Community

July 24, 2019

Ed Miller
DHSR - Construction Section
North Carolina Department of Health and Human Services
2705 Mail Service Center
Raleigh, North Carolina 27699-2705



Re: Pittsboro Christian Village – HA Biennial Survey
(conducted on June 25, 2019)
Licensure Number: HAL-019-006
FID #920950

Bearing

His

fruit

in

His

season

Dear Mr. Miller:

Enclosed is the signed and dated summary statement of deficiencies of the above referenced biennial survey for Pittsboro Christian Village with our plan of correction.

All deficiencies have been corrected as noted, except the finding of 128-1.a.: "The facility has 1 tub and 2 showers between two Bathroom Groups. This accommodates the 23 residents noted as their census for that day. It does not accommodate the Licensed capacity of 40." This will be corrected no later than August 7, 2019.

We are restoring a shower that was previously in place, but had been removed for additional storage for linens. Plumbing is already intact and active.

We have put practices in place to conduct periodic checks during other internal inspections and services to prevent the deficiencies you observed from happening in the future.

Please do not hesitate to contact us if there are any questions or concerns on our plan of correction. You may contact me at 919-542-3151 or by email at gerald.baker@pcvnc.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gerald Baker, Jr.", is written over a horizontal line.

Gerald Baker, Jr.
Executive Director

Enclosure

1825 East Street Pittsboro, NC 27312

Ph: (919) 542-3151 ☎ Fx: (919) 542-5919 ☎ www.pcvnc.org

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL019006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 06/25/2019
NAME OF PROVIDER OR SUPPLIER PITTSBORO CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1825 EAST STREET PITTSBORO, NC 27312		
(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 June 25, 2019. Based on the information obtained from the DHSR Database, the Pittsboro Christian Village Facility was originally licensed, or the application submitted on 4-1-1980 as a 10-bed facility. Based upon this information, we are requiring that the original facility meet the 1977 "Regulations for Homes for the Aged and Disabled" Minimum Standards and Regulations; the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds; and the 1978 Edition of the North Carolina State Building Code, Volume I- General Construction- Section 409 - Institutional Occupancy A 16-bed addition was added to the facility with review from DHSR on 10-17-1990. Based upon this information, we are requiring that this portion of the facility meet the 1987 "Regulations for Homes for the Aged and Disabled" Minimum Standards and Regulations; the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds; and the 1978 Edition of the North Carolina State Building Code, Volume I- General Construction- Section 409 - Institutional Occupancy. A 14-bed addition was added to the facility with review from DHSR on 8-15-1995 and inspection approved on 5-16-1997. Based upon this information, we are requiring that this portion of the facility meet the 1994 "Regulations for Homes for the Aged and Disabled" Minimum Standards and Regulations; the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds; and the 1991 Edition of the North Carolina State Building Code, Volume I- General	C 000	Corrective Actions: See Next Page:		

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

TITLE

(X6) DATE

[Signature]

EXECUTIVE DIRECTOR

24 JULY 2019

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C 000	Continued From page 1 Construction- 1995 Revision Section 409 - Institutional Occupancy. The facility is currently licensed for a total of 40 beds. Deficiencies were cited that require a Plan of Correction.	C 000	Corrective Actions: See Next Page:		
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. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having the proper means of egress or equipment. This could affect residents, staff and visitors if they cannot exit or exit quickly. Findings on June 25, 2019:	C 101			

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David K. [Signature]

EXECUTIVE DIRECTOR

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C 101	Continued From page 2 a. Courtyard - the paired-gate is secured shut with a gate latch on the outside. This latch does not allow egress without special knowledge. The building has an exit that discharges into the courtyard and there is no "safe dispersal area" within the courtyard so the gate must allow egress for all. Gate latch was relocated to inside. Deficiency corrected before Construction Surveyor departed site	C 101	C101-1.a. On June 25, 2019, the gate latch was relocated to the inside.	25 JUNE 19 RB
C 128	Bathrooms-Minimum Facilities SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (1) Minimum bathroom and toilet facilities shall include a toilet and a hand lavatory for each 5 residents and a tub or shower for each 10 residents or portion thereof; This Rule is not met as evidenced by: 1. Based on observation, counting and interview with Administrator and Executive Director, the facility failed to maintain the minimum plumbing fixture count to resident ratio required by the Rule. This deficiency affects all who must wait to have access to these fixtures. Findings on June 25, 2019: a. The facility has 1 tub and 2 showers between two Bathroom Groups. This accommodates the 23 residents noted as their census for that day. It does not accommodate the Licensed capacity of 40.	C 128	C128-1.a. An additional shower will be installed no later than August 7, 2019. We will have one tub and three showers, therefore being able to accommodate licensed capacity of 40. This installation is restoring a shower that was previously in place, but had been removed for additional storage of linens. Plumbing is already intact and active.	25 JUNE 19 RB
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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C 188	Continued From page 4 a. Bathrooms - the electrical power receptacles that are within six feet of sinks, tubs showers do not provide ground fault protection.	C 188	C188-1.a. On July 17, 2019, we replaced standard electrical outlets with GFCI outlets in the following locations: Room 207, Copier Room, 200 Hall Eyewash Room, next to Water Cooler near entrance, behind 300 Hall Washing Machine.	6/24/19 JS
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 or compartment of origin. Findings on June 25, 2019: a. Attic - the smoke barrier wall has a cable penetration not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. 200 Hall Mech Room near Ice Machine - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. 200 Hall Attic - the tunnel style fire-resistance-rated ceiling construction has several holes on the attic side. 2. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on June 25, 2019:	C 189	C189-1.a. On July 17, 2019, we corrected the unsealed cable penetration at the smoke barrier in the attic. The penetration was filled with commercial fire caulking as appropriate. Our Director of Facility Services will check behind any future jobs conducted by contractors where work could or does cause penetration. C189-1.b. On July 17, 2019, we corrected the unsealed conduit penetration in the mechanical room near the ice machine. The penetration was filled with commercial fire caulking as appropriate. Our Director of Facility Services will check behind any future jobs conducted by contractors where work could or does cause penetration. C189-1.c. On July 17, 2019, we corrected the holes on the attic side of the ceiling construction of the 200 Hall. Holes were repaired with the replacement of the appropriate sheetrock. Our Director of Facility Services will check behind any future jobs conducted by contractors where work could or does cause penetration.	6/24/19 JS 6/24/19 JS 6/24/19 JS

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David K. [Signature]

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24 July 2019

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C 189	Continued From page 5 a. Laundry - the corridor door hits the vinyl transition strip on the floor preventing it from closing and latching. 3. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on June 25, 2019: a. Meeting Room - the corridor door has a chair holding the door open. Deficiency corrected before Construction Surveyor departed site.	C 189	C189-2.a. On June 27, 2019, our flooring contractor replaced the vinyl transition that was preventing the door to close and latch. The door currently closes and latches properly. C189-3.a. On June, 25, 2019, the chair that was holding the door in the meeting room was relocated, correcting error. The Administrator will re-educate and emphasize to the Care Home staff of ensuring that no doors are being held open by chairs or any other unacceptable means.	27 Jun 19 TVB 25 Jun 19 TVB	

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EXECUTIVE DIRECTOR

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