| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL036031 | A. BUILDING: **01**<br>B. WING _____ | **08/13/2019** |

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| **WELLINGTON HOUSE** | **850 MAJESTIC COURT**<br>**GASTONIA, NC 28054** |

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| C 000 | Initial Comments<br><br>Report of Construction Section Biennial Survey by Dennis Harrell on 8-13-2019. A Complaint Follow Up Construction Survey was conducted at the same time.<br><br>This facility was first licensed on 10-1-1988, as a Home for the Aged. The facility is a Special Care Unit with 48 beds. Therefore, this facility is required to meet the 1987 Homes for the Aged and Disabled Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven of More Beds and the 1978 (Revision 10) North Carolina State Building Code with emphasis on Section 409.1, Institutional Occupancy.<br><br>Deficiencies related to the original Complaint were not corrected and are cited in a separate Statement of Deviciencies.<br><br>Other deficiencies, not related to the original Complaint, are cited in this Biennial Survey. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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 | C 101 | | |

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| C 101 | Continued From page 1<br>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;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility is equipped with Special (magnetic) Locking on all the exit doors. The magnetic locking failed to operate as required by the NC State Building Code. Magnetic locks that do not work properly could delay or prevent an evacuation in an emergency. Findings on 8-13-2019;<br>a. None of the Special (magnetic) Locking unlocked on activation of the fire alarm system.<br>b. None of the Special (magnetic) Locking unlocked on activation of the required central emergency release switch.;<br>Note: A Plan of Protection (POP) was accepted in which the facility agreed to de-energize the magnetic locking and station staff at each exit until the system is repaired and certified as working properly.<br><br>2. Based on observation, the facility failed to meet the NC State Building Code in effect at the time of construction by not having all of the required components for doors with Special Locking System. The Building Code requires emergency release switches, which are of the on/off type, within 3 feet of locked exit. Finding on 8-13-2019:<br>b. The required emergency release switch at the front door is a momentary switch which re-engages the lock immediately. The switch must be an on/off type.<br><br>3. Based on observation and interview, most | C 101 | | |

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| C 101 | Continued From page 2<br>staff were not aware of the location or the use of the required central emergency release switch for the Special (magnetic) Locking on all the exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment. | C 101 | | |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile.<br>Findings on 8-13-2019:<br>Several (4) portable medical oxygen cylinders were stored in an unapproved beverage crate in the mechanical room across from the med room.<br>Note; This deficiency was corrected during the survey. | C 166 | | |
| C 185 | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR EVACUATION | C 185 | | |

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| C 185 | Continued From page 3<br>(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.<br>(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.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency.<br>Findings on 8-13-2019:<br>a. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift.<br>b. In the 3rd quarter of last year, there was no rehearsal done during the 2nd shift.<br><br>2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.<br><br>3. Based on a review of documents, the record of one rehearsal, done in April of some year, did not include a complete date. | C 185 | | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(a) The building and all fire safety, electrical, | C 189 | | |

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| C 189 | Continued From page 4<br>mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the smoke barrier cross-corridor doors are equipped with electro-magnets to hold the doors open under normal circumstances. The magnets were not energized causing the doors to stay closed. Based on interview with a representative from a fire alarm company, a relay in the electro-magnet circuit was bad and was on order.<br><br>2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:<br>a. Holes (2) in the ceiling of the Business office,<br>b. Unsealed penetration in the ceiling of the pantry,<br>c. Unsealed penetration in the ceiling of the closet off room 57,<br>d. Hole in the ceiling of the Spa across from room 57,<br>e. Holes (2) in the ceiling of the Memory Care Manager's office,<br>f. Holes (2) in the ceiling of the Administrator's office.<br><br>3. Based on observation, the facility was not maintained in a safe condition because of | C 189 | | |

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| C 189 | Continued From page 5<br>improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire.<br>Findings on 8-13-2019;<br>a. Boxes had been stacked to within 6 inches of the ceiling in the "General Storage" room. Note; This deficiency was corrected during the survey.<br>b. Boxes had been stacked to within 10 inches of the ceiling in the pantry. Note; This deficiency was corrected during the survey. | C 189 | | |
| C 191 | Unvented & Portable Elec. Heaters Prohibited<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.<br>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility.<br>Finding on 8-13-2019:<br>There was a portable electric heater found in the bathroom off the Administrator's office. Note; The heater was removed during the survey. | C 191 | | |