NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

August 1, 2019
Donna Ross (via e-mail only)
Po Box 1027
Kinston, NC 28504

RE: Kinston Assisted Living - HA Biennial Survey
2130 Rose Vista Road
Kinston Lenoir County
FID #921079 Hal054062

Dear Ms. Ross:

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 July 24, 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 August 16, 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 August 16, 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 August 16, 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: https://info.ncdhhs.gov/dhsr/.

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
County Building Inspection Department - with attachment-(via e-mail only)
Lenoir County DSS - with attachment-(via e-mail only)

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
	HAL054062	A. BUILDING: 01 B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINSTON ASSISTED LIVING	2130 ROSE VISTA ROAD KINSTON, NC 28504

(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 Suzanna Fay conducted on July 24, 2019. Records indicate this facility was first licensed on April 1, 1985. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiciencies were cited and a Plan of Corrections is required.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not maintain all fire and building safety inspection in the home and available for review. Findings on July 24, 2019: a. A copy of the current local fire official's inspection report was not available for review. b. The most current annual fire alarm system inspection report available was dated April 17, 2018.	C 111	Copies of current sanitation and fire inspections have been obtained. Fire alarm system was inspected. Inspection reports will be kept in the facility for review when needed. Current and future reports will be maintained and monitored by Office Manager or designee.	8/30/19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Beth Burnell — 8/16/19

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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 grounds were not maintained in a clean and safe condition. Findings on July 24, 2019: a. Several sections of the exterior soffit had fallen off outside of Room 113 during the recent storms. b. A section of the exterior soffit is sagging heavily outside of the service hall exit.	C 160	Soffits will be repaired or replaced where necessary to ensure cleanliness and safe conditions. Outside grounds will be inspected at least weekly for any items needing repair or replacement by maintenance personnel or designee.	8/30/19
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	C 164		

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C 164	Continued From page 2 were not kept clean and in good repair. Findings on July 24, 2019: a. Room 114 - three knobs were missing from the drawers on the built-in cabinet and most of the drawers were off of their track. b. Room 114 - the bathroom door is sticking and does not close completely and will not allow for privacy when bathing or using the bathroom. c. Room 203 - the bathroom door is sticking and hard to open. d. Room 209 - one drawer face was missing and three knobs were broken off of the built-in cabinet. e. Room 210 - two drawer faces were missing on the built-in cabinets. 2. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on July 24, 2019: a. Room 114 - the cove base is falling off of the wall beside the bathroom door. b. Room 201 Bath - the cove base to the right of the door is peeling off of the wall. c. Room 204 - the ceiling is cracked and the finish is peeling off over the first bed. There are yellow water stains on the ceiling around the damaged area. d. Activity Room - the transition strip at the doorway is missing.	C 164	Knobs on built-ins will be replaced, broken drawers and any missing faces will be repaired or replaced. Cove base will be repaired, sticking bathroom doors will be adjusted and transition strip at activity room will be replaced. The cracked and peeling ceiling will be repaired and painted. Rooms will be monitored weekly for cleanliness and to identify any furnishings that need to be repaired or replaced by housekeeping supervisor, maintenance personnel or designee.	9/6/19
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	C 166		

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C 166	Continued From page 3 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. Observations revealed that the facility was not maintained free of hazards. Broken and damaged furnishings leave sharp or rough edges that could cause injury to residents, staff or visitors. Findings on July 24, 2019: a. Room 103 Bath - one of the towel bars was broken leaving the hard metal bracket exposed. b. Room 201 - the right closet has a small hole in the door that has rough, splintered edges. 2. 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 July 24, 2019: a. Room 203 - one of the oxygen bottles stored in the closet is upside down in the plastic rack. b. Room 206 - there is one loose oxygen bottle sitting on the countertop in the bedroom. c. Nurses' Station - there are two loose oxygen bottles sitting on the floor under the nurse station.	C 166	Towel bar has been replaced. Oxygen bottles have either been returned to supplier or secured for safety. The hole in the closet door will be repaired Rooms will be monitored weekly for cleanliness and to ensure they are maintained free of hazards by housekeeping supervisor, maintenance personnel or designee.	8/23/19 9/6/19
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,	C 189		

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C 189	Continued From page 4 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. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on July 24, 2019: a. Living Room - the emergency light did not illuminate on test. b. The emergency light in the corridor across from the Nurses' Station did not illuminate on test. c. Dining Room - the emergency light in the back of the room did not illuminate on test. 2. Observations revealed that the electrical equipment was not maintained in an operating condition. Findings on July 24, 2019: a. The facility had a call system in place that was not fully functioning. Most of the covers were missing from the corridor nurse call lights. The system was tested in Room 103. The hall light came on but did not light up at the panel in the Nurses' Station. The call system was tested in Room 100 and did not light up either at the room or at the panel. Room 109 had the call button lit up and interview with staff revealed that it never went off. Further interview revealed that the call system	C 189	Emergency lights will be repaired or replaced. Lights will be tested weekly to ensure proper operation by maintenance personnel or designee.	9/6/19

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C 189	Continued From page 5 was not fully operational. Staff were unaware of specifically which were not working and which were. Staff indicated that those needing assistance were provided with hand bells. b. Kitchen - one of the breakers in the electric panel was covered with foil. The foil was removed at the time of survey. 3. 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 or holes through the door construction. Findings on July 24, 2019: a. Utility Room across from Room 100 - the door hardware was loose leaving a crescent shaped hole through the door. This was corrected at the time of survey. b. 100 Hall Spa beside the Water Heater Room - the door knob was loose leaving a hole through the door. This was corrected at the time of survey. c. Room 104 - there is a hole through the door at the door hardware. d. Room 200 - the door hardware is loose leaving a crescent shaped hole through the door. This was corrected at the time of survey. 4. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on July 24, 2019: a. Room 114 - the GFCI outlet in the bathroom did not trip when tested.	C 189	Call bell system will be inspected and tested. Hand bells will be issued to all residents for their use. Door holes and hardware will be repaired or replaced.	9/6/19 9/6/19

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C 189	Continued From page 6 b. Room 203 - the GFCI outlet in the bathroom did not trip when tested. c. 200 Hall Spa by Water Heater Room - the GFCI outlet on the half wall of the shower did not trip when tested. d. The exterior GFCI outlet outside of the 200 Hall exit id corroded and the box is loose. e. Room 206 - the GFCI outlet in the bathroom did not trip when tested. 5. 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 July 24, 2019: a. Room 106 - the door does not close and latch. b. Activity Room - the hinges are loose and the door will not close completely. 6. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Loose fixtures could cause injury from slipping or falling. Findings on July 24, 2019: a. Room 201 - the toilet fixture is loose. 7. 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 July 24, 2019: a. Room 201 - there is a small hole in the back	C 189	GFCI outlets have been replaced. Both doors or door frames will be adjusted or repaired so they will close and latch. The toilet will be secured.	8/16/19 9/6/19

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C 189	Continued From page 7 corner of the shower ceiling. The ceiling finish is damaged and pulling off around the hole and the shower ceiling has large orange water stains along the side and back wall. b. 200 Hall Water Heater Room - there is one unsealed conduit penetration in the ceiling. c. 200 Hall Tub Room - there is a small hole in the ceiling at the heat detector. d. Room 200 - there is a gap in the ceiling around the corridor nurse call light. e. Nurse Administrator Office - there is a 1" diameter hole in the ceiling at the light fixture. f. Outside Electrical Room - there is a small hole in the ceiling at the heat detector. g. The attic access panel outside of the Activity Room is heavily damaged around the edges compromising the rated assembly of the ceiling. h. Kitchen - the cover plate for the A/C unit wiring at the exterior exit door has fallen off leaving a hole in the rated ceiling assembly. 8. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on July 24, 2019: a. 200 Hall Tub Room - the heat detector has been painted and may not function in the case of a fire.	C 189	Ceiling penetrations will be repaired. Ceiling in bathroom will be repaired, attic access will be replaced and the cover plate in the kitchen will be repaired. The heat detector in the tub room will be replaced. Facility staff will be encouraged to report any items that need repair or are not functioning properly. A weekly walk through of the facility will be done by housekeeping manager, maintenance personnel or designee to further identify items that need correction.	9/6/19 9/6/19
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to	C 195		

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C 195	Continued From page 8 provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 hot water temperature at fixtures used by residents was not maintained between 100 and 116 degrees Fahrenheit. Findings on July 24, 2019: a. Beauty Salon - the water temperature at the time of survey was 140 degrees Fahrenheit.	C 195	A mixing valve will be placed on the beauty shop sink to adjust the temperature to maintain temps between 100-116 degrees. Water temp in beauty salon will be checked weekly to ensure temperature is maintained in acceptable parameters by maintenance personnel or designee.	9/6/19
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	C 199		

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C 199	Continued From page 9 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 provide working exhaust ventilation in the areas required. Findings on July 24, 2019: a. Room 203 Bath - the exhaust fan is not working. b. 200 Hall Water Heater Room - the exhaust fan is not working and the grille has a layer of black dirt or soot.	C 199	Exhaust fan in bathroom has been replaced and fan in water heater room has been removed. Rooms containing exhaust fans will be monitored monthly by maintenance personnel or designee to ensure proper operation.	9/6/19