



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 20, 2019
Abida Rauf (via e-mail only)
850 Majestic Court
Gastonia, NC 28054

RE: Wellington House - HA Biennial Survey
850 Majestic Court
Gastonia Gsaton County
FID #920427 Hal036031

Dear Ms. Rauf:

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 August 13, 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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by September 4, 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 September 4, 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 September 4, 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,



Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Gaston 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: HAL036031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2019
NAME OF PROVIDER OR SUPPLIER WELLINGTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 850 MAJESTIC COURT GASTONIA, NC 28054		
(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 Dennis Harrell on 8-13-2019. A Complaint Follow Up Construction Survey was conducted at the same time. 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	C 000		
C 101	Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1978 (Revision 10) North Carolina State Building Code with emphasis on Section 409.1, Institutional Occupancy. Deficiencies related to the original Complaint were not corrected and are cited in a separate Statement of Deviciencies. Other deficiencies, not related to the original Complaint, are cited in this Biennial Survey. 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	C 101		

Division of Health Service Regulation

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

TITLE

Executive Director
(X6) DATE

Abiola (ABBEY) Rant

8-26-19

Division of Health Service Regulation

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C 101	Continued From page 1 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 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.	C 101		
	Magnetic locks that do not work properly could delay or prevent an evacuation in an emergency. Findings on 8-13-2019; a. None of the Special (magnetic) Locking unlocked on activation of the fire alarm system. b. None of the Special (magnetic) Locking unlocked on activation of the required central emergency release switch.; 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. 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: 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. 3. Based on observation and interview, most		Central emergency on/off switch has been reinstalled by First Fire 8-14-19 Additional staff assigned at each exit to operate the doors until all magnetic locks are operating Emergency Release on/off switch at the front door has been reinstalled by First Fire 8-14-19	

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C 101	Continued From page 2 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	All staff in-serviced by management 8-22-19 of central emergency release switch for the magnetic locking system in case of emergency evacuation.	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		
C 185	(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: 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. Findings on 8-13-2019: Several (4) portable medical oxygen cylinders were stored in an unapproved beverage crate in the mechanical room across from the med room. Note; This deficiency was corrected during the survey.	C 185	All portable Oxygen cylinders were stored in approved metal crate on 8-13-19	
	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION			

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C 185	Continued From page 3 (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.	C 185		
	This Rule is not met as evidenced by: 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. Findings on 8-13-2019: a. In the 2nd quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 3rd quarter of last year, there was no rehearsal done during the 2nd shift. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. 3. Based on a review of documents, the record of one rehearsal, done in April of some year, did not include a complete date.		Facility shall conduct Fire Drills one per shift each quarter	
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 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.	C 189	Smoke barrier cross-corridor electro-magnet circuit was replaced 8-14-19	
	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: a. Holes (2) in the ceiling of the Business office, b. Unsealed penetration in the ceiling of the pantry, c. Unsealed penetration in the ceiling of the closet off room 57, d. Hole in the ceiling of the Spa across from room 57, e. Holes (2) in the ceiling of the Memory Care Manager's office, f. Holes (2) in the ceiling of the Administrator's office. 3. Based on observation, the facility was not maintained in a safe condition because of		Business office hole in ceiling repaired 8-13-19 Closet room 57, spa room across room 57 repaired 8-13-19 Hole in Memory Care Manager's office repaired 8-13-19 Hole in Administrator's office repaired 8-13-19	

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C 189	Continued From page 5 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. Findings on 8-13-2019; 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. 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	Boxed was removed to lower shelf to be in compliance of 18 inches below the sprikler head 8-13-19	
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: 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. Finding on 8-13-2019: 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	Portable heater was removed 8-13-19	