Carolina Rest Home
1361 Carolina Rest Home Road
Roanoke Rapids, NC 27870
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Fax Transmittal

To DHSR Construction Section - Dennis Harrell

From Melonie Lyles

Date 8-29-19

Pages 7 total

Memo Plan of correction for CRH. Please give me a call for any questions or concerns. I will be happy to clarify anything further.

Thanks,
Melonie

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
	HAL042005	A. BUILDING: 01 B. WING _____	08/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 8-6-2019. Records indicate this facility underwent a major renovation due to a fire and was re-licensed on 2-27-2003. The facility is currently licensed for 40 Beds. A new 11 bed addition (no change in capacity) was completed in May of 2017. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1996 Edition of the North Carolina Building Code, Institutional Occupancy, the 2012 Edition of the North Carolina Building Code, Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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. Based on a review of documents, the required annual sprinkler system inspection report could not be located. Sprinkler systems that are not inspected and approved as required could result in the system not operating properly in the event of an actual fire. 2. Based on a review of documents, the most recent Fire Marshal building safety inspection report could not be located. Buildings must be	C 111 1. 2.	Document was located, the annual sprinkler system check had been done on 10-31-18 and is scheduled for reinspection on 10-1-19 Fire marshall is expected to do his annual fire inspection on 9-3-19 (Roland Tellier - fire marshall) Management will keep track of these inspections and documents.	8-29-19 8-29-19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melanie Ryles — TITLE: Manager — (X6) DATE: 8-28-19

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C 111	Continued From page 1 Inspected and approved annually as required to ensure all systems can operate properly in an actual emergency.	C 111		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings on 8-6-2019: a. There was a med cart and an overflow cart stored in the corridor near the med room reducing the clear width to about 3 feet 8 inches. b. There were 2 wheelchairs stored in the corridor near room 102 reducing the clear width to about 3 feet 10 inches.	C 150 A. B.	Med cart + overflow cart has been cleared when not in use. Med Techs will be responsible for this action. The safety committee will observe on their walk throughs. The wheelchairs were cleared and put in storage. Housekeeping will continue to monitor this to assure no obstructions.	8-7-19 8-7-19
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 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:	C 166		

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C 166	Continued From page 2 1. 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 8-6-2019: a. One portable medical oxygen cylinder was stored in no container or rack in clean linen on B Hall. b. Two portable medical oxygen cylinders were stored in a cardboard delivery box in clean linen on B Hall. 2. Based on observation, the exterior exit paths were not maintained uncluttered and free of hazards. Findings on 8-6-2019; a. There was a 2x4 across the sidewalk in front of the exit near room 114 presenting a trip hazard. Note; This deficiency was corrected during the survey. b. A hose and concrete block were across the sidewalk at the exit near room 308 presenting a trip hazard. Note; This deficiency was corrected during the survey.	C 166 1a. 1b. 2a 2b	This oxygen cylinder was removed from the building as it was not in use. These 2 oxygen cylinders were put in an approved holder. Drugco brought us the proper storage container. Med techs will keep this area observed. These things were corrected at time of survey. The staff and yard/maint person was informed of this hazard and keep things off the sidewalks, clear of debris. The saftey committee will observe this on their walk throughs.	8-7-19 8-6-19
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	C 185		

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C 185	Continued From page 3 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 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. Finding on 8-6-2019: Records indicate no fire drills have been done since March of 2019. 2. Based on a review of documents, the records available onsite included no description of what the rehearsal involved.	C 185	1. Fire drill rehearsals has been carried out by only one shift per drill and properly documented. The rehearsal is more detailed in what took place. Safety Committee will observe the documents/ fire drills to see if done properly.	8-9-19
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 observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an	C 189		

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C 189	Continued From page 4 emergency. Findings on 8-6-2019: a. The exit sign from the dining room to the living room did not work on battery when tested. b. The exit sign in the kitchen did not work on battery when tested. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 8-6-2019; a. The 1.5 hour fire rated door from the kitchen to the dining room/corridor was found wedged open. The wedge was removed but the door was wedged again before the end of the survey. b. The smoke barrier door from dining to the day room dragged the floor and would not close when activated by the fire alarm system. c. The smoke barrier door near room 209 would not latch when closed by the fire alarm system. d. The door to room 102 would not latch when closed e. The door to room 212 would not latch when closed f. The door to the beauty salon was damaged at the latchset. g. Part of the doorstop was missing on the door to clean linen on B Hall h. The door to room 105 does not fit the opening properly to be resistant to the passage of smoke. 3. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space	C 189 a. b. 2.a b c d e f g	The batteries were replaced by our contractor. Our safety committee will observe these on the walk throughs to continue proper working order Kitchen staff has been retrained on the importance of this door staying closed. all of these doors have been repaired by our contractor, each problem has been individually fixed. The safety committee & management will observe this when walk throughs are done.	8-20-19 8-20-19

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C 189	Continued From page 5 can quickly spread to the attic and could delay activation of the sprinkler system. Improperly fitted sprinkler escutcheons located; a. Corridor near 107. b. Corridor near 212. 4. Based on observation, the required one-hour fire rated ceiling was compromised. 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. Finding on 8-6-2019: Unsealed conduit sleeves in the telephone room. 5. Based on observation, there was no documentation of the required in house/owner's monthly inspections since May provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 6. Based on observation, there was no documentation of the required in house/owner's monthly inspections for the fire extinguishers. The extinguishers were re-tagged in September of 2018 and were only inspected once last November. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher.	C 189 a b	The escutcheons have been refitted and secured by our contractor.	8-22-19
		4.	The conduit sleeves that were left unsealed have now been caulked and secured by our contractor management will oversee this with workers that come in for telephone, cable, etc. and will remind them to secure.	8-23-19
		5.	Inspection document was located and done on 3-15-19.	8-28-19
		6.	Fire extinguishers are inspected by management once a month & will be documented on tags. management will oversee this to ensure it gets inspected.	8-28-19