NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

August 27, 2019
Rebecca Bradley (via e-mail only)
Po Box 1796
Southern Pines, NC 28388

RE: Lake James Lodge - HA Biennial Survey
63 Lakeview Drive
Marion McDowell County
FID #961014 Hal059032

Dear Ms. Bradley:

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 14, 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 September 11, 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 11, 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 11, 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)
McDowell County DSS - with attachment-(via e-mail only)

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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
	HAL069032	A. BUILDING: 01 B. WING _____	08/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES LODGE	63 LAKEVIEW DRIVE MARION, NC 28762

(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 conducted by Suzanna Fay on August 14, 2019. Records indicate this facility was first licensed on December 16, 1996. However, records provided by the facility indicate the middle section of the facility was first occupied in 1968 (confirmed by an old property tax document dated 9-7-1988), the north wing was occupied in 1971 and the south wing in 1981. Based on this information, we are requiring the older wings to meet the 1967 NC Building Code requirements for Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds and the newer wing to meet the1978 NC Building Code requirements for Institutional occupancy, the1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. Special Magnetic locking was installed on the back hall sometime after 1996 so that portion of the facility has to comply with Section 1012.6 of the 1996 NC State Building Code.	C 000		
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,	C 101		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rebecca Bradley TITLE: Director (X6) DATE: 9-11-19

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C 101	Continued From page 1 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. Observations revealed that the facility does not comply with the code requirements in effect at the time of construction, addition or renovation. Facilities with special locking are required to be fully protected. Findings on August 14, 2019: a. The back hall is a secure wing equipped with magnetic locks on the exit doors. The closets did not have fire protection devices installed.	C 101	Installed in 2013. Fire protection devices are in closets.	2013
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 safe condition. Findings on August 14, 2019:	C 160		

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C 160	Continued From page 2 a. There is a large, uneven concrete patch in the middle of the parking lot creating a trip hazard.	C 160	1.a) We are getting quotes. The patch will be completed in 90 days.	12-11-19
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.	C 164		
	This Rule is not met as evidenced by: 1. Observations revealed that the furnishings were not clean and in good repair. Findings on August 14, 2019: a. Room 5 Toilet (Front Hall) - the grab bar at the toilet is not secure. b. Living Room (Front Hall) - the cover on the seat cushion of the brown leather armchair is open and coming off of the chair cushion. c. Living Room (Front Hall) - the finish on the dark brown vinyl couch is cracked and worn. d. Living Room (Middle Hall) - the paint on the front door is worn down and scratched off. e. Room 7 (Middle Hall) - the grab bar at the tub is not secure. 2. Observations revealed that the facility was not maintained free of unpleasant odors. Findings on August 14, 2019: a. There was a strong unpleasant odor upon		1.a) grab bar secure 1.b) leather armchair replacement 1.c) Couch has been replaced. 1.d) Middle hall Ft door scraped + repainted 1.e) grab bar - tub - secured	8-15-19 9-30-19 9-6-19 9-11-19 8-15-19

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C 164	Continued From page 3 entering the locked portion of the facility. b. Back Hall - both of the community bathrooms had a strong odor of urine. 3. Observations revealed that the walls and ceilings were not kept clean and in good repair. Findings on August 14, 2019: a. RCC Office - the outside wall around the window has moisture and mildew stains and the wall is discolored. b. RCC Office - the ceiling tile above the window has moisture stains. c. Fire Alarm Room - several ceiling tile along the corridor wall have orange moisture stains.	C 164	2.a.b.) Cleaned immediately had meeting with housekeeping + staff regarding cleaning policies. Meeting →	8-14-19 9-2019
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: 1. Observations revealed that the facility was not maintained free of hazards. Findings on August 14, 2019: a. Oxygen/Med Room - five oxygen bottles were stored in an open plastic tray.	C 166	1.a) Plastic tray removed. Oxygen company called + brought out metal storage for O2 tanks.	8-14-19
C 173	Housekeeping-Bedroom Furnishings, Bed	C 173		

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C 173	Continued From page 4 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the minimum furnishings were not provided for one of 56 Residents. Findings on August 14, 2019: a. Room 4, Back Hall - the bed on the left only had a bedspread and a pillow without a pillowcase.	C 173	1.a) Bed remade + pillow-case replaced.	8-14-19
			have meeting planned w/ all staff + housekeeping on 9/20/19	9-2019
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	C 189		

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C 189	Continued From page 5 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. Observations revealed that the fire safety equipment was not maintained in a safe and operating condition. The ceiling tile are part of the rated ceiling assembly and must be maintained whole and complete without gaps or sagging. Findings on August 14, 2019: a. Front Hall, Room 1 - the ceiling tile is not in the grid in the closet. 2. 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 or walls could allow fire and smoke to spread beyond the area of origin. Findings on August 14, 2019: a. Corridor outside of Director's Office - an orange foam was used to seal the conduit penetration in the corner. The foam caulk is not an approved fire retardant. b. Corridor outside of Director's Office - there is an unsealed penetration at the camera cable. c. Utility Closet (Front Hall) - there is a hole in the wall beside the sink where a soap dispenser was removed. d. Men's Toilet (Front Hall) - there are three unsealed large conduit penetrations in two of the four corners. e. RCC Office - there is an unsealed cable	C 189	1.a) Ft. Hall #1 ceiling tile replaced 2.a) Outside directors office - fire caulk put in - foam caulk removed 2.b) unsealed penetration repaired 2.c) Hole in wall will be repaired 2.d) Ft hall men's bathroom 3 penetration will be sealed	8-14-19 8-15-19 8-15-19 9-30-19 9-30-19

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C 189	Continued From page 6 penetration in the ceiling near the window. f. Resident Phone Station (Middle Hall) - the fire caulk around the cable penetrations is falling out and the ceiling is cracked around the opening. g. Attic above the Nurse Station near the fire wall - a patch was installed and sealed with the orange foam as well as the conduits passing through the patch. The orange foam caulk is not an approved fire rated caulk. h. Dining Exit - the exit light/sign has been replaced and the new light has a smaller base which has left gaps in the rated ceiling assembly. i. Back Hall - there is a gap in the corridor wall around the junction box for the wall mounted light fixture outside of Room 4. 3. 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 August 14, 2019: a. Room 7, Front Hall - the door hinge is loose and the door does not close and latch. b. Room 6, Middle Hall - the door does not close and latch. c. Community Bath, Middle Hall - the door latch plate is loose and the door drags on the frame. d. Room 5, Middle Hall - the door hardware is loose and the door does not close. e. Room 5, Back Hall - the door hardware is loose. f. Front Hall, exit by Toilet Rooms - the exterior door latch is jammed and the door does not close to secure the building in the case of a fire or other emergency.	C 189	2.e) repaired 2.f) repaired 2.g) repaired 2.h) exit light/sign gaps will be repaired 2.i) repaired 3.a) repaired 3.b) repaired 3.c.) will be repaired by 3d.) repaired 3.e) repaired 3.f) repaired	8-28-19 8-29-19 8-15-19 9-30-19 8-29-19 8-26-19 8-28-19 9-30-19 8-28-19 8-28-19 8-19-19

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C 189	Continued From page 7 4. Observations revealed that the electrical equipment is not maintained in a safe and operating condition. Findings on August 14, 2019: a. Kitchen - there are two open breakers in Panel #1. The blanks had fallen down into the panel. This was corrected at the time of survey. b. Room 7 Toilet, Middle Hall - the vanity light has an exposed non-GFCI outlet in the base. This is a typical condition throughout the facility. 5. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition. Findings on August 14, 2019: a. Kitchen - the filters on the exhaust hood have a build up of grease. b. Front Hall, attic above Nurses' Station - the mechanical tape has loosened and there is a gap in the mechanical ductwork for the supply vent. c. Back Hall , Shower Bath - there is some trash on the radiator coils. d. Back Hall, Room 2 Bathroom - the radiator cover is falling off.	C 189	4.a) repaired 4.b) repaired 5.a) cleaned 5.b) repaired 5.c) cleaned out 5.d) repaired	8-28-19 8-29-19 8-14-19 8-15-19 8-28-19 8-28-19
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;	C 199		

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C 199	Continued From page 8 (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 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 required areas. Findings on August 14, 2019: a. Utility Closet (Front Hall) - the exhaust fan is not working. b. Women's Toilet (Front Hall) - the exhaust fan is not working the there is an accumulation of dust on the grille.	C 199	1.a-b) Spoke with Suzanna Fay 9-9-19 - Fans not needed.	9-9-19