

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 Ed Miller and Suzanna Fay, conducted on September 26, 2019. Records indicate this facility was first licensed on April 1, 1965. The facility is currently licensed for 93 Beds including a 24 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1977 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 1958 Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	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, 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;	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the required on/off emergency release switches for the Special Locking system had no identifying labels. Unlabeled on/off emergency release switches could cause an unnecessary delay in identifying and thus releasing the doors during an emergency. Findings on September 26, 2019: a. 200 Wing Nurse Station - the central on/off emergency release switch is not labeled.	C 101		
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: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on September 26, 2019: a. 200 Wing Right Exit - there is about 10 chairs, obstructing the exit while floor is being mopped. Deficiency corrected before Construction Surveyors departed site.. b. Locked Courtyard - the gate drags the sidewalk and is difficult to open. c. 300 Wing Spa - a table on its side is blocking access to the Spa.	C 150		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 164	Continued From page 2	C 164		
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. Based on Observation, and interview with Manager, the facility failed to keep plumbing system devices clean and in good repair. Findings on September 26, 2019: a. Kitchen - the ice machine drain line is in direct contact with the drainage system. This allows contaminated water from the drainage system to back flow up into the ice machine.	C 164		
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. Based on Observation, the Building was not	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 166	Continued From page 3 maintained free of hazards, if compress gas cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on September 26, 2019: a. 100 Wing Med Room - five portable medical oxygen cylinders are standing up on the in an unapproved plastic crate not physically secured in racks, stands or chained to the structure. 2. Based on Observation, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on September 26, 2019: a. Kitchen Housekeeping - the mop sink hose is not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.	C 166		
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 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 Record review and interview with	C 185		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 185	Continued From page 4 Executive Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on September 26, 2019: a. In the 1st quarter for the last 12 months, no rehearsal occurred during 3rd shift. b. In the 4th quarter for the last 12 months, no rehearsals occurred during 1st and 2nd and 3rd shifts.	C 185		
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 building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on September 26, 2019: a. 200 Wing Smoke Barrier Wall - with the Barrier's doors closed, the right side, does not have an exit sign directing you to exit through the door. This is especially critical if you enter from the 400 Wing. b. Space between 200 & 100 Wing - this space has no emergency lighting. c. Space between 200 & 100 Wing - this	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 189	Continued From page 5 space's exit sign is not luminating. d. AL Court Yard - the exit sign into the front building does not illuminate on backup power when tested. e. AL Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on September 26, 2019: a. Kitchen -since May 2019, when the last semi-annual maintenance was performed on the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly in-house/owner inspections. 3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room or compartment of origin. Findings on September 26, 2019: a. Attic Firewall between 300 & 400 Wings - there is a cable not firestopped as it penetrates the fire-resistance-rated assembly. b. Attic Firewall between 300 & 400 Wings - there is an open-ended sleeve not firestopped as it penetrates the fire-resistance-rated assembly. c. Attic Firewall near Laundry - there is an open-ended sleeve not firestopped as it penetrates the fire-resistance-rated assembly. d. Laundry - there is an open-ended sleeve not firestopped as it penetrates the	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 189	Continued From page 6 fire-resistance-rated ceiling assembly. e. 400 Wing Mechanical Room - there is an open-ended sleeve with cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. f. Space between 200 & 100 Wing - there is a cable not firestopped as it penetrates the fire-resistance-rated assembly. g. Bedroom 104 Closet - there is a cable not firestopped as it penetrates the fire-resistance-rated assembly. h. Basement Front Storage - there is a 12-inch x 24-inch hole not firestopped as it penetrates the fire-resistance-rated assembly i. Kitchen - there is a gap around the HVAC grille not firestopped as it penetrates the fire-resistance-rated ceiling assembly. j. Kitchen Hood Suppression System - there are conduits not firestopped as they penetrate the fire-resistance-rated assembly. k. Sun Room - there is a cable not firestopped as it penetrates the fire-resistance-rated assembly. l. Siting Area- there is a gap at the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly. m. Closet near Bedroom 302 - there is a flexible conduit not firestopped as it penetrates the fire-resistance-rated assembly. n. Basement - Corridor walls have penetrations sealed with orange foam. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 26, 2019: a. Attic Firewall between 300 & 400 Wings - there is an open junction box with energized components without a cover plate. b. Exterior between 200 & 400 Wings - the	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 189	Continued From page 7 exterior light fixture is missing its globe. c. Corridor Exit to Service Area - the exterior light fixture is missing part of its cover. d. Activity Office - a power tap (power strip) is plugged into an extension cord. Power taps must connect directly to permanently installed branch circuit electrical power receptacles. 5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on September 26, 2019: a. Laundry- the corridor door hits its frame, requiring extra force and/or effort to close the door so it can latch. b. Bedroom 205 - the corridor door hits its doorframe and will not close and latch. c. Bedroom 212 - the corridor door's latch bolt is missing, not allowing the door to latch. d. Bedroom 105 - the corridor door is blocked open with bed linens and will not close and latch. Deficiency corrected before Construction Surveyors departed site. 6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on September 26, 2019: a. Bedroom 209 - the escutcheon plate on the fire sprinkler is dropped from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Reception Office - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. c. Corridor near Bedroom 309 - the escutcheon	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 189	Continued From page 8 plate on the fire sprinkler is dropped from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. 7. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on September 26, 2019: a. Basement both Storage Rooms - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. b. Kitchen Pantry - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector. 8. Based on observations, the facility has failed to maintain the good physical condition of entry door hardware. Findings on September 26, 2019: a. Bedroom 212 - the keyway opening on the door handle is damaged, exposing sharp and jagged edge to all. b. Bedroom 211 - the keyway opening on the door handle is damaged, exposing sharp and jagged edge to all. c. Bedroom 212 - the keyway opening on the door handle is damaged, exposing sharp and jagged edge to all. d. Exterior 200 Wing Bio Hazard - the door is delamination where a louver was installed.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2019
NAME OF PROVIDER OR SUPPLIER PIEDMONT CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 DEEP RIVER ROAD HIGH POINT, NC 27265		
(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 199	Continued From page 9 (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 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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on September 26, 2019: a. 100 Wing Shower Room near Kitchen - the required exhaust ventilation system is running but is not removing any air to pull up the surveyor's thin plastic sheet.	C 199		