



NC DEPARTMENT
OF **HEALTH AND**
HUMAN
SERVICES

Debbie Crocker (via e-mail only)

Po Box 997

Kings Mountain, NC 28086

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 25, 2019

RE: Kings Mountain Care Center - HA Biennial Survey

115 Ferguson Drive

Kings Mountain Cleveland County

FID #920631

Hal023031

Dear Ms. Crocker:

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 September 19, 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 October 10, 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 October 10, 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 October 10,

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

Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adutl Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Cleveland 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: HAL023031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 09/19/2019
NAME OF PROVIDER OR SUPPLIER KINGS MOUNTAIN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 FERGUSON DRIVE KINGS MOUNTAIN, NC 28086		
(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 9-19-2019. Records indicate that this facility was first licensed on 7-1-1978, for 20 residents. Based on this information, we are requiring that this facility meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the current 2005 Rules for Adult Care Homes and the 1967 edition of the 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, 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. Based on observation, this facility failed to meet the NC State Building Code requirements for Special Locking (magnetic locks) on the exit doors. The Code requires, "If any required	C 101		

Division of Health Service Regulation

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

Archie C. Crocker

TITLE

Owner

(X6) DATE

16-Oct-2019

Division of Health Service Regulation

STATE FORM

6899

WDTW21

If continuation sheet 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/19/2019
NAME OF PROVIDER OR SUPPLIER KINGS MOUNTAIN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 FERGUSON DRIVE KINGS MOUNTAIN, NC 28086		
(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 emergency release switch is of the locking type, all staff must carry emergency release switch keys." Findings on 9-19-2019: The required emergency release switch located at each magnetically locked exit door was of the locking type. At least one staff did not carry a release switch key. 2. Based on observation, the magnetic locks on the exit doors and on the exit gate from the courtyard unlocked upon activation of the fire alarm system but then re-locked when the fire alarm system was silenced. Magnetic locks that re-lock before the fire alarm system is fully reset could delay or prevent an evacuation in an emergency.	C 101	24-Sep-19 Employee was given a key and trained	24-Sep-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: Based on observation, there was black colored mold on the ceiling of the utility room across from the Living room.	C 164	Ceiling will be repaired, with a new ceiling	5-20-19

Division of Health Service Regulation

C 166	Housekeeping-Maintained Free of Hazards	C 166		
-------	---	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2019
NAME OF PROVIDER OR SUPPLIER KINGS MOUNTAIN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 FERGUSON DRIVE KINGS MOUNTAIN, NC 28086		
(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

Division of Health Service Regulation

C 166	Continued From page 2 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, an exterior exit path was not maintained uncluttered and free of obstructions. Finding on 9-19-2019; The exit ramp at the rear of the facility was obstructed with storage boxes with only 2 feet 7 inches of clear space maintained. The exit ramp must not be used for storage. 2. Based on observation, the gate in the courtyard is a required exit. When a staff member attempted to open the gate during a fire alarm test, the gate proved to be very complicated to open, even in daylight. Staff must be capable of opening the gate in all conditions. 3. Based on observation, an extension cord was being used in place of permanent wiring from the facility to the exterior storage building. Extension cords are intended for temporary use only. 4. Based on observation, an extension cord was extended across the exit path outside the rear door of the facility. The cord presented a trip and fall hazard.	C 166	Will be cleared waiting on outside Storage Building 5-19-19 24-19 Employees had more training on how the works - (and how to unlock and lock it back 24-19 New line of power will be installed 5-19-19
--------------	---	--------------	---

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/19/2019	
NAME OF PROVIDER OR SUPPLIER KINGS MOUNTAIN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 FERGUSON DRIVE KINGS MOUNTAIN, NC 28086		
(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

Division of Health Service Regulation

C 189	Continued From page 3	C 189	
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, 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 9-19-2019; a. The fire doors did not release and close when the fire alarm system was activated. The staff agreed to keep the doors closed until they were repaired. b. One of the fire doors did not latch when closed manually. c. The door to room 1 does not fit the opening properly to be resistant to the passage of smoke. d. The door to room 7 does not fit the opening properly to be resistant to the passage of smoke. e. The door to room 9 does not fit the opening properly to be resistant to the passage of smoke. f. The door to room 10 does not fit the opening properly to be resistant to the passage of smoke. 2. Based on observation, there was no documentation of the required in house/owner's	C 189	<i>Stanley alarm rang and fixed the fire doors, there was a loose wire in the panel box</i> 24-Aug-19 <i>Doors 1-7-9-10 were fixed</i> 11-Oct-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL023031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/19/2019
NAME OF PROVIDER OR SUPPLIER KINGS MOUNTAIN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 FERGUSON DRIVE KINGS MOUNTAIN, NC 28086	

Division of Health Service Regulation

(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 4 monthly inspections provided on the inspection tag at the range hood fire suppression system. The system was last tagged in March of 2018 and has not been monthly inspected since. 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. 3. Based on observation, there was no documentation of the required in house/owner's monthly inspections for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher. Findings on 9-19-2019; a. The fire extinguisher in the kitchen was last tagged in February of 2018 and was last inspected in March of 2018. b. The fire extinguisher near door 3 was last tagged in February of 2018.	C 189	Hood was inspected and cleaned Extinguishers were also inspected and tagged	4-07-19