Fax Cover Sheet

Piedmont Christian Home
1510 Deep River Road
High Point, NC 27265
Phone # (336) 883-6023
Fax # (336) 883-9977

Send to: DHSR Construction Section	**From:** 2:55 pm.
Company Name: Piedmont Christian Home	Date: 10/24/2019
Fax Number: (336) 883-9977	

- ☑ Urgent
- ☐ Reply ASAP
- ☑ For your Information
- ☑ Please Review

Total pages, including cover: 15

Comments:

Construction Survey for Piedmont Christian Home

Have a great day!

PRINTED: 10/14/2019
FORM APPROVED

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
	HAL041010	A. BUILDING: 01 B. WING _____	09/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CHRISTIAN HOME	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		

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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	C101 a. Central on/off emergency release switch is now labeled - Master override switch	9/26/19
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	C150 a. Chairs were moved immediately while Surveyors were here. Staff were instructed to place dining chairs in the living room area while cleaning dining room floors & to not block any exit doors. C150 b. Maintenance director is installing a cable w/a turn buckle to lift gate. C150 c. T3Q21 Fixed - tables were removed immediately	9/26/19 10/30/19 9/26/19

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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	C164a. Fixed - Buchanan Plumbing 10/11/19 Shorten the drain Line	
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		

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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 C166 1a. C166 2a.	Fixed - Advanced Home Care came and removed plastic holder and replaced it with a metal holder/rack 10/17/19 Fixed - Maintenance Director installed a vacuum breaker to prevent back siphonage 10/24/19	
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 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		

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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	C185 1a. Administrator & Maintenance Director will ensure fire drills are done monthly & cover all 3 shifts each quarter 9/26/19 C185 b. Fire drills were held See attachments. These fire drills were in a different binder so Surveyor did not see them. 9/26/19	
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 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	C189 1a. Callahan HVAC Comfort, LLC will be installing exit sign 10/31/19 C189 2b. Callahan HVAC Comfort, LLC will be installing exit sign w/ emergency Lighting 10/31/19 C189 3c. Callahan HVAC Comfort, LLC will be installing a new exit sign w/ emergency lighting. 10/31/19	

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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 c189 d c189 e. 2. c189 a. 3. c189 a. c189 b. c189 c. c189 d.	Fixed - battery has been replaced Fixed - battery has been replaced Going forward Maintenance Director will do monthly inspections of the hood fire suppression system in the kitchen. It was inspected on 9/28/19. Fire Caulked Fire Caulked Fire Caulked Fire Caulked	10/2/19 10/1/19 9/28/19 10/2/19 10/2/19 10/2/19 10/2/19

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C 189	Continued From page 6	C 189		
	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.	3.c189 e.	Fire Caulked	9/30/19
	f. Space between 200 & 100 Wing - there is a cable not firestopped as it penetrates the fire-resistance-rated assembly.	3.c189 f.	Fire Caulked	9/30/19
	g. Bedroom 104 Closet - there is a cable not firestopped as it penetrates the fire-resistance-rated assembly.	3.c189 g.	Fire Caulked	9/30/19
	h. Basement Front Storage - there is a 12-inch x 24-inch hole not firestopped as it penetrates the fire-resistance-rated assembly	3.c189 h.	Fire Caulked	10/30/19
	i. Kitchen - there is a gap around the HVAC grille not firestopped as it penetrates the fire-resistance-rated ceiling assembly.	3.c189 i.	Fixed - Maintenance Director re-attached the grille w/ anchors to the ceiling	9/29/19 10/24/19
	j. Kitchen Hood Suppression System - there are conduits not firestopped as they penetrate the fire-resistance-rated assembly.	3c189 j.	Fire Caulked	
	k. Sun Room - there is a cable not firestopped as it penetrates the fire-resistance-rated assembly.	3c189 k.	Fire Caulked	9/30/19
	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.	3c189 l.	Fire Caulked	9/30/19
	m. Closet near Bedroom 302 - there is a flexible conduit not firestopped as it penetrates the fire-resistance-rated assembly.	3c189 m.	Fire Caulked	9/30/19
	n. Basement - Corridor walls have penetrations sealed with orange foam.	3c189 n.	Fixed - Maintenance Director removed orange foam and replaced w/ fire caulk	10/1/19
	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.	4c189 a.	Protection Systems installed a cover on the Junction Box	10/3/19
	b. Exterior between 200 & 400 Wings - the	4c189 b.	Maintenance Director installed a new exterior light fixture.	9/30/19

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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	C189 4c. Maintenance Director installed a new exterior light fixture C189 4d. Power strip has been removed. C189 5a. Maintenance Director trimmed door so it now closes / latches and does not hit the door frame C189 5b. Maintenance Director replaced hinge screws so door closes & latches properly. C189 5c. M. Director installed a new door latch. C189 5d. M. Director removed old bed (too long) & replaced it with a new bed (shorter) so now the door closes properly. C189 6a. Fixed - Fire Caulked C189 6b. Fixed - Fire Caulked C189 6c. Fixed - Fire Caulked	10/7/19 10/16/19 10/8/19 9/29/19 9/29/19 10/2/19 10/1/19 9/30/19 10/1/19

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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	C189 7a. Maintenance Director removed items down below the 18" clearance & marked the wall w/a red sharpie to show staff where the 18" area is 10/30/19 C189 7b. Maintenance Director removed items down below the 18" min clearance & marked the wall w/a red sharpie to show staff where the 18" area is. 9/26/19 C189 8a. Maintenance Director installed a new door handle. 9/29/19 C189 8b. M. Director installed a new door handle. 10/1/19 C189 8c. M. Director installed a new door handle. 9/29/19 C189 8d. M. Director purchased a new metal door from Beesan hardware & installed new door. 10/24/19
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

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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	C199 1a. Callahan HVAC Combat, LLC will be installing a new exhaust ventilation system. 10/31/19	

FACILITY: Piedmont Christian Home

ADDRESS: 1510 Deep River Road, High Point, NC 27265

SIGNATURE: Mary Dorgan DATE/TIME 12/21/18 @6:30AM SHFT 3rd

EMPLOYEE SIGNATURE	EMPLOYEE SIGNATURE
Toni Little	
Johana ACHAMIOT	
Leiha Hassen	
Chris McC	

NOTE: Please make any additional comments below: Alarms were not activated. Mock drill took place in Zone 102. Room 203 designated as the "Fire area". Both residents were in bed. Staff assisted them to wheelchairs and removed them to safety beyond fire door. Rooms 204 - 206 were checked and residents removed to safety (beyond fire-door). This took approximately 2½ mins. Fire & Disaster procedures were reviewed.

Revised 4/19/01

FACILITY: Piedmont Christian Home

ADDRESS: 1510 Deep River Road, High Point, NC 27265

SIGNATURE: Mary J Organ DATE/TIME 11/20/18 @4:00PM SHFT 2nd

EMPLOYEE SIGNATURE	EMPLOYEE SIGNATURE
Phuong La	
Sylvie Ukamaeze	
Barbara Conyers MT	
Holly Smith	
Jawara Brown MT	
Akogash Ali	
Daisy Barnes	

NOTE: Please make any additional comments below: Protection System Sweep notified of pending drill. Zone 102 chosen. Majority of residents were in the common area doing activities. All residents were removed beyond fire doors. Residents residing in Zone 1 were placed in their rooms. Drill took approximately 2½ mins. Residents were cooperative. MedTechs silenced the alarm and reset the system.

Revised 4/1/2011

FACILITY: Piedmont Christian Home

ADDRESS: 1510 Deep River Road, High Point, NC 27265 10/22/18 1st

SIGNATURE: Mary P. Dorgan DATE/TIME: 10:15 AM SHFT

EMPLOYEE SIGNATURE EMPLOYEE SIGNATURE

Nasta BARNES (MT)
Laverne Legrode MT
Harumukiza Vedastine
Wande Jeeele
Nadia Ikya
Rasmus Tahir
Kerry Keep
Brenda Rankin
Tracy J. Claypoole

NOTE: Please make any additional comments below: Problem with smoke coming out of shower-room in Zone 104 (100 hall). Alarms set off. 100 hall evacuated to Enrichment Center. (Wires burned out in Spa Tub.) Throughout the building residents reassured as Fire-men worked on the problem. This took approximately 30 mins. before alarms were reset and monitoring system notified to put us back on-Line.

Revised 4/19/01

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ADDRESS: 1510 Deep River Road, High Point, NC 27265

SIGNATURE: Toni Little - Med Tc DATE/TIME: 9-4-18 11:15 AM SHFT 3

EMPLOYEE SIGNATURE	EMPLOYEE SIGNATURE
Toni McCree	Gloria McCree
Johana ALHAMIDI	Johana ALHAMIDI
Leila Abachebssa	Leila Hlesson
Mary Dorgan	

NOTE: Please make any additional comments below: Alarms were not sounded. Mock drill conducted on Memory Care Zone 102. Most of the residents were in bed. Staff were walked through a fire drill. Room 204 designated as problem area. Fire procedures were rehearsed step by step. MedTech was inserviced on Fire Alarm panel and pull stations.