

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on October 24, 2019. The facility was first licensed on February 3, 1997 for Ninety-Seven (97) residents, including a Sixteen (16) bed Special Care unit. Based on this information, we are requiring that this facility meet the 1996 Rules for the Licensing of Domiciliary Homes and the 1996 North Carolina State Building Code, Section 419- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required.	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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet building code requirements in effect at the time of construction. Findings on October 24, 2019: a. A switch was observed in the elevator lobby of the MCU labeled, 'Emergency Exit.' When the override switch was activated, none of the exit doors released. Although Delayed egress doors do not require a central on/off release switch, it was not clear whether this installed switch is required for other reasons. b. Additionally, the screamer box did not sound when opened. c. Staff were not familiar with the locking system and did not know how to reactivate the switch. The override switch required a special tool which was eventually located.	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. Observations revealed that the corridors were not free of obstructions. A six foot wide path of egress must be maintained at all times. Findings on October 24, 2019: a. MCU - a garden bench in the corridor narrows the path of egress to less than 6'-0". The bench was relocated at the time of survey.	C 150		

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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. Observations revealed that the ceilings were not kept clean and in good repair. Findings on October 24, 2019: a. MCU Janitor's closet - the exhaust fan has a heavy accumulation of dust. b. Staff Break Room Toilet - there is 6" diameter damp spot on the corner of one ceiling tile. The area is black with mildew. c. General note - most of the exhaust fans throughout the facility had heavy accumulations of dust. d. First Floor Small Dining - there is a large discolored area on the ceiling in the corner and the finish is cracking and flaking. 2. Observations revealed that the walls and furnishings were not kept clean and in good repair. Findings on October 24, 2019: a. Room 103 - one of the door handles on the back closet is missing a knob. b. Room 105 - the door to the shared bathroom does not close and latch for privacy. c. Kitchen - the doors between kitchen and	C 164		

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C 164	Continued From page 3 dining are very dirty. d. Dining - the door handle on the left side exterior door is broken and the door will not open. (Note: This is not an exit and there are two other exterior doors in the room.) 3. Observations revealed that the facility was not maintained free of offensive odors. Findings on October 24, 2019: a. Room 124 - the room has a strong urine odor.	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 facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on October 24, 2019: a. Room 216 - four oxygen bottles were stored in a plastic rack without any means of restraint. b. Room 307 - four oxygen bottles were stored in a plastic rack without any means of restraint and one bottle was sitting on the floor without any	C 166		

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C 166	Continued From page 4 means of restraint. c. Room 309 - twenty-two oxygen bottles were stored in a plastic racks without any means of restraint. d. Room 312 - three oxygen bottles were sitting on the floor without any means of restraint. e. Room 316 - three oxygen bottles were sitting on the floor without any means of restraint.	C 166		
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 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 October 24, 2019: a. Third Floor Tea Room - the doors are on magnetic hold open devices. The right leaf did not close completely when the fire alarm was activated. b. Second Floor Game Room - the doors are on magnetic hold open devices. The left leaf drags	C 189		

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C 189	Continued From page 5 on the floor and caused the doors not to close in sequence. Therefore, the doors did not close and latch when the fire alarm was activated. c. Second Floor - one of the magnetic hold open devices is loose and separating from the wall at the cross corridor fire doors. 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 October 24, 2019: a. Lower Level - Room 3 Bathroom had an escutcheon ring missing from the sprinkler head leaving a hole in the rated ceiling assembly. b. Lower Level Housekeeping - one of the ceiling tiles had been removed and a 1" unprotected PVC pipe was penetrating the one hour wall assembly above the ceiling tile. c. Room 117 - the ceiling finish is failing and there is a hole in the rated ceiling assembly where the finish is cracking. d. Second Floor Electrical Room across from 212 - there is one unsealed conduit penetration through the 1 hour wall assembly. e. Room 303 - the escutcheon plate is missing on the sprinkler head in the bathroom. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on October 24, 2019: a. Stair 2 - the emergency light between the 1st and 2nd floors did not illuminate on battery test.	C 189		

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C 189	Continued From page 6 b. Stair 2 - the emergency light between the 1st and ground floors did not illuminate on battery test. 4. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on October 24, 2019: a. Kitchen Pantry - items were stored to the ceiling. The boxes were moved at the time of survey. 5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function during a fire or other emergency. Findings on October 24, 2019: b. First Floor - the smoke detector outside of Room 117 is not secure to the ceiling. 6. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on October 24, 2019: a. Maintenance Office - the door to the office was held open using wood blocking.	C 189		

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C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 had unvented portable electric heaters in the building. Findings on October 24, 2019: a. First Floor Physical Therapy - two unplugged portable electric heaters were found under a desk.	C 191		
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; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and	C 199		

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C 199	Continued From page 8 (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 maintain required exhaust ventilation in specified spaces. Findings on October 24, 2019: a. Kitchen Janitor's Closet - the exhaust fan is not working. b. MCU - the exhaust fans in the bathrooms on the wing containing Room 15 are not pulling enough to hold a thin sheet of plastic. c. Second Floor Spa - the exhaust fan in the toilet room is not working. d. Third Floor, Room 318 - the exhaust fan in the bathroom is not working.	C 199		