NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Copy

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

October 23, 2019
Brenda Yelton (via e-mail only)
160 Health Care Drive
Rutherfordton, NC 28139

RE: Colonial Manor Rest Home - Ha Biennial Survey
160 Health Care Drive
Rutherfordton Rutherford County
FID #920242 Hal081001

Dear Ms. Yelton:

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 October 17, 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 November 7, 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 November 7, 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 November 7, 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
Architectural/ Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Rutherford County DSS - with attachment-(via e-mail only)

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Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

Colonial Manor Health Care
160 Health Care Dr
Rutherfordton, NC 28139
828-287-7353
Teresahall9@hotmail.com

C111...
The Fire Inspection Report has been obtained. And a certificate of the monitoring of the fire system has been obtained and will be sent with this report...

C166. The container in which the oxygen tanks were being stored have been removed and have been placed in an approiate storage unit that is designed for the storage of oxygen tanks.. This will be monitored in that the staff have now been educated on what is and what is not approiate storage for the oxygen tanks, that way when the oxygen provider distributes the tanks if they do not come in an approiate container they will be returned or replaced promptly...

C189

a. The door latch to room #3 has been repaired so that the door will close and latch as it should.
b. The door latch to room #15 has been repaired so that the door will close and latch as it should.
c. The door wedges have been removed and staff is aware that this is a violation and should not be wedged open in any fashion unless it meets the state requirement.
d. The door wedges have been removed
e. The door wedges have been removed
f. The door has had a plate installed to accommodate the hole in the area of the knob.

2. Concerning #2 of the deficiency report
All hole that are mentioned 2 a thru j have been chalked with red fire retardant chalking that meets the states standard for commercial use
3. The exit sign outside of the side kitchen door to the back hall has been replaced with a new exit sign bringing it back to the standard that is required by state rule.
4. the electrical outlet expander in the Admin's office has been removed and she is aware of the rule in which expanders are not approved as safe use in the electrical outlets.

All of the deficiencies mentioned will be repaired no later than Dec 15th 2019. In order to insure that no future instances occur the Admin and Maintience staff will do a monthly check to insure that these type of repairs do not need to be made and if they are discovered then Admin will be notified and the repairs will be made promptly.

Brenda Jolton 11-12-19

RUTHERFORD COUNTY INSPECTION DEPARTMENT

270 N Toms St Rutherfordton, NC 28139
Phone: (828) 287-6035 Fax: (828) 287-6338

MISSION STATEMENT
The Rutherford County Inspection Department's mission is to assist the public in the protection of life and property by minimizing the impact of fire and potential disasters or events that affect the community and environment.

FIRE INSPECTION REPORT

DATE: 8/20/2019 TIME: 10:40

OCCUPANT: Colonial Manor

ADDRESS: 160 Heath Care Dr

CONTACT INFO:
(Name) Brenda Yelton

(Phone)

(Mailing Address)

OCCUPANCY TYPE

- ☐ Assembly
- ☐ Business
- ☐ Daycare
- ☐ Educational
- ☐ Factory/Industrial
- ☐ Hazardous
- ☑ Institutional
- ☐ Mercantile
- ☐ Miscellaneous
- ☐ Residential
- ☐ Storage
- ☐ N/A

TYPE OF INSPECTION

- ☑ Routine
- ☐ Reinspection
- ☐ Walk Through
- ☐ Complaint
- ☐ Sprinkler/Hood Suppresion
- ☐ Fire Alarm
- ☐ Fire Final

BUILDING INFORMATION

Sprinkler System ☑ YES ☐ NO
Alarm System ☑ YES ☐ NO
Number of Stories _____
Sq. Ft. _____

Inspection Notes:

OUTSIDE LIGHT ON CORNER OF BUILDING

COPY RECEIVED BY: (Print) Tarela Hill

INSPECTED BY: (Print) Stephanie Dotson

ALARMSOUTH®
A SECURITY COMMUNICATIONS COMPANY
(704) 872-9857
(800) 566-5677
Fax (704) 838-8072

CERTIFICATE OF INSTALLATION

THIS CERTIFICATE SERVES AS PROOF OF INSTALLATION OF A SECURITY SYSTEM BY ***ALARMSOUTH®***. THE SYSTEM IS CONNECTED TO SECURITY CENTRAL, A 24/HOUR UL LISTED AND FM APPROVED CENTRAL MONITORING STATION.

PROTECTED SUBSCRIBER NAME: Colonial Manor

ADDRESS: 160 Health Care Dr
Rutherfordton, NC 28139

DATE SERVICE STARTED: 6/11/15-Current

SYSTEM MODEL: CADDX 592

THE FOLLOWING PROTECTION DEVICES/SYSTEMS HAVE BEEN INSTALLED:

ALARM SYSTEM
AUTOMATIC CONTROL PANEL
BATTERY BACK-UP
PERIMETER/INTERIOR PROTECTION
KEY PAD(S)
AUDIBLE ALARM

FIRE DETECTION YES X NO

DESCRIPTION: Fire & Burglar

ALARMSOUTH® REPRESENTATIVE: Cheryl C Parsons DATE: 11/12/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL081001	A. BUILDING: 01 B. WING _____	10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL MANOR REST HOME	160 HEALTH CARE DRIVE RUTHERFORDTON, NC 28139

(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 10-17-2019. Records indicate this facility was first licensed on 1-1-1973, for 34 beds. Based on this information, we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1967 NC State Building Code and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
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	C 166		

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	HAL081001	A. BUILDING: 01 B. WING _____	10/17/2019

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C 166	Continued From page 1 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings 10-17-2019: Several (8) portable medical oxygen cylinders were stored in an unapproved beverage crate in the PCA office.	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, several 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.	C 189		

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C 189	Continued From page 2 Findings on 10-17-2019; a. The door to room 3 would not close and latch. b. The door to room 15 would not close and latch. c. The door to the Director's office off the front corridor was wedged open. Note; This deficiency was corrected during the survey. d. The door to the kitchen was wedged open. e. The door to bedroom 19 was propped open. f. There was a hole at the latchset through the door to the kitchen. 2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 10-17-2019: a. Hole in the ceiling of the closet off the medical office, b. Unsealed penetration in the ceiling of the closet off the medical office, c. Unsealed penetration in the ceiling of the medical office, d. Unsealed penetration in the ceiling of the laundry, f. Unsealed penetrations (5) in the ceiling of the water heater closet, g. Unsealed penetrations (2) in the ceiling of the pantry, h. Unsealed penetration in the ceiling of the front corridor near the director's office, i. Heat detector hanging by the wires in the ceiling of the dining room, j. Receptacle very loose in the wall of the corridor near room 7. 3. Based on observation, the combination exit	C 189		

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C 189	Continued From page 3 sign/battery powered emergency light to the back hall would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 4. Based on observation, an electrical outlet expander was in use in the Administrator's office. Electrical outlet expanders are not approved for use in Institutional Occupancies.	C 189		