STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098029	A. BUILDING: **01** B. WING _____	**12/05/2019**

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PARKWOOD VILLAGE	**1730 PARKWOOD BLVD** **WILSON, NC 27895**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on December 5, 2019. Records indicate this facility was first licensed on August 19, 1997 as a Home for the Aged. The facility is currently licensed for 70 Beds including a 20 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. 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	C 101		

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility was not in compliance with code requirements in effect at the time of construction, renovation or alteration. For facilities with special locking of electromagnetic locks (NCSBC 1012.6.1.4.C.) it is required to have a wiring diagram and system components location map provided under glass adjacent to the fire alarm panel. Findings on December 5, 2019: a. The facility did not have a wiring diagram for the special locking system located adjacent to the fire alarm panel.	C 101		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Observations revealed that one of the community bathrooms was being utilized for storage. Findings on December 5, 2019: a. SCU Spa - the spa had Christmas decorations, clothing, walkers, paint cans and other items being stored in the room.	C 135		

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C 160	Continued From page 2	C 160		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean condition. Findings on December 5, 2019: a. SCU Courtyard - a section of the exterior soffit has fallen out by the porch leaving a large hole for pests and the elements to enter the facility.	C 160		
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.	C 164		

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C 164	Continued From page 3 Findings on December 5, 2019: a. 200 Hall - the ceiling at the end of the 200 Hall had large yellow water stains from a mechanical unit overflow drain above. b. Room 208 - the ceiling had yellow water stains along a sheetrock joint and the paint around the joint was bubbling. Interview with staff revealed the stain to have been caused from a roof leak. c. Room 208 - the ceiling tape is separating at the joint at the bathroom wall. d. Room 307 - the finishing tape is peeling off creating a crack in the ceiling finish.	C 164		
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 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 December 5, 2019: a. Electrical Room by 103 - the escutcheon plate is missing from the sprinkler head leaving a hole in the ceiling at the head.	C 189		

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C 189	Continued From page 4 b. Room 109 - there is a small hole at the sprinkler head in the bathroom. c. Dry Storage - there is a small gap between the ceiling and smoke detector. The vent was not secure. The vent screws were tightened during the survey. d. Housekeeping off of Laundry - the ceiling junction box is in need of a cover plate to cover the holes in the ceiling around the box. e. The sprinkler head outside of Room 305 has dropped leaving a gap at the ceiling. f. Data Closet by Room 303 - there is one unsealed cable bundle penetrating the ceiling. The fire caulk at the cable penetration beside the cable bundle has fallen out. g. SCU Housekeeping - the fire caulk around the drain line has fallen out where it penetrates the ceiling. 2. 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 December 5, 2019: a. 200 Hall Residential Laundry - the door did not latch when closed. b. 200 Hall Soiled Linen - the latch plate was stuffed with plastic so that the door would not latch when closed. The plastic was removed at the time of survey. 3. 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	C 189		

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C 189	Continued From page 5 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 December 5, 2019: a. 200 Hall Residential Laundry - the door was propped open at the time of survey. 4. 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 December 5, 2019: a. Main Electrical Room - the emergency light did not illuminate on battery test. b. The emergency light outside of Room 409 did not illuminate on battery test. 5. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the domestic water supply became contaminated. Findings on December 5, 2019: a. Kitchen - the icemaker drain line is resting almost directly on top of the floor drain grate. 6. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could effect all occupants of the facility if the absence of the plumbing safety devices or equipment caused the domestic water supply to become contaminated.	C 189		

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C 189	Continued From page 6 Findings on December 5, 2019: a. 300 Hall Housekeeping - the vacuum breaker on the utility sink is damaged. 7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on December 5, 2019: a. SCU Spa - the light switch was not secure to the wall.	C 189		