NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

December 16, 2019
Chris Parker (via e-mail only)
6601 Yadinville Road
Pfafftown, NC 27040

RE: Vienna Village - HA Biennial Survey
6601 Yadkinville Road
Pfafftown Forsyth County
FID #921290 Hal034016

Dear Mr. Parker:

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 December 11, 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 December 31, 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 December 31, 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 December 31, 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 Enigneering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Forsyth 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034016	A. BUILDING: 01 B. WING _____	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIENNA VILLAGE	6601 YADKINVILLE ROAD PFAFFTOWN, NC 27040

(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 and Ed Miller on 12-11-2019; Records indicate the middle portion of this facility was first licensed or submitted as a Home for the Aged on 3-1-1966. Therefore the middle of the facility must meet the 1967 NC State Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds. The right end of the facility was built in 1985 and therefore must meet the 1978 NC State Building Code, the 1984 and applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds. The left end of the facility was built in 2009 and must meet the 2006 NC State Building Code and the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds. The facility is currently licensed for 90 residents. Deficiencies were cited which will require a Plan of Correction.	C 000		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the toilet in room B56.	C 133	INSTALLED GRAB BAR AT TOILET IN B56 (SEE ATTACHED PHOTO)	12-12-19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chris Parker — TITLE: ADMINISTRATOR — (X6) DATE: 12-23-19

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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 12-11-2019; a. One of the fire doors near exit S-7 would not consistently close completely and latch when activated by the fire alarm system. b. The door to the West Dining room did not latch when closed. c. The door to utility room F53 did not latch when closed. d. The door to room F40 does not fit the opening properly to be resistant to the passage of smoke. e. The door to room F65 does not fit the opening properly to be resistant to the passage of smoke. f. The door to bedroom F56 was propped open. Note; This deficiency was corrected during the survey. 2. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised	C 189	A. ADJUSTED + LUBRICATED LATCH ON FIRE DOOR S-7 + TESTED NUMEROUS TIMES 12-11-19 B. ADJUSTED DOOR HINGE 12-11-19 C. ADJUSTED STRIKE PLATE 12-11-19 D+E. CONTRACTED WITH CARPENTER TO EXTEND DOOR STOPS. 1-7-20 F. WILL CONTINUE TO TRAIN + MONITOR 12-11-19	

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C 189	Continued From page 2 in 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 12-11-2019: a. Unsealed sleeve in the ceiling of S30 electrical room, b. Unsealed penetrations (2) in the ceiling of S30 electrical room, c. Unsealed penetration in the ceiling of F35 electrical room, d. Gypsum compound and tape falling off the ceiling at the exit near room E2. e. Ceiling damaged (nail pops) in clean linen B20. 3. Based on observation, the facility was not maintained in a safe condition because of an improperly mounted light fixture. Finding on 12-11-2019; The light fixture was falling away from the ceiling in room F53. 4. Based on observation, plumbing equipment drain lines were not maintained in a safe condition. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. Findings on 12-11-2019; The ice machine drain line extended into the floor drain. 5. Based on observation, an electrical outlet expander was in use in the corridor near room B73. Electrical outlet expanders are not approved for use in Institutional Occupancies. 6. Based on observation, the facility was not	C 189	(2) A. FIRE CAULKED (SEE ATTACHED PHOTO) 12-11-19 B. FIRE CAULKED (SEE ATTACHED PHOTO) 12-11-19 C. FIRE CAULKED (SEE ATTACHED PHOTO) 12-11-19 D. RETAPED + DRYWALLED (SEE ATTACHED PHOTO) 12-13-19 E. SCRAPED + DRYWALLED (SEE ATTACHED PHOTO) 12-13-19 (3) INSTALLED TOGGLE BOLT (SEE ATTACHED PHOTO) 12-12-19 (4) CUT OFF DRAIN PIPE PER CODE (SEE ATTACHED PHOTO) 12-12-19 (5) REPLACED SIX OUTLET SURGE WITH 2 OUTLET SURGE (SEE ATTACHED PHOTO) 12-23-19	

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C 189	Continued From page 3 maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 12-11-2019; a. Items had been stacked all the way to the ceiling in room B63. Note; This deficiency was corrected during the survey. b. Boxes had been stacked to within 7 inches of the ceiling in the pantry. Note; This deficiency was corrected during the survey.	C 189	A. WILL CONTINUE TO TRAIN + MONITOR B. WILL CONTINUE TO TRAIN + MONITOR	12-11-19 12-11-19