STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL098023	A. BUILDING: **01** B. WING _____	R **06/15/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON HOUSE	**1800 MARTIN LUTHER KING JR. PARKWAY WILSON, NC 27893**

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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on June 15, 2023. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{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; This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with the licensure and code requirements in effect at the time of construction or renovation. The NC State Building Code requires exit doors with magnetic locking systems to have a manual on/off emergency override switch within three feet of the door. Findings on June 15, 2023:	{C 101}	Response to the cited deficiencies does not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report. The Plan of Correction is prepared solely as a matter of compliance with State Law.	

Donna Dawson 7/14/23

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{C 101}	Continued From page 1 a. Based on the February 24, 2022 inspection report, the installation of locking system on the AL side contained the following Building Code deficiencies: All but two of the emergency override switches located at the locked doors were momentary switches and re-engage the locks in about 20 seconds. At the time of this survey, the locking system was not activated and, therefore, correction of this citation could not be verified. [see cross referenced citation under Tag C-116]	{C 101}	C101 1a Wilson House has contacted our low voltage vender to resolve this issue.	8/30/23 1a
{C 116}	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and	{C 116}		

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{C 116}	Continued From page 2 reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1. Review of records revealed that the facility has conducted a construction change without submitting plans to DHHS Construction nor to the local officials for review and approval. Findings on June 15, 2023: a. Review of records indicated the DHSR Construction Section Biennial from March 23, 2017 cited that there was a locking system installed on the Assisted Living portion of the facility which did not have documented approval from the local Authority Having Jurisdiction [AHJ] or from DHSR Construction. The Plan of Correction submitted by the facility Administrator on June 1, 2017 indicated the system was never activated. Direct observation during the survey on December 2, 2021 revealed the facility has installed and is operating a magnetic locking	{C 116}	C116 1a Wilson House will engage a certified vendor to inspect and test all the override switches and the magnetic locking system. The certified vendor will address any repairs and provide documentation that the Magnetic Locking System has been inspected and is operating per the required code.	8/30/23 1a

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{C 116}	Continued From page 3 system on the AL side. No records have been identified indicating that this was submitted to and approved by DHSR/Construction or the local AHJ with the City of Wilson. Direct observation during the survey on June 15, 2023 revealed the locking system on the AL side was not active.	{C 116}		
{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: 3. Observations revealed that the walls and furnishings were not kept clean and in good repair. Findings on June 15, 2023: n. SCU 300 Hall Community Bath - there are some dings at the corner wall by the door and the base tile has broken off again.	{C 164}	C164 3n Repairs will be completed by in house maintenance.	8/30/23 3n
{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,	{C 189}		

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{C 189}	Continued From page 4 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. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on June 15, 2023: a. 200 Hall - the cross corridor doors do not latch when closed by activating the fire alarm system. Interview with staff revealed that one vendor was hired and did not complete the work. A second vendor is scheduled to repair the doors on June 20, 2023. b. 300 Hall - the cross corridor doors do not latch when closed by activating by the fire alarm system. Interview with staff revealed that one vendor was hired and did not complete the work. A second vendor is scheduled to repair the doors on June 20, 2023. 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 June 15, 2023: m. PT Closet - the escutcheon ring is missing	{C 189}	C189 1a, 1b All hardware was adjusted and repaired. Maintenance or ED will conduct weekly checks to maintain proper function.	7/05/23 1a, 1b

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{C 189}	Continued From page 5 from the sprinkler head. o. Riser Room - repairs were made but, there is new damage to the ceiling including holes and bubbled finishes. Interview with staff revealed that the roof is scheduled for replacement which will correct the leak problem when that work is done. New Deficiency: 3. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on June 15, 2023: a. Kitchen - the freezer/cooler units' condensate lines drain into a floor drain. This drainage is seeping under the surrounding flooring causing the tiles to pop up and there is water seeping up between the remaining tile joints.	{C 189}	C189 2m In house maintenance to fix. C189 2o Wilson House will contact a certified vendor to assess and repair roof. In house maintenance will fix any issues with the ceiling in the rise room. C189 3a Wilson House will contact a certified vendor to assess and repair.	7/05/23 2m 8/30/23 2o 8/30/23 3a
{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 (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)	{C 199}		

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{C 199}	Continued From page 6 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on June 15, 2023: a. There was a pattern of fans not working in the facility including resident bathrooms, service areas and common areas. At the time of the follow up survey, most of the fans tested were still not working.	{C 199}	C199 1a The item will be repaired by the in house maintenance	8/30/23 1a