FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	19197336592
FROM	Waters, Jaime
DATE	2023-07-14 10:13:47 PDT
RE	Parkwood Village HAL-098-030 POC

COVER MESSAGE

See attached.

Jaime Waters
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Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

Parkwood Village

Plan of Correction

Facility License #HAL-098-030

Submission Date: 7-14-23

Pages: 11

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FORM APPROVED

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
	HAL098030	A. BUILDING: 01 B. WING _____	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 June 15, 2023. 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 Health Service Regulation at no cost;	C 101		

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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 licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Special locking requires that the electromagnetic locking devices unlock upon actuation of the automatic fire detection system. These systems may be used provided not more than one such system is located in any egress path and an emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on June 15, 2023: a. The electromagnetic locking devices did not release upon actuation of the fire alarm system. (Note: the emergency override switches did release the doors as well as the master override switch located in the Nurses' station.) b. SCU Dining - The door to the courtyard from SCU dining does not appear to be a required exit [serves less than 50 occupants and is less than 2500 square feet]. A paper exit sign has been installed over the dining room exit into the courtyard identifying this is an exit however, this path does not meet all of the requirements of an exit. Both the dining room door to the courtyard and the courtyard gate are equipped with electromagnetic locks and neither of these exits are equipped with an emergency release switch and emergency lighting.	C 101	A. Section .300 Physical Plant NCAC 13F .031 Application of Construction Requirements. This rule was not met by the electromagnetic locking devices did not release upon actuation of the fire alarm system. B. The alleged deficient practice has been corrected for the listed residents by taking the following action: The locking devices were fixed on 6-19-23. The facility has an override switch already in place for immediate use in this situation. C. Other residents potentially affected by the same deficient practice will be identified as follows: All residents in memory care could potentially be affected. D. The following systematic changes will be made to ensure compliance with this regulation: During monthly fire drill, the Director of Maintenance and/or designee will check all doors and gate and document on the fire drill log to ensure locking devices are working properly.	
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 154		

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C 154	Continued From page 2 ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Observations revealed that the facility has residents known to be disoriented or a wanderer which requires that each exit door accessible by residents to be equipped with a sounding device that is activated when the door is opened. Findings on June 15, 2023: a. SCU - the screamer box at the exit door by the Office did not alarm when opened.	C 154	A. .0300 Physical Plant 10A NCAC 13F .0305 Physical Environment This rule was not met by residents known to be disoriented or a wanderer which requires that each exit door accessible by residents to be equipped with a sounding device that is activated when the door is opened. SCU - the screamer box at the exit door by the Office did not alarm when opened. B. The alleged deficient practice will be/has been corrected for the listed residents by taking the following action: The deficient practice was corrected immediately during the survey on 6-16-23 by replacing the battery on the screamer box. C. Other residents potentially affected by the same deficient practice will be identified as follows: All residents in memory care could potentially be affected. D. The following systematic changes will be made to ensure compliance with this regulation: During monthly fire drill, the Director of Maintenance and/or designee will check all screamer boxes and document on the fire drill log to ensure the screamer boxes are functioning properly.	
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:	C 160		

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C 160	Continued From page 3 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Exterior openings allow for pests to enter the facility. Findings on June 15, 2023: a. Dining Porch - the rim on the recessed light near the Dining door has dropped leaving an opening in the porch ceiling. b. 100 Hall Exit - a section of the exterior soffit has fallen off at the bottom left side of the gable leaving an opening for pests to enter.	C 160	A. .0300 Physical Plant 10A NCAC 13F .0305 Physical Environment This rule was not met as evidenced by: The dining porch- the rim of the recessed light near the dining door has dropped leaving an opening in the porch ceiling. 100 Hall exit door- a section of the exterior soffit has fallen off at the bottom left side of the gable leaving an opening for pests to enter. B. The alleged deficient practice will be/has been corrected by taking the following action: The rim of the recessed lighting on the dining porch and the exterior soffit on the left side of the gable off the 100 Hall exit door was corrected on 6-19-23.	
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 June 15, 2023: a. Kitchen - the ceiling area around the supply vents have water stains and the paint is bubbling, flaking and splitting.	C 164	C. Other residents potentially affected by the same alleged deficient practice will be identified as follows: All residents residing in the facility could potentially be affected. D. The following systematic changes will be made to ensure compliance with this regulation: The Director of Maintenance and/or designee will perform monthly low and high point checks around the exterior of the community and document. A. .0300- Physical Plant 10A NCAC 13F .0306 Housekeeping and Furnishings This rule was not met as evidenced by: Kitchen- the ceiling around the supply vents have water stains and the paint is bubbling, flaking and splitting. Room 214-A - there are three unsecured oxygen bottles on the floor of the room.	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT	C 166		

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C 166	Continued From page 4 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 were improperly stored. 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 June 15, 2023: a. Room 214-A - there are three unsecured oxygen bottles on the floor of the room.	C 166	B. The alleged deficient practice will be/has been corrected by taking the following action: The kitchen ceiling will be completely corrected by 7-14-23. The oxygen bottles were secured immediately on 6-16-23 during the survey. C. Other residents potentially affected by the same alleged deficient practice will be identified as follows: All residents residing in the facility could potentially be affected. D. The following systematic changes will be made to ensure compliance with this regulation: The DRC and/or designee will do random room sweeps weekly to ensure all oxygen bottles are secure in crates. The Director of Maintenance and/or designee will do random interior high and low point checks.	
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	C 189	A. .0300- Physical Plant 10A NCAC 13F .0311 Other Requirements This rule was not met as evidence by: The right hand door of the cross corridor fire doors by Laundry did not close and latch when released by the fire alarm. The right leaf on the cross corridor smoke doors by Room 103 did not latch when released by the fire alarm. Dining - the emergency light near the porch did not illuminate on test. Dining - the right bulb was out on the emergency light to the right of the kitchen door. Kitchen - the emergency light over the beverage station did not illuminate on test. Activity - the emergency light by the office did not illuminate on test.	

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C 189	Continued From page 5 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. The right hand door of the cross corridor fire doors by Laundry did not close and latch when released by the fire alarm. 2. 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 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on June 15, 2023: a. The right leaf on the cross corridor smoke doors by Room 103 did not latch when released by the fire alarm. 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 June 15, 2023: a. Dining - the emergency light near the porch did not illuminate on test. b. Dining - the right bulb was out on the emergency light to the right of the kitchen door. c. Kitchen - the emergency light over the beverage station did not illuminate on test. d. Activity - the emergency light by the office did not illuminate on test. e. The emergency light outside of the Beauty Salon did not illuminate on test.	C 189	The emergency light outside of the SCU Med Room did not illuminate on test. Private Dining - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. Kitchen - the conduits for the hood suppression system are not sealed where they penetrate the ceiling. Kitchen - the conduits for the freezer and cooler sprinkler system are not sealed where they penetrate the ceiling. 100 Hall Electrical Room - the sprinkler head is missing its escutcheon ring leaving a hole in the fire resistant rated ceiling. 100 Hall - the escutcheon ring is missing on the sprinkler head outside of Room 108-A and the escutcheon ring on the sprinkler head by the exit has dropped leaving holes in the fire resistant rated ceiling. Room 303 Bath - the escutcheon ring on the sprinkler head has fallen off. 300 Hall Mechanical - there is one cable bundle not sealed as it penetrates the ceiling. SCU - the sprinkler head outside of Room 04 has dropped leaving a gap in the fire resistant rated ceiling. The corridor HVAC units in the 200 Hall was not cooling properly. Activity Room - the fire extinguisher is past due for its annual service. It was last serviced in April of 2022. Room 207 - the corridor door does not close. Room 103 - the corridor door does not latch when closed. Room 104 - the corridor door does not latch when closed. The Laundry Room doors to the Supply Room and the Clean Linen Room were held open using unnapproved devices. B. The alleged deficient practice will be/has been corrected by taking the following action: The following emergency lights were replaced on 6-19-23: The one outside of the	

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C 189	Continued From page 6 f. The emergency light outside of the SCU Med Room did not illuminate on test. 4. 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 could allow fire and smoke to spread beyond the area of origin. Findings on June 15, 2023: a. Private Dining - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. b. Kitchen - the conduits for the hood suppression system are not sealed where they penetrate the ceiling. c. Kitchen - the conduits for the freezer and cooler sprinkler system are not sealed where they penetrate the ceiling. d. 100 Hall Electrical Room - the sprinkler head is missing its escutcheon ring leaving a hole in the fire resistant rated ceiling. e. 100 Hall - the escutcheon ring is missing on the sprinkler head outside of Room 108-A and the escutcheon ring on the sprinkler head by the exit has dropped leaving holes in the fire resistant rated ceiling. f. Room 303 Bath - the escutcheon ring on the sprinkler head has fallen off. g. 300 Hall Mechanical - there is one cable bundle not sealed as it penetrates the ceiling. h. SCU - the sprinkler head outside of Room 04 has dropped leaving a gap in the fire resistant rated ceiling. 5. Observations revealed that the mechanical systems were not maintained in operating condition.	C 189	Dining room, the one in the kitchen, the one outside of the activity room and the one outside of the SCU med room. The following rings were replaced on sprinkler heads throughout the facility: 100 Hall outside of 108 and the electrical room, the private dining room, the kitchen where the hood system is, the one in the freezer and in the cooler, the one in 303 bathroom and the one outside room 4 in the SCU. The cords holding the laundry doors open were removed immediately on 6-16-23 during the survey. The bundle of cords in the mechanical room on the 300 hall were corrected immediately on 6-16-23 during the survey. The HVAC unit on the 200 hall was inspected by a local vendor on 6-16-23 and no concerns were found. The activity room fire extinguisher was inspected and signed off on 6-19-23. The following fire doors not latching were corrected on 6-19-23 by an outside vendor: outside the laundry room, outside 103. The following doors were not latching and corrected on 6-19-23: room 207, 103 and 104. C. Other residents potentially affected by the same alleged deficient practice will be identified as follows: All residents residing in the facility could potentially be affected. D. The following systematic changes will be made to ensure compliance with this regulation: The Director of Maintenance and/or designee will do random interior high and low point checks.	

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C 189	Continued From page 7 Findings on June 15, 2023: a. The corridor HVAC units in the 200 Hall was not cooling properly. 6. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on June 15, 2023: a. Activity Room - the fire extinguisher is past due for its annual service. It was last serviced in April of 2022. 7. 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 June 15, 2023: a. Room 207 - the corridor door does not close. b. Room 103 - the corridor door does not latch when closed. c. Room 104 - the corridor door does not latch when closed. 8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on June 15, 2023: d. a. Room 207 - the corridor door does not	C 189		

	close. e. Room 103 - the corridor door does not latch when closed. Room 104 - the corridor door does not latch when closed			

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