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	HAL070008	A. BUILDING: 01 B. WING _____	12/13/2023

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WATERBROOKE OF ELIZABETH CITY	143 ROSEDALE DRIVE ELIZABETH CITY, NC 27909

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C 000	Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay conducted on December 13, 2023. Records indicate this facility was first licensed on January 28, 1997. The facility is currently licensed for 130 Beds with a 26 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited that will 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		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Rhonda Byrd-Tisdell | Administrator | 02/12/24

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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. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on December 13, 2023: a. The front door is secured with an electromagnetic lock. There are four master override switches in the facility including one at the front Nurses' Station. None of the master override switches released the door.	C 101	C101 a. John's Brother Security made repair to all master over ride switches throughout facility.	02/6/24

C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL 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	C 154	C154a. SCU diaper storage room exterior door alarm was replaced Hallway door alarm to diaper room was turned back on. Staff were notified to not turn alarm off	12/13/23 12/13/23

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C 154	Continued From page 2 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 December 13, 2023: a. Diaper Room [SCU] - the exterior door did not alarm when opened. In addition, the door to the room has an alarm which was turned off. The corridor alarm was turned on at the time of survey.	C 154		

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 and safe condition. Findings on December 13, 2023: a. Exterior Can Wash - there is water ponding around the drain and backed up to the grass. b. SCU Porch - the vinyl ceiling is sagging and there are several holes in the vinyl.	C 160	C160 a. Drain was pumped out and cleaned b. SCU porch soffit on order to be replaced	12/29/23 03/01/24

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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 December 13, 2023: a. South Hall Clean Linen - there are mildew spots on the ceiling. b. North Hall Clean Linen - there are water stains on the ceiling. c. SCU Room 65 - there are light gray mildew spots on the ceiling over the shower. d. Room 43 - there is a 4" dark orange water stain on the ceiling near the corridor wall. There are larger, lighter orange water stains radiating from the center stain. The center stain is soft to the touch indicating an active leak. 2. Observations revealed that the furniture is not kept in good repair. Findings on December 13, 2023: a. South Hall Room 26 - the door is delaminating at the bottom leaving splintered edges exposed. b. North Hall Oxygen Storage - the door hardware is loose. This was corrected at the time of survey.	C 164	C164 1a. South Hall clean linen closet was clean, stain, mildew blocked and painted. 1b. North Hall clean linen closet was cleaned, stain, mildew blocked, and painted. 1c. SCU Room 65 was cleaned, stain, mildew blocked and painted. Exhaust fan replaced. 1d. Room 43 leak was fixed and repaired C164 2a South Hall Room 26 door was puttied and sanded and re-stained. 2b. Corrected at survey.	12/13/23 12/13/23 2/9/24 12/16/23 12/14/23 12/13/23

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C 166	Continued From page 4	C 166		
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 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 December 13, 2023: a. North Hall Oxygen Storage - there were two tall oxygen tanks stored in a shallow plastic tray without any means of restraint. The bottles were moved at the time of survey.	C 166	C166 1. Oxygen tanks were moved to secure crates. Administrator has notified Medihome care that they are not supplying correct storage crates.	12/13/23 2/7/24
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.	C 189	C189 1a. Corrected at survey 2a. Front entrance patches have been finished 2b. Sheetrock joint over ice maker has been mudded, sanded, and painted. 2c. North Hall Room 15 ceiling will be repaired and repainted.	12/13/23 12/14/23 2/9/23 2/16/23

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C 189	Continued From page 5 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 affected 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 December 13, 2023: a. The left hand door on the cross corridor doors leading into the North Hall did not latch when released by the fire alarm. This was corrected at the time of survey. 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 December 13, 2023: a. Front entrance - the exit sign was moved and the old holes have been plugged with sheetrock patches but the patches have not been finished. b. Kitchen - the ceiling is damaged and splitting at the sheetrock joint over the icemaker. c. North Hall Room 15 - there is a hairline crack in the ceiling about the middle of the room and there are water stains on the ceiling. d. SCU Activity Room - there is a hole at the wall mounted emergency light. e. SCU Activity Room - there is a crack in the ceiling at the vent. f. SCU Activity Room - the escutcheon ring for the sprinkler head near the vent has dropped. g. SCU Community Bath - the sprinkler heads do	C 189	C189 2d. Hole at mounted emergency light in SCU activity room was repaired 2e. SCU activity room ceiling has been repaired. 2f. SCU activity room escutcheon ring has been repaired. 2g. Sprinkler head escutcheon rings were replaced. 2h. Smoke barrier wall holes were repaired with fire rated sheetrock and finished and sealed.	12/14/23 12/14/23 12/14/23 12/16/23 12/16/23

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C 189	Continued From page 6 not have escutcheon rings. h. Smoke Barrier Wall in attic near front Nurses' Station - there are black phone lines running through the wall that have not been sealed. A water line was run and a 3" diameter hole was cut to run the line leaving a hole in the rated wall. There is also a 12" hole in the wall to the left of the water line. 3. 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 openings within the surface of the door. Findings on December 13, 2023: a. South Hall Records Room - there is a gap through the door around the door hardware. b. Dining entry on North Hall - there is a gap around the door hardware. 4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on December 13, 2023: a. Kitchen - the emergency light over the sink did not illuminate on test. This was corrected during the survey. 5. 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 affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection.	C 189	C189 3a. Door knob ring was replaced. 3b. Door knob was replaced. 4a. Light corrected at survey 5a. Completed logs at survey 6a. Laundry door latch was replaced 6b. Room 41 door was adjusted 7a. SCU batteries were working but were replaced due to weakness. 8a. Electrical outlet cover plate for Room 52 bath was replaced with 2 screws. 9a. Room 48 bath toilet was secured with new floor bolts.	12/14/23 12/14/23 12/13/23 12/13/23 12/13/23 12/14/23 12/13/23 12/14/23 12/14/23

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C 189	Continued From page 7 Findings on December 13, 2023: a. Kitchen - monthly in-house inspections for the hood suppression system are not being conducted and logged in on the inspection tag. 6. 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 13, 2023: a. Laundry - the corridor does not completely close to latch. b. Room 41 - the door does not latch when closed. 7. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Dead or dying batteries in screamer boxes protecting override switches may allow for elopement if staff do not see the resident releasing the door lock. Findings on December 13, 2023: a. SCU - the batteries in the screamer box by Room 63 are dying. 8. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on December 13, 2023: a. Room 52 Bath - the screws for the electrical outlet cover plate are missing so that the cover plate is not secure.	C 189		

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C 189	Continued From page 8 9. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water Closets securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on December 13, 2023: a. Room 48 Bath - the toilet is not secure to the floor.	C 189		
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) 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 December 13, 2023:	C 199	C199 A. Laundry room vents have been cleaned (There has never been an exhaust) B. SCU Room 55 exhaust fan has been replaced. C. all non-working resident room bathroom fans have been replaced.	12/14/23 2/7/24 2/10/24

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C 199	Continued From page 9 a. Laundry - the exhaust fan is not working. b. SCU Room 55 - there is not a working exhaust fan in the bathroom. c. None of the Resident Room Bathrooms' exhaust fans are working on the back halls.	C 199		