

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/12/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SEASONS AT SOUTH POINT

**1002 EAST HIGHWAY 54
DURHAM, NC 27713**

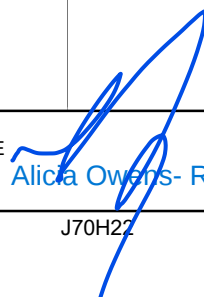
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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on June 12, 2024. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{C 101}	Existing Licensed Fac- 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: 3. 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	{C 101}	-FD or designee will have the master override system repaired by 8/15/24. -FD or designee will check master override system weekly to ensure system is working properly -Task will be added to our electronic PM system to ensure compliance -Any issues identified with the override system will be addressed immediately	8/15/2024

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 Alicia Owens- RDO 7-19-2024

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{C 101}	Continued From page 1 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 June 12, 2024: a. Master override switches are located at each Nursing Station. Neither of the switches released the magnetic locks on the exit doors when pressed to activate. Interview with staff revealed that the vendor found a bad relay and are in the process of correcting this citation.	{C 101}		
{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 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. Based on observation and interview, the facility did not equip each exit with a sounding device as required when there is at least one resident who is disoriented or a wanderer.	{C 154}	-Door chime will be placed on entrance door by 8/15/24. -FD or designee will check door weekly to ensure door alarm is working properly - FD or designee will record all finds in TELS (electronic PM system) -FD or designee will correct any door alarm issues identified on weekly rounds.	8-15-2024

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{C 154}	Continued From page 2 Findings on June 12, 2024: a. Interview with staff revealed that the facility has at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer. Alarms were installed on all doors except the door exiting from the SCU into the lobby.	{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 grounds were not maintained in a clean and safe condition. Findings on June 12, 2024: a. 200 Hall Courtyard - there is a 12" section of the exterior soffit missing near the exit. Holes in the exterior soffit will allow pests to enter the facility. c. 200 Hall - the handrails at the ramp outside the Maintenance Office are rotting and heavily damaged. Currently under repair. d. 200 Hall exit - there are two sections of the gable siding popping off. e. 300 Hall Courtyard - the ground around one of the clean outs and manhole is uneven creating a trip hazard. f. 300 Hall Courtyard - there are two 4x4's with a plywood sheet across the top. The plywood is	{C 160}	-200 hall soffit near exit will be replaced by 8/15/2024 -200 hall rotted handrails will be replaced by 8/15/2024 -200 hall exit the 2 sections of gable siding will be replaced by 8/15/2024. -Uneven terrain around manhole will be leveled by 8/15/2024 -300 hall all plywood, stacked chairs and table will be removed by 8/15/2024. -FD or designee will complete monthly safety rounds. -FD or Designee will record all finding in TELs (electronic PM system) . -FD or designee will repair any issues identified on safety rounds	8/15/2024

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{C 160}	Continued From page 3 rotting and sagging. There is a table and two stacked chairs on the plywood which creates an unstable condition.	{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. Findings on June 12, 2024: a. 100 Hall Sunroom - the finishing tape is loose and peeling away from the ceiling at the window wall.	{C 164}	-100 hall sunroom, finishing tape around ceiling will be repaired by 8/15/2024 -FD or designee will complete monthly safety rounds. -FD or Designee will record all finding in TELs (electronic PM system) . -FD or designee will repair any items identified on safety rounds	8-15-2024 8/1/2024
{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}		

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{C 189}	Continued From page 4 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 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on June 12, 2024: a. 400 Hall - the right hand door of the cross corridor doors rubs on the frame preventing it from closing completely. 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 could allow fire and smoke to spread beyond the area of origin. Findings on June 12, 2024: b. Water Heater Room - the 12" square hole from the leak has not been patched. d. Kitchen - there are three unsealed conduit penetrations in the ceiling by the freezer unit. 3. 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 June 12, 2024: b. Service Hall Exit - the protective cover plate has broken off for the exterior GFCI to the left of the exit door. 4. Based on observation the facility did not	{C 189}	- 400 hall door will be repaired by 8/15/2024 -12 in hole near water heater will be repaired by 8/15/2024 -3 unsealed conduit penetrations in the kitchen will be repaired by 8/15/2024 - GFCI cover plate in service hall will be replaced by 8/15/2024 -100 hall sun room exit sign will be secured to the wall by 8/15/2024 -kitchen hood inspection will be completed and documented by 8/15/2024 -400 hall spa GFCI outlet was repaired and works properly as of 6/14/2024. -400 hall spa light was replaced and works properly as of 6/14/2024 -FD or designee will complete monthly safety rounds. -FD or Designee will record all finding in TELs (electronic PM system) . -FD or designee will repair any items identified on safety rounds in a timely manner	8/15/2024

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{C 189}	Continued From page 5 maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on June 12, 2024: a. 100 Hall Sunroom - the exit sign over the exterior door is not secure to the ceiling. 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 affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on June 12, 2024: a. Kitchen - the monthly in-house inspections for the hood suppression system are not being conducted and recorded on the inspection tag. 9. Observations revealed that the electrical was not maintained in a safe and operating condition. Findings on June 12, 2024: a. 400 Hall Spa - the GFCI outlet in the toilet area did not have power. c. 400 Hall Spa - the light was burned out in the toilet area.	{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	{C 199}		

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{C 199}	Continued From page 6 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 June 12, 2024: a. Janitor's Closet across from the FACP - the exhaust fan is not working. b. Guest Toilet - the exhaust fan is not working. c. 100 Hall Half Bath - the exhaust fan is not working. d. 400 Hall Front Side of Soiled Utility - the exhaust fan is not working well enough to dissipate odors.	{C 199}	- janitors closet across from FACP will be repaired or replaced by 8/15/2024 -Guest toilet exhaust fan will be replaced of repaired by 8/15/2024 -100 hall half bath will be repaired or replaced by 8/15/2024. 400 hall soiled utility exhaust fan will be repaired or replaced by 8/15/2024 -FD or designee will check all linen, utility rooms, bathrooms, housekeeping closets, and laundry areas monthly to ensure compliance -FD or designee will record all finding in TELS - Any issues with exhaust fans will be addressed in a timely manner either by repair or replacement .	8/15/2024