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
	HAL059033	A. BUILDING 01 B. WING _____	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSTON HOUSE	9460 HWY 64 UNION MILLS, NC 28167

(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 a Construction Section Biennial Survey by Ed Miller, conducted on May 1, 2024. Records indicate this facility was first licensed on July 1, 1966, for 30 beds. The current capacity is 29 beds. Based on this information, we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current 2005 Rules for Adult Care Homes of Seven or More Beds. Deficiencies were cited that require a Plan of Correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with the Staff in Charge, the facility failed to maintain current (completed within the last twelve months) sanitation and fire and building safety inspection reports in the home and available for review. Findings on May 1, 2024: a. There was no Fire Official (Fire Marshal) report available for review. b. There was no Building Sanitation Inspection report available for review. c. There was no "National Fire Alarm and Signaling Code", NFPA 72 report available for review.	C 111	Fire Inspection scheduled and paid for - expect Inspection within 30 days - 7/8/24 - Health Inspections Attached. Fire System Inspection to be done 8/7/24 within 30 days	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Barker — TITLE: Maintenance Supervisor — (X6) DATE: 7/9/24

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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. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on May 1, 2024: a. Front, Left and Right Porches - these slabs were not flush with the adjacent ground. This creates a tripping hazard. b. Right Porch - the earthen ramp, covered with a walk-off mat, had a half inch high bump creating an unseen tripping hazard.	C 160	Gravel was placed at exit pad so as to have a level profile to prevent trip hazard	5/20/24
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. Based on observation, the walls were not kept clean and in good repair.	C 164		

Division of Health Service Regulation

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C 164	Continued From page 2 Findings on May 1, 2024: a. Bedroom 2 - the lower half of the wooden corridor door frame, was damaged/worn-out and there were holes in the wood showing up. 2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff and visitors by exposing them to an unpleasant environment. Findings on May 1, 2024: a. Bedroom 5 - there was a strong pet odor that persisted during the Construction Survey. 3. Based on observation, the Building Plumbing fixtures are not free of all hazards. Findings on May 1, 2024: a. Bath near Bathroom 12 - an unidentified liquid was found on the floor at the commode. b. Bathroom 19 Shared Bath - an unidentified liquid was found on the floor at the commode.	C 164	Wooden door frame repaired a cat owned by resident was problematic on spraying other than litter box. Cat has been neutered in hopes to prevent further incident Fluid cleaned + toilets checked for leaks	6/20/24 6/25/24 5/1/24
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 Building was not maintained free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off.	C 166		

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C 166	Continued From page 3 This would turn the compressed gas cylinder into a dangerous projectile. Findings on May 1, 2024: a. Bedroom 16 - a portable medical oxygen cylinder with regulator extending beyond its collar guard was standing up on the floor not properly chained or supported by the wall or in a stand or cart. b. Med Room - a portable medical oxygen cylinder with regulator extending beyond its collar guard was standing up on the floor not properly chained or supported by the wall or in a stand or cart.	C 166	cylinder was properly stored to prevent fall cylinder was properly stored to prevent fall	5/1/24 5/1/24
C 170	Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (9) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to maintain the resident's privacy. Findings on May 1, 2024: a. Bedroom 17 Shared Bathroom - the Bathroom door leaf was missing its door handle, and the opening was covered with a clear acrylic material.	C 170	Door handle replaced Acylic material was removed 6/24/24	
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 175		

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C 175	Continued From page 4 FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas with the required individual towel bar for each resident. Findings on May 1, 2024: a. Bedroom 1 - this triple occupancy bedroom and adjoining bathroom was missing one of its three required individual towel bars. b. Bedroom 5 - this double occupancy bedroom and adjoining bathroom was missing one of its two required individual towel bars. c. Bedroom 17 - this double occupancy bedroom and adjoining bathroom was missing both of its two required individual towel bars.	C 175	All bedrooms/bathrooms have hooks on the wall. one per person	6/24/24
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.	C 185		

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C 185	Continued From page 5 (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with the Staff in Charge, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on May 1, 2024: a. During the 1st quarter of the last 12 months, no rehearsals occurred on the 1st, and 3rd shifts. b. During the 2nd quarter of the last 12 months, no rehearsals occurred on the 1st, 2nd, and 3rd shifts. c. During the 3rd quarter of the last 12 months, no rehearsals occurred on the 2nd, and 3rd shifts. d. During the 4th quarter of the last 12 months, no rehearsals occurred on the 2nd, and 3rd shifts.	C 185	Administrator did meet with management to discuss the correct procedure for fire drills - Also, maintenance is now checking fire drill reports monthly to maintain compliance 6/24/24	
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. This Rule is not met as evidenced by: 1. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if	C 189		

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C 189	Continued From page 6 not contained in the room of origin. Findings on May 1, 2024: a. Nurse Station - there was a wire bundle, a conduit and a cable not firestopped as they penetrated the fire-resistance-rated ceiling assembly. b. Bedroom 15 - there was a cable with its firestopped sealant pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. c. Bedroom 18 Closet - there was a cable not firestopped as it penetrated the fire-resistance-rated ceiling assembly. d. Kitchen Linen - there was a cable not firestopped as it penetrated the fire-resistance-rated ceiling assembly. e. Kitchen Pantry - there was a two-inch hole not firestopped as it penetrated the fire-resistance-rated ceiling assembly. 2. Based on observation, the building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacks the inspections, maintenance, and documentation needed to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system does not work properly when needed. Findings on May 1, 2024: a. Kitchen -the last semi-annual maintenance, for the commercial kitchen hood's fire suppression system, was performed in October 2023. Since then, there has been no documentation of the required monthly in-house/owner inspections. 3. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing	C 189	a) Fire caulk applied to all penetrations. 6/20/24 b) Cable/ Fire stop repaired 6/20/24 c) All ~~firestop~~ penetrations needing firestop have been repaired. 6/20/24 d) e) All holes needing firestop have been repaired 6/20/24 Inspections on hood are now being checked by maintenance + double checked by Administrator 6/20/24	

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C 189	Continued From page 7 early detection and activation of the fire alarm system. Findings on May 1, 2024: a. Kitchen Pantry - the fire alarm system's heat detector and associated box was dangling from the ceiling by its circuit conductors. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on May 1, 2024: a. Bedroom 6 - the Room light fixture was missing its globe. b. Med Room - a multi-plug adaptor, without integral overcurrent protection, was attached to an electrical power receptacle. c. Bedroom 16 - the Room light fixture was missing its globe. 5. Based on observation the fire safety equipment was not being maintained to ensure safety. This could hamper the staff's ability to extinguish a small fire, permitting it to grow. Findings on May 1, 2024: a. Corridor near Bedroom 1 - the portable fire extinguisher had its last annual maintenance performed in January 2023. Portable fire extinguishers are subject to be maintained at intervals that do not exceed one year. b. Nurse Station - the last annual portable fire extinguisher maintenance was performed in May 2023. Since February 2024, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections. c. Corridor near Bedroom 18 - the last annual portable fire extinguisher maintenance was performed in May 2023. Since February 2024, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections.	C 189	Fire Alarm has been Replaced back to ceiling + ceiling leak has been fixed light globe replaced -multi plug removed Globe replaced All Fire Ext were Inspected 5/15/24 by Uniform Fire & Safety	6/22/24 6/20/24 6/20/24 6/20/24 5/15/24

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C 189	Continued From page 8 d. Kitchen - the last annual type K portable fire extinguisher maintenance was performed in October 2023. Since February 2024, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections. 6. Based on observation, the HVAC system was not maintained in a safe and operating condition. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on May 1, 2024: a. Corridor near Bedroom 1 - the baseboard heater's end cap was laying on the floor exposing internal components, and some had sharp edges.	C 189	Kitchen Inspection performed by Uniform Fire & Safety Baseboard Trim was required to prevent any unsafe conditions.	5/15/24 6/20/24
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. Based on observation and testing with a thin plastic sheet, the facility did not provide working	C 199		

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C 199	Continued From page 9 exhaust ventilation. Findings on May 1, 2024: a. Med Room - the exhaust ventilation system was not working.	C 199	- Fan was replaced	6/22/24

Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score: 96.5

Establishment Name: HOUSTON HOUSE R H **Establishment ID:** 01059400002

Location Address: 9460 US-64

City: UNION MILLS State: NC

Zip: 28167 County: Foothills

Licensee: INTEGRITY, INC.

Telephone:

Date: 04/01/2024 Status Code: A

Time In: Time Out:

☒ Inspection ☐ Re-Inspection

Wastewater System:

☐ Municipal/Community ☒ On-Site System

Water Supply:

☐ Municipal/Community ☐ On-Site Supply

		Deductions		
	FLOORS: WALLS AND CEILINGS: [.1309, .1310]			
1	Floors and carpets cleanable, clean, good repair; carpet odor free	2	1	0
2	Walls and ceilings clean, good repair	2	1	0
3	Ceiling attachments cleanable, clean, good repair	1	0.5	0
	LIGHTING AND VENTILATION: [.1311]			
4	Lighting at least 10 foot candles, 30 inches above floor	1	0.5	0
5	Ventilation equipment clean, good repair	1	0.5	0
6	Ambient indoor air temperatures maintained	2	1	0
	TOILET: HANDWASHING: AND BATHING FACILITIES: [.1312]			
7	Facilities provided, accessible, clean, good repair	2	1	0
8	Toilet rooms free of storage, handwash signs posted	1	0.5	0
9	Bedpans, urinals, bedside commodes and emesis basins properly cleaned and disinfected	1	0.5	0
10	Handwashing facilities properly located and equipped	3	1.5	0
11	EPA registered disinfectants used according to manufacturers' instructions; approved testing methods and devices used	2	1	0
12	Bathing facilities properly equipped, equipment cleaned and disinfected	3	1.5	0
	WATER SUPPLY: [.1313]			
13	Approved water supply	4	2	0
14	Bacteriological sampling current as required	2	1	0
15	No cross-connections observed	2	1	0
16	Hot water between 105°F and 116°F	3	1.5	0
17	Back-up water supply plan available and complete	1	0.5	0
	DRINKING WATER FACILITIES: ICE HANDLING: [.1314]			
18	Drinking fountains clean, good repair	1	0.5	0
19	Multi-use utensils for service of ice and water cleaned, sanitized, good repair; single use utensils not reused	2	1	0
20	Ice protected and clean; dispensed properly; ice machines, scoops, containers; clean, good repair	2	1	0
	LIQUID WASTES: [.1315]			
21	Approved sewage disposal	4	2	0
22	Mop basins or mop sinks used for mop waste	3	1.5	0
	SOLID WASTES: PREMISES: MEDICAL WASTES: [.1316]			
23	Solid waste containers properly constructed, covered where required; good repair	1	0.5	0
24	Refuse, recyclables, and returnables properly stored	1	0.5	0
25	Containers and areas clean; sufficient capacity	1	0.5	0
26	Premises properly maintained	2	1	0
27	Medical waste properly handled and disposed of	2	1	0
	PEST CONTROL: PESTICIDES: [.1317]			
28	No pest presence, effective pest control measures	1	0.5	0
29	Pesticides registered and approved for institutional use, properly handled	2	1	0

		Deductions		
	MEDICAL SUPPLIES: [.1318]			
30	Medication carts clean; sharps containers attached; food, utensils, medication and medication dispensers properly handled	2	1	0
31	Feeding bags, tubes, syringes and oral suction catheters properly handled	2	1	0
	FURNISHINGS AND LAUNDRY: [.1319]			
32	Furnishings clean and in good repair; mattresses dry, clean, good repair	1	0.5	0
33	Bed linens in good repair; soiled linens changed, properly handled, containers properly labeled	1	0.5	0
34	Linens provided by the institution properly cleaned and sanitized	3	1.5	0
35	Resident's personal laundry properly handled; containers properly labeled; combined resident's laundry properly handled	1	0.5	0
36	Laundry area and equipment kept clean	1	0.5	0
37	Wheelchairs, walkers, lifts, and other mobility equipment properly cleaned and sanitized	1	0.5	0
	ACTIVITY KITCHENS, REHABILITATION KITCHENS, AND NOURISHMENT STATIONS: [.1320]			
38	Food service equipment and utensils clean, good repair	1	0.5	0
39	Utensils properly cleaned and sanitized; approved methods used	3	1.5	0
40	Handwash lavatory provided and properly equipped	2	1	0
41	Food contact surfaces of cooking and baking equipment clean	1	0.5	0
	FOOD SUPPLIES: [.1321]			
42	Food and food supplies from approved sources; properly stored and handled	3	1.5	0
43	Food brought into the institution by employees or visitors of patients or residents properly stored, labeled and dated	1	0.5	0
	FOOD PROTECTION IN ACTIVITY KITCHENS, REHABILITATION KITCHENS, AND NOURISHMENT STATIONS: [.1323]			
44	Time/Temperature Control for Safety (TCS) foods maintained as required	4	2	0
45	Hot and cold holding equipment provided; thermometers provided, accurate	1	0.5	0
46	Food properly stored and protected from contamination	1	0.5	0
47	No live animals where food is prepared or stored; proper measures to prevent contamination	2	1	0
	EMPLOYEES: [.1324]			
48	Clean outer clothing	2	1	0
49	Hands washed when required	3	1.5	0
50	Hands properly washed or decontaminated	3	1.5	0
51	Proper use of restriction, exclusion, and reporting	4	2	0
52	Vomitus and diarrheal clean up supplies; written clean up procedures available and complete	2	1	0

Total Deductions: 3.5

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION

COMMENT ADDENDUM

Health Department: Foothills
Facility ID: 01059400002
Date: 04/01/2024
Status Code: A Time:

Water Sample taken today? ☐ YES ☒ NO

Name of Establishment: HOUSTON HOUSE R H
Location Address: 9460 US-64
City: UNION MILLS State: NC Zip: 28167

☒ Inspection ☐ Pre-opening Visit
☐ Re-Inspection ☐ Visit ☐ Pre-Licensing
☐ Other

TEMPERATURE OBSERVATIONS					
Item/Location/Time*	Temp	Item/Location/Time*	Temp	Item/Location/Time*	Temp

* when cooling

COMMENTS

02.) Resident room doors are in poor repair. Walls damaged around baseboard heaters. The walls and ceilings of all rooms and areas shall be kept clean and in good repair.
Deduction: 1

07.) Bathroom in rooms 19 and 20 in need of cleaning. Door in room 19 is damaged.
Deduction: 1

10.) No soap in bathroom of Rm 6. Soap dispensers in shower rooms are broken.
Deduction: 1.5

EHS Signature: Evan Sorn EHS ID#: 2157 Received By:

Instructions:
Purpose: This form is developed to be used for making explanatory comments observed during inspections and/or notices of permit actions at establishments inspected by Environmental Health Specialists under rules adopted by the Commission for Public Health. **Preparation:** Local Environmental Health Specialists shall complete form EHS 4008 when necessary during inspections, visits and or notices of permit actions. The original and two copies will be distributed with the inspection form about which they provide comments. **Disposition:** This form may be destroyed in accordance with Standard 8 B 6 , Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632 (Courier 52-01-00)

EHS 4008 (Revised 7/12)
Environmental Health Section