

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL081053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/20/2024
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NAME OF PROVIDER OR SUPPLIER OAKLAND LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 704 POORS FORD ROAD RUTHERFORDTON, NC 28139
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on August 20, 2024. Records indicate that this facility was first licensed on March 4, 1998 with a capacity of 40 Beds. Based on this information the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies. 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; This Rule is not met as evidenced by:	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Melanie Scuggs

Executive Director

09/23/2024

STATE FORM

6899

LO3921

If continuation sheet 1 of 8

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C 101	Continued From page 1 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For delayed egress locks, the initiation of an irreversible process which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Findings on August 20, 2024: a. Kitchen - the back exit door did not begin the irreversible process of releasing in 15 seconds when force was applied to the door for more than 3 seconds.	C 101	Kitchen door was repaired by Ampedco. It now releases when force is applied as should. We will continue to check doors weekly to ensure all are properly working.	8/30/24
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. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on August 20, 2024: a. The most current Fire Alarm inspection report	C 111		

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C 111	Continued From page 2 was dated May 24, 2023. b. The current Fire Sprinkler inspection report noted two deficiencies that needed repair or replacement. The fire line bypass backflow failed testing and one dry valve face plate gasket was leaking air and required replacement.	C 111	Fire alarm inspection was Completed on 4/30/24 by Unifor Fire.	8/29/24
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 August 20, 2024: a. The vinyl coating is peeling off the fascia trim at the lower left side of the gable outside of the 100 Hall exit. b. A ten foot section of the fascia trim has fallen off the left side of the gable outside of the 200 Hall exit. c. Back of 100 Hall - there are two large holes in the exterior soffit near the condensate drain lines leaving openings for pests to enter the facility.	C 160	Fire Sprinkler inspection deficiencies were completed on 8/29/24. We will continue to ensure inspections are on time and any deficiencies found, repaired.	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 164	Maintenance will repair Vinyl coating on outside, fascia trim, and holes near drain lines. Will monitor outside monthly to ensure building stays in good condition.	11/1/24

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C 164	Continued From page 3 (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 walls, ceilings and floors were not kept clean and in good repair. Findings on August 20, 2024: a. RCD Office - there is a large stained area on the ceiling at the smoke detector. The stained area is dotted with small mildew spots. b. There is a general pattern of dust accumulating on the exhaust fans. c. Bathroom by the Nurse Station - the grout in the shower tile is stained around the base of the shower and below the shower head. There is a tan residue on the floor tiles around the floor drain and around the perimeter of the shower. There is a 1/2" gap between the floor tiles and the wall base in the shower. There are approximately one dozen of the base tiles that are broken, cracked or chipped which will allow water to penetrate into the wall.	C 164	RCD office was repaired - new pan in attic (drain pan), Smoke detector reinstalled, And ceiling painted. Exhaust fans will be monitored for dust/dusted monthly. Robbins Paint LLC came out to quote shower room tile - replacing stained and broken tile. When tile is repaired will continue to monitor to keep in best working order.	8/30/24 10/4/24 11/30/24
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.	C 189		

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C 189	Continued From page 4 (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 condition. In order to resist the passage of smoke resident room doors must not have holes through the face of the door. Findings on August 20, 2024: a. Administrator's Office - the door hardware was replaced leaving 1/4" diameter holes through the door above and below the door hardware. 2. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on August 20, 2024: a. Administrator's Office - a wedge was used to hold the door open. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not operate during a fire. Findings on August 20, 2024: a. RCD Office - the smoke detector is hanging from its wires.	C 189	Holes in door were from new knobs. All holes have been repaired. Will repair any holes in future immediately. All wedges for doors have been replaced with magnetic hardware. We will not use wedges any longer. Smoke detector has been properly reinstalled.	9/17/24 9/23/24 9/30/24

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C 189	Continued From page 5 4. 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 August 20, 2024: a. In-house monthly inspections were not being conducted and recorded on the fire extinguishers. 5. 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 August 20, 2024: a. There are unsealed cable penetrations in the corridor ceilings where the Wander Guard system was installed. b. Riser Room - there is water damage at the water lines along the back wall causing the fire caulk to fall out and leaving holes around the penetrations. 6. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Loose toilet seats can cause injury from a slip or fall. Findings on August 20, 2024: a. Room 102 Bath - the toilet seat is loose. 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	C 189	Fire extinguishers are now being inspected in house monthly and will continue to be. All ceiling cable penetrations, unsealed, have been sealed correctly. Riser room will be repaired to working order - all holes fixed. Toilet seat was replaced. Will continue to monitor monthly for loose toilet seats and tighten or replace as needed.	8/21/24 8/21/24 10/7/24 9/23/24

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C 189	Continued From page 6 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 August 20, 2024: a. Kitchen Pantry - the door does not latch when closed. b. Room 205 - the door is rubbing on the rubber threshold making it difficult to open and close. 8. 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 August 20, 2024: a. Dining - the emergency light to the left of the Kitchen door did not illuminate on test. b. The exit sign by Room 212 did not illuminate on test. 9. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on August 20, 2024: a. One of the two dryer exhaust caps has fallen off outside of the Laundry Room.	C 189	Pantry door, latch will be replaced and properly working. Rm 205 will be repaired so door opens freely without difficulty. Emergency lights and exits signs all properly working. New batteries were installed New exhaust caps will be installed to work properly.	10/4/24 10/4/24 9/20/24 10/1/24
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	C 199		

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C 199	Continued From page 7 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 August 20, 2024: a. 100 Hall - the exhaust fans in the resident bathrooms were not working. b. 200 Hall - the exhaust fans in the resident bathrooms were not working.	C 199	Exhaust fans on resident halls will be checked and repaired to working order.	10/21/24