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
	HAL096052	A. BUILDING: 01 B. WING _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS ASSISTED LIVING	2050 US 70 WEST HWY GOLDSBORO, NC 27534

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on March 13, 2025. Records indicate that this facility was first licensed on July 1, 1990 as a HA. The facility is currently licensed for 73 Beds including 30 bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 1987 Minimum Standards and Regulations for Homes for the Aged. The 1978 North Carolina State Building Code(s)- Institutional Occupancy and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds. 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	Review of deficiencies cited were done. I have called necessary vendors to help complete tasks and have scheduled them to come out to correct.	

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

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C 101	Continued From page 1 This Rule is not met as evidenced by: 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 licensed facilities equipped with special locking the doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system. Findings on March 13, 2025: a. SCU - the exit doors did not release when the fire alarm was activated. 2. 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 on/off emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on March 13, 2025: a. SCU - the override switch at the exit to the courtyard did not release the door on four out of five attempts. b. SCU - the door exiting into the courtyard did not release with the master switch. 3. 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	C 101	Carolina Phone and Alarm has been called. They are scheduled to come and check fire alarm, all exit door locking mechanisms and all SCU doors and override switches / master switch. They will repair as needed. They came and inspected prior and all worked properly. They will continue to do full inspection yearly and if any issues arise We will notify them to come and check it. Facility will do monthly checks as well to make sure doors are working properly. The correction will be complete by 5/1/25.	

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C 101	Continued From page 2 licensed facilities equipped with special locking, for any required emergency release switch that is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Findings on March 13, 2025: a. SCU - the key for the emergency override switches is located in the switch at the Nurses Station. None of the staff carried keys for the override switches.	C 101	Keys have been made for Staff to carry and to have in special cabinet and nurse station as well. Completed 4/1/25.	
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have privacy curtains at all of the water closets. Findings on March 13, 2025: a. Women's Bath - the third commode did not have a privacy curtain. b. Men's Bath - the third commode did not have a privacy curtain. c. Bath across from Room 23 - the first stall does not have a privacy curtain.	C 132	Privacy Curtains will be placed in bathrooms on all stalls for privacy. This will be completed by 4/15/25.	

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C 150	Continued From page 3	C 150		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule Is not met as evidenced by: 1. Based on observation there is a failure to maintain the corridors free of all equipment and other obstructions. Corridors must maintain six feet clear for egress. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on March 13, 2025: a. Corridor outside 28 - medical carts were lined up on one side of the corridor and reclining chairs were lined up on the other side reducing the corridor width to about 36 inches.	C 150	Halls will maintain six feet of clearance for egress at all times. The staff have been inserviced and managers / supervisors will monitor halls to keep them free of clutter. Monitor will be ongoing. Inservice and halls Cleared 4/5/25.	
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:	C 164		

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C 164	Continued From page 4 1. Observations revealed that the walls, ceilings and floors were not kept in good repair. Findings on March 13, 2025: a. Room 42 - the cove base below the window is pulling loose from the wall. b. Room 39 - the ceiling is bubbled and flaking around the supply vent. c. Conference Room - the vinyl floor tiles along the left wall are stained and cracked.	C 164	1a. Cove base reattached and secured. 4/1/25 1b. Ceiling scraped and repainted. 4/1/25 1c. Floors are being replaced as money is available. ~~with VAH~~ So far all of SCU has been done. We are working down hallway soon. We will repair conference room cracked tiles temporarily. Will be completed by 5/1/25.	
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 there is a failure to maintain the facility free from hazards. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. Findings on March 13, 2025: a. Exit by Room 7 - the door is sticking and is difficult to open which may hinder exiting during a fire or other emergency.	C 166	a. Exit door is able to be opened properly. Door was checked by Fire Marshall upon inspection with no	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	C 189		

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C 189	Continued From page 5 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, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices at exterior locations allows the elements to penetrate the outlet. Findings on March 13, 2025: a. The cover plate on the exterior outlet near the front entry is broken off. 2. Based on observation electrical equipment has not been maintained in a safe manner. Findings on March 13, 2025: a. Bath across from Room 39 - the light switch at the door is loose. 3. 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 March 13, 2025: a. Room 12 - the door did not latch when closed. b. Room 11 - the bed sticks out beyond the door	C 189	issues, but will attempt to Make easier if possible. It is not opened often, therefore not as easy, but it can be opened. Completed 4/1/25. 1a. Cover plate continues to be replaced. Residents use outlet to play music, plug in fans, etc while enjoying Outside and continues to break covers. Cover will be replaced once again. Complete 4/5/25. 2a. Light switch in bathroom door tightened 4/5/25. 3a. Rm 12 door latch fixed So can close. 4/5/25 3b. bed moved to close door 3/3/25	

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C 189	Continued From page 6 preventing the door from closing. This was corrected at the time of survey. c. Room 20 - a coat hanger was hanging from the door knob which prevented the door from closing. The hanger was removed at the time of survey. 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 March 13, 2025: a. Room 20 - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. 5. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on March 13, 2025: a. Room 20 - the heat detector is not secure to its base. 6. 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 March 13, 2025: a. The left cross corridor door by Room 31 did	C 189	1c. Completed at survey. 4a. Escutcheon ring on Sprinkler head pushed back up to prevent gap. Completed 4/5/25. 5a. Heat detector in Rm 20 screwed back properly. Completed 4/5/25. Lear Carolina Phone & Alarm Scheduled to come and Check corridor door by Rm 31. Will be completed by 5/1/25.	

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C 189	Continued From page 7 not latch when released by the fire alarm. 7. 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 March 13, 2025: a. There was a pattern of exit lighting and emergency lighting not maintained with battery back-up so they did not illuminate on test. Interview with staff revealed that they had not maintained the lights as they were powered by the generator. It does not appear that the generator is an emergency generator.	C 189	7a. Goldsboro Fire Marshall Comes every year to inspect building. Since opened, he has told us lights on exit signs do not necessarily have to work since We DO have emergency back up generator that provides emergency backup for entire building when electricity is out. Our emergency back up generator supplies all electricity for entire building and does a test run every ~~mo~~ week, runs for test 15 min's & cuts back off. It is run by Natural Gas as well. There is no lapse and you will not be without electricity. It is an emergency back-up generator.	
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	C 199		

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C 199	Continued From page 8 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 March 13, 2025: a. Bath across from Room 39 - the exhaust fan is not working. b. Maintenance Closet - the exhaust fan is not working. c. Bath across from Room 6 - the exhaust fan is not working. d. Men's Half Bath - the exhaust fan is not working. e. Men's Bath - the exhaust fan was not working. f. Bath across from Room 23 - the exhaust fan is not working.	C 199	Electrician is scheduled to Come and ensure all fans listed are replaced or repaired and working properly. Completion by 5/1/25. We will continue to monitor & test throughout the year to maintain all equipment & building in good standards. Melissa Weaver 4/6/25	