


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD18035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/04/2014
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NAME OF PROVIDER OR SUPPLIER PIEDMONT VILLAGE AT NEWTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE NEWTON, NC 28658
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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on December 4, 2014. Records indicate that this facility was built in 1985. This facility is currently licensed for FORTY BEDS. Based on the this information, we are requiring that this facility to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1978 NC State Building Code-Section 409 Institutional Occupancy. Physical plant deficiencies were noted which require a plan of correction.	C 000		
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C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on December 4, 2014: a. The handrail near the Upper Hall Group Men Shower had a broken and loose bracket.	C 148		maintenance personnel 11/18/15 will fix and repair.
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Division of Health Service Regulation LABORATORY BY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Heather Johnson</i>	ADM	12/31/14

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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. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair. Findings on December 4, 2014: a. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice. b. The connection of the commode to the floor was loose, in the right Upper Hall Ladies Toilet Room.	C 164	Ice machine Drain in kitchen was fixed properly and no potential for drain line to clog or contaminate ice - connection to the commode to floor tightened upper ladies toilet room.	12/18
C 165	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.	C 165		12/18

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C 166	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not having all required safety devices. This would affect all staff working around the water heater in the laundry by not protecting them from unexpected scalding hot water. Findings on December 4, 2014: a. In the Water Heater Room in the Laundry, the water heater was missing the pressure relief valve's pipe extension to within 6 inches of the floor.	C 166	Relief valve piping to be repaired.	1/18/15
C 182	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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to insure that the commercial kitchen hood's suppression system is certified in six month intervals as required. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate when needed. Findings on December 4, 2014: a. The certification tag on the commercial kitchen hood's suppression system indicated that it needed recertification as of April 2014.	C 189	Fire system to be recertificative by	1/19/15

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NAME OF PROVIDER OR SUPPLIER PIEDMONT VILLAGE AT NEWTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE NEWTON, NC 28658	
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C 189	<p>Continued From page 3</p> <p>2. Based on observations, the Building was not maintained in a safe manner because of breaches through the fire-resistance-rated construction invalidates its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on December 4, 2014:</p> <p>a. In the Clean Linen the heat detector did not cover the around the junction box as it penetrates the ceiling.</p> <p>b. A 1/4 inch gap was around a cable penetration through ceiling assembly in Lower Living Room.</p> <p>c. In the Med Room Telephone Room, a leak had deteriorated the ceiling assembly, (tape and joint compound coming apart).</p> <p>d. In the Lower Hall Ladies a leak had deteriorated the ceiling assembly. (tape and joint compound coming apart).</p> <p>e. The cross-corridor doors had a gap between their meeting stiles varying between 1/8 to 1/2 inches.</p> <p>f. A 1/2 x 1 inch hole extends out from under the heat detector in bedroom #4.</p> <p>g. In the Kitchen near the exterior door, a 3/4-inch hole penetrates though the ceiling where a light fixture one was.</p> <p>h. The Dining Room ceiling was replaced, but there was a gap that varied from 1/4 to 1 inch wide left at the joint between the wall and ceiling.</p> <p>i. In the attic the draft stop on the Upper Hall had a 1 1/2 inch hole with 5 data cable penetrating the wall.</p> <p>j. The Firewall had 2, 1 inch diameter holes with 4 data cables penetrating the wall.</p> <p>k. In the attic and around the mechanical units and especially behind the units the corridor ceiling/tunnel was crushed.</p> <p>3. Based on observation, the building fire</p>	C 189	<p>The Clean linen heat detector covered completely around junction Box.</p> <p>Gap around cable penetration in lower living room checked</p> <p>Med room telephone room ceiling repair completed</p> <p>will adjust Gap -</p> <p>Bedroom #4 heat detector Gap checked</p> <p>Kitchen near exterior door hole sealed</p> <p>Fire checked</p> <p>All areas checked and no holes</p> <p>Fire wall holes checked</p> <p>Corridor tunnel repairs to be repaired</p> <p>12/30/14</p> <p>12/30/14</p> <p>11/18/15</p> <p>11/31/15</p> <p>12/30/14</p> <p>11/31/15</p> <p>12/30/14</p> <p>11/31/15</p>

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C 189	Continued From page 4 protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors if equipment did not detect fire or smoke and activate the fire alarm Findings on December 4, 2014: a. In the Med Room Telephone Room, the heat detector had textured ceiling on its sensor, b. In the Med Room Telephone Room, the heat detector was hanging by its wires. c. The sample tubes for the HVAC duct mounted smoke detectors were dirty throughout the building. 4. Based on observation, the Building failed to maintain in an operating manner the emergency illumination of the exit signs. This would affect all residents, staff and visitors, by causing difficulty in finding the exits during an emergency. Findings on December 4, 2014: a. The exit sign did not work on backup power when the test button was pushed in the following locations to include but not limited to: i. The cross-corridor doors, 5. Based on observation, the Building was not maintained in an operating manner emergency illumination of the egress pathways. This would affect all residents, staff and visitors if the egress pathways were not illuminated in an emergency. Findings on December 4, 2014: a. The wall-mounted emergency light did not work on backup power when the test button was pushed in the following locations to include but not limited to: i. Corridor near Lower Shower. 6. Based on observation, the fire resistance rating of the corridor was not maintain in a safe manner, by having doors that do not automatically latch into their frame. This could affect all	C 189	<i>New fire alarm but Detector Detector to be installed. Heat Detectors to be replaced All Duct Detectors Sample tubes shall be checked.</i> <i>New exit sign to be installed.</i> <i>New emergency light to be installed.</i>	<i>11/31/15</i> <i>15</i> <i>11/18/15</i> <i>15</i> <i>11/31/15</i> <i>15</i>

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C 189	Continued From page 5 residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room or compartment of origin. Findings on December 4, 2014: a. Bedroom 1's corridor door latch was not long enough to latch into its frame, b. Upper Hall group Men Shower Room corridor door latch was not long enough to latch into its frame, c. Upper Hall Ladies Toilet Room door rubbed the threshold and requires more than the normal force to close and latch.	C 189	Bedroom corridor latch, upper hall group men's shower room - upper hall ladies toilet room door will be repaired and latch properly	11/8/15
C 189	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, the facility failed to provide an environment in accordance with this Rule by not ventilating area where odors are generated or maintaining equipment/systems. This could affect all residents, staff and visitors by	C 189		

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C 199	<p>Continued From page 6</p> <p>subjecting them to odors.</p> <p>Findings on December 4, 2014:</p> <p>a. The spot exhaust fans did not work and there was no window in the following rooms:</p> <ul style="list-style-type: none"> i. Dining Room Toilet Room, ii. Lower Individual Toilet Room, iii. Lower Hall Group Shower Room, iv. Lower Hall Ladies Toilet Room, v. Upper Hall Ladies Toilet Room. 	C 199	<p>All exhaust fan repairs to be done and fully operating.</p>	1/31/15