Division of Health Service Regulation

Feb 19 2015 12:45pm

FORM APPROVED

| AND PLAN OF CORRECTION (X1) PROVIDES IDENTIFIC |   | (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: 01 |  | (X3) DATE SURVEY<br>COMPLETED            |  |
|--|---|--|---|--|--|--|
|  |   | HAL021009  | B. WING                                     | <u> </u>   | 01/21/2015                               |  |
| NAME OF  | PROVIDER OR SUPPLIER  | STREET AD  | DRESS, CITY.                                | STATE, ZIP CODE  |  |  |
| EDENT  | ON HOUSE  | EDENTO   | CAL ARTS I                                  |  |  |  |
| (X4) ID<br>PREFIX<br>YAG                       | (EACH DEFICIENCY  | TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                         | PROVIDER'S PLAN OF CORRECTI<br>(GACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY)   | D RE CONFIETS                            |  |
| C 00   | Initial Comments  |  | C 000                                       |  |  |  |
|  | Miller and Frank Str  | Construction Survey by Edickland on January 21, 2015.  |   | GENSTRUCTION SEC   | rion                                     |  |
|  | submitted on June 2 Aged (HA) housing a facility was surveyed applicable portions of Licensing of Adult Co Beds, applicable por | 28, 2007 as a Home for the sixty beds. Therefore, the for conformance with the of the 2005 Rules for are Homes of Seven or More tions of the 2002 Edition of building Code(s), Section 407 |   | RECEIVE  | D  |  |
| ,  | Physical plant deficie<br>require a plan of con   | encies were noted which rection.   |   |  |  |  |
| C 153  | Exit Door Locks-Sing  | gle Hand Motion  | C 153                                       | Responses to the cited deficiencies<br>constitute an admission or agreement  |  |  |
|  | SECTION .0300 - PI<br>10A NCAC 13F .030<br>ENVIRONMENT  | 5 PHYSICAL   |   | facility of the truth of the facts allege<br>conclusions set forth in the Stateme<br>Deficiencies: the plan of Correction  | ed or                                    |  |
|  | exits are:<br>(3) All exit door lock  | s for outside entrances and<br>s shall be easily operable, by<br>, from the inside at all times  |   | pared solely as a matter of complia<br>State law, it is a policy of Edenton in<br>that the facility maintain in a safe m<br>providing single hand motion door in<br>at exits. Providing single hand motion | nce with<br>louse<br>anner by<br>ardware |  |
|  | 1   |  |   | hardware will allow residents, staff a   | and visitors                             |  |
|  | maintained in a safe<br>hand motion door ha<br>affect all residents, s  | ration, the building was not<br>manner by not proving single<br>rdware at exits. This would<br>taff and visitors by requiring  |   | more time to exit the building during<br>emergency as required in SECTION<br>PHYSICAL PLANT 10A NCAC 13F<br>PHYSICAL ENVIRONMENT.  | .0300-<br>.0305                          |  |
|  | more time to exit the<br>emergency.<br>Findings on January<br>a. The exterior Kitcl<br>knob took multiple ha                    | building during an   |   | 11(a)  New exit hardware was properly Ins on exterior kilchen door.  | 02/18/15<br>tailed                       |  |
|  | Itsion of Health Service Regulation  BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (00) DATE      |  |   |  |  |  |
|  | Katreha Chamblel Executive Director 2/19/15   |  |   |  |  |  |
| TE FORM T6Q221 (If continuation shoot 1 of 6   |   |  |   |  |  |  |

FORM APPROVED

| STATEME  | INT OF DEFICIENCIES  |   | -                                     |  | 0.25                                   |  |
|--|--|---|---------------------------------------|--|--|--|
|  | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |   | OX2) MULTIPLE CONSTRUCTION            |  | (X3) DATE SURVEY                       |  |
|  |  | DENTIFICATION NUMBER:                             | A. BUILDING                           | 3; 01  | COMPLETED                              |  |
|  |  |   | 1 .7                                  |  |  |  |
|  |  | MAI STATES  | ig same                               |  |  |  |
| -  |  | HAL021009   | B, WING                               |  | 01/21/2015                             |  |
| NAME OF  | PROVIDER OR SUPPLIER   | STREET AN   | haree oras                            | Professional Control of the Control  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·  |   |                                       | STATE, ZIP CODE  |  |  |
| EDENTO   | ON HOUSE   | 323 MEDI  | CAL ARTS                              | DRIVE  |  |  |
|  |  | EDENTO  | N, NC 2793                            | 2  | 11. p. 19.                             |  |
| (X4) ID  | SUMMARY SYN  | TEMENT OF DEFICIENCIES                            | ID                                    | PROVIDER'S PLAN OF CORRECTION  | 17 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |
| PREFIX   | (EACH DEFICIENCY   | MUST BE PRECEDED BY FULL                          | PREFIX                                | (EACH CORRECTIVE ACTION SHOUL  |  |  |
| TAG  | REGULATORY OR L  | SC IDENTIFYING INFORMATION)                       | TAG                                   | CROSS-REFERENCED TO THE APPROI   | D BE COMPLETE                          |  |
|  | <u> </u>   |   |                                       | DEFICIENCY   |  |  |
| C 153  | Carrie   |   |                                       |  |  |  |
| 0 153  | Continued From pa  | ge 1  | C 153                                 |  |  |  |
|  | door.  |   | 1                                     |  | 2.50                                   |  |
|  | 1 3001.  |   | 1.3                                   | Large was strike detailed to   |  |  |
|  |  |   | - 1 Z                                 |  |  |  |
| C 164  | Housekeeping and   | Furnishings-Clean, Repaired                       | C 164                                 | It is a policy of Edenton House to kee   | eo                                     |  |
|  |  |   | - 1                                   | The second secon |  |  |
|  | SECTION .0300 - P  | HYSICAL PLANT                                     | 10 973                                | housekeeping and furnishings-Clear   |  |  |
|  |  | 6 HOUSEKEEPING AND                                |                                       | which would prevent residents, staff   | and visitors                           |  |
|  | FURNISHINGS  | NOOSEKEEPING AND                                  |                                       | exposure to unsanitary condition as  | required                               |  |
|  |  | -1 -h -W  | ,                                     | in rule SECTION .0300- PHYSICAL PLANT  |  |  |
|  | (a) Adult care home  |   |                                       | I to a since   | 7                                      |  |
|  |  | ngs, and floors or floor                          |                                       | 10A NCAC 13F ,0306 HOUSEKEEF   | ING                                    |  |
|  | coverings kept clear   | and in good repair;                               |                                       | AND FURNISHINGS.   | . N                                    |  |
|  | (2) have no chronic  | unpleasant odors:                                 |                                       | 1 (a) i., ii., iii., iv., v.   |  |  |
|  | (3) have furniture of  | ean and in good repair:                           |                                       | The state of the s | 5. Jun 1 14                            |  |
|  |  | apply to new and existing                         |                                       | HVAC GRILLES, exhaust fans and to  | neir                                   |  |
|  | facilities.  | apply to from data oxidating                      |                                       | radiation dampers accumulation of d  | ust/lint                               |  |
|  | Tacinaco.  |   |                                       | In Day Room, bedroom 118, Corridor   |  |  |
|  | This Bulletin and and  | A 14 14   |                                       |  |  |  |
|  | This Rule is not me  |   |                                       | section at Nurse Station, Men Tollet   | Room                                   |  |
|  | 1. Based on Obse   | rvation, the facility failed to                   | near bedroom 201, Women Toilet        | om near 02/18/15   |  |  |
|  | provide an environm  | ent in accordance with this                       |                                       | bedroom 201 were cleaned, accumu   | 200 101 101                            |  |
|  | Rule. This would affe  | ect all residents, staff and                      |                                       |  | allon or                               |  |
|  | visitors by exposing   | them to unsanitary conditions                     |                                       | dust/lint were removed:  | 30.5                                   |  |
| 1  | and dirty component  |   |                                       | (b)The beauty shop vacuum breaker  | was.                                   |  |
|  | Findings: on Januar  |   |                                       | repaired and replaced.   | · "A"                                  |  |
| - 1  |  | C grilles, exhaust fans and                       | 1                                     | The state of the s | 02/18/15                               |  |
| I  |  | ers have an excessive                             |                                       | 1 - 0,5 1 - 1 1 1  | 25 19                                  |  |
| ,  |  |   |                                       |  |  |  |
| í  |  | Viint in the following locations                  | 1 5                                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 1                                      |  |
|  | to include but not lim   | lited to:   | 100                                   |  | 21 months 1 1 1                        |  |
| - 1  | <ol> <li>Day Room;</li> </ol>  |   |                                       |  |  |  |
|  | ii. Bedroom 118, .   | <ul> <li>1. A. 1. A. 1. A. 1. Material</li> </ul> | 44.5                                  |  | Sec. 4.8 (c) 4                         |  |
|  | iii. Corridor interse  | ction at Nurse Station                            | 45 W. 15-1                            | [급급하다 2011] (2014년 1월 1882년 - 1982년  | 1                                      |  |
|  |  | m near Bedroom 201                                |                                       |  |  |  |
|  |  | Room near Bedroom 201                             |                                       |  | 1                                      |  |
|  |  | Shop vacuum breaker was                           |                                       | -1   |  |  |
| . 1  | torn apart being repa  |   |                                       | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   | - 1: 4                                 |  |
| .  | routi abart peiriñ tebs  | illeu.  |                                       |  |  |  |
| 1  | * .  |   | 1.16                                  |  | a 4 1 4                                |  |
| C 183  | Fire Extinguishers   |   | C 183                                 | As required SECTION .0300 - PHYS   | ical 1                                 |  |
|  |  |   |                                       |  |  |  |
| 1  | SECTION .0300 - Pt   | YSICAL PLANT                                      |                                       | PLANT 10A NCAC 13F .0308 FIRE  |  |  |
| -  |  | 8 FIRE EXTINGUISHERS                              | · · · · · · · · · · · · · · · · · · · | EXTINGUISHERS (a) At least one fi  | (e bonud                               |  |
|  |  |   |                                       | or larger (het charge) A-B-C type fire   |  |  |
|  | (a) At least one live  | pound or larger (net charge)                      |                                       | and the state of t | 1 - 1                                  |  |
| The second secon |  |   |                                       |  | 5 1 T                                  |  |

Fax:2524823273

Feb 19 2015 12:45pm

P006/009

FORM APPROVED

Division of Health Service Regulation STAYEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL021009 B. WING 01/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, SYAVE, ZIP CODE 323 MEDICAL ARTS DRIVE EDENTON HOUSE EDENTON, NC 27932 SUMMARY STATEMENT OF DEFICIENCIES (X/I) ID PROVIDER'S PLAN OF CORRECTION OX\$5. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 183 Continued From page 2 C 183 extinguisher is required for each 2,500 square A-B-C type fire extinguisher is required for each feet of floor area or faction thereof. 2,500 square feet of floor area or fraction thereof. (b) One five bound or larger (net charge) A-B-C 02/18/15 Laundry Hall, portable fire extinguisher was or CO/2 type is required in the kitchen and, where inspected 02/15. applicable, in the maintenance shop. 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 could affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on January 21, 2015 a. On the Laundry Hall, the portable fire extinguisher maintenance tag indicated that the annual maintenance had expired on May 2014. C 188 Electrical Outlets in Wet Locations C 188 SECTION .0300 - PHYSICAL:PLANT As required SECTION .0300 - PHYSICAL 10A NCAC 13F .0310 ELECTRICAL OUTLETS PLANT: 10A NCAC 13F .0310 ELECTRICAL All adult care home electrical outlets in wet OUTLETS. All adult care home electrical locations at sinks, bathrooms and outside of outlets in wet locations at sinks, bathroom building shall have ground fault interrupters. and outside of building shall have ground fault interrupters, it is a policy of Edenton House This Rule is not met as evidenced by: to maintain in a safe manner; the electrical Based on Observation, the facility failed to power receptacles in wet areas. Not providing maintain in a safe manner, the electrical power ground fault protection to these devices will receptacles in wet areas. This would affect all affect residents, staff and visitors. residents, staff and visitors by not providing ground fault protection to these devices. 1 (a) i. Findings on January 21, 2015: Ground-fault circuit-interrupter (GFCI) The ground-fault circuit-interrupter (GFCI). electrical power receptable will be repaired or 03/15/15 electrical power receptacle did not have electrical replaced on Screen porch near Bedroom 214 power and could not be tested for ground faults at the following locations to include but not limited to: Screen porch near Bedroom 214.

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|---|---|--|--|--|---|--|
| STATEME   | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CITA.  |  | (X2) MULTIPLE CONSTRUCTION (X3) DATE 8 |  |   |  |
| ANDPO   | AND PLAN OF CORRECTION IDENTIFICATION NUMBER:   |  | A. BUILDING: 01                        |  | (X3) DATE SURVEY<br>COMPLETED   |  |
|   | •   |  |  |  |   |  |
|   |   | HAL021009  | B, WING                                |  | La establica de   |  |
| NAME OF   | PROVIDER OR SUPPLIER  | crosses &  |  |  | 01/21/2015  |  |
|   |   |  |  | STATE, ZIP CODE  |   |  |
| EDENT   | ON HOUSE  |  | NGAL ARTS I                            |  |   |  |
| (X4) ID   | SUMMARY STA   | ATEMENT OF DEFICIENCIES  |  | the state of the s | 2.20  |  |
| PREPIX  | REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH CORRECTIVE ACTION SHOULD BE COM   |  |  |  | DULD BE COMPLEYS  |  |
| C 188   | SECTION .0300 - F<br>10A NCAC 13F .03<br>REQUIREMENTS.<br>(a) The building an<br>mechanical, and plu<br>care home shall be<br>operating condition.<br>(k) This Rule shall<br>facilities with the ex<br>which shall not appl<br>This Rule is not me<br>1. Based on obser<br>maintain in a proper<br>to ensure that the er<br>NC State Building C<br>residents, staff and<br>were not illuminated<br>Findings on January<br>a. Wall-mounted e<br>work on backup pow | d all fire safety, electrical, ambing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) y to existing facilities.  It as evidenced by: vation, the Building was not operating manner by failing mergency equipment works to ode. This could affect all visitors if the egress pathways in an emergency.  21 2015: mergency light(s) did not were when the test button was ing locations to include but | :                                      | It is a policy of Edenton House Bi Equipment be Maintained Safe, C required in Rule SECTION .0300 PLANT 10A NCAC 13 F .0301 O' REQUIRMENTS 1, (a) The buildi fire safety, electrical, mechanical plumbing equipment in an adult o maintained in a safe and operatio Wall-mounted emergency light(s) on backup power when the test b pushed. This could affect all resid and visitors if the egress pethway illuminated in an emergency. 1(a) i, ii., iii., iv., v. Emergency light(s) balteries will b or replaced. 2. It is a policy of Edenton House in a safe manner by ensuring the doors are smoke resisting, as rec Code. This could affect all reside and visitors by not containing sm in the room of origin. 2.(i.) The Dutch door at the Nurses St:  | Operating as PHYSICAL THER Ing and all I, and are home be in condition, are to work utton is lehts, staff is were not  or repaired 03/15/15.  e to maintain at all corridor quired by ints, staff loke and fire |  |
|   | iv. Corridor near be<br>v. Laundry Hall.  | droom 118/110.   |  | repaired.  | 02/18/15  |  |
|   | 2. Based on observe maintained in a safe that the all corridor direquired by Code. The staff and visitors by in the room of origin Findings on January in the Dutch door a  | vation, the building was not manner by failing to ensure cors are smoke resisting, as his could affect all residents, not containing smoke and fire 21, 2015: at the Nurses Station did not eal between the two leafs.   |  |  |   |  |

Division of Health Service Regulation

Edenton House Feb 19 2015 12:46pm FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL021009 B. WING 01/21/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE. 323 MEDICAL ARTS DRIVE EDENTON HOUSE EDENTON, NC 27932 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID. PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLEYE CROSS-REPERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY C 189 Continued From page 4 C.189 Based on observations, the Building was not 3(a) In the Kitchen-Mechanical Closet maintained in a safe manner because of breaches through the fire-resistance-rated the fire collar was repaired and replaced back construction invalidates its integrity. This could to proper location at the celling protecting the 02/18/15 affect all residents, staff and visitors if smoke/fire PVC vent pipes. is not contained in Room or Compartment of 3(b) Dryer Vent Room gaps ranging from 1/8 origin. to 3/8 inches around the gas pipe Findings on January 21, 2015: penetrating through the ceiling assembly was In the Kitchen Mechanical Closet the fire 02/16/15 repaired. collar had falling down from its proper location at the ceiling protection the PVC vent pipes. b. Dryer Vent Room there were gaps ranging from 1/8 to 3/8 inches around the gas pipe penetrating through the ceiling assembly. Based on observation, the building was not It is a policy of Edenton House to maintain maintained in a safe manner by failing to ensure in a safe manner ensuring that clothes dryer that clothes driver duct is not damaged. This could duct is not damaged. affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire) Findings on January 21, 2015: 02/18/15 The clothes dryer transition duct was replaced The clothes dryer transition duct was with a new duct. crushed and had holes in it. Based on Observation, the Building was not 5(a) Comidor door to laundry room wedge was maintain in a safe manner, some corridor doors removed allowing door to release with a push were held open by devices that do not release or pull of the door. with a push or pull of the door. This could affect 02/18/15 all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on January 21, 2015:

residents, staff and visitors by not containing

Division of Health Service Regulation

open.

Corridor door to the Laundry was wedged

6. Based on Observation, the facility was not

contain smoke and fire. This could affect all

maintained in a safe manner by having fire rated doors that did not close completely in order to

The facility shall maintain in a safe manner

completely in order to contain smoke and fire.

This could affect all residents, staff and visitors

by having fire rated doors that close

by not containing smoke and fire in the

Fax: 2524823273

Feb 19 2015 12:46p

P009/009

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| EMISION OF Health Service Regulation   |  |  |                     |  |               |  |
|--|--|--|---------------------|--|---------------|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPI<br>A. BUILDING  | LE CONSTRUCTION     | (X8) DATE SURVEY<br>COMPLETED  |               |  |
|  |  | HAL021009  | B. WING             |  |               |  |
| NAME OF  | PROVIDER OR SUPPLIER   |  | -                   |  | 01/21/2015    |  |
| 4  |  | STREET AD  | CAL ARTS            | STATE. ZIP CODE  |               |  |
|  | ON HOUSE   | EDENTO   | N NC 27832          | rrive  |               |  |
| (X4) ID<br>PREFIX<br>YAG   | SUMMARY STATEMENT OF DEFICIENCIES (SACH DEFICIENCY MUST BE PRECEDED BY FULL REGULAYORY OR LSC IDENTIFYING INFORMATION) |  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | DIRE COMPLETE |  |
| C 189  | Continued From page  | ge 5   | C 189               |  | 1 1 1         |  |
|  | a. The left leaf of t  | e fire compartment of origin.<br>/ 21, 2015<br>he 300 Hall cross-comidor<br>when activated by the fire |                     | compartment of origin. 6(a) The left leaf of the 300 Hall cross- door latch was replaced and repair          |               |  |
|  |  |  |                     |  |               |  |
|  |  |  |                     |  |               |  |
|  |  |  |                     |  |               |  |
|  |  |  |                     |  |               |  |