

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2015
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NAME OF PROVIDER OR SUPPLIER GOLDSBORO ASSISTED LIVING & ALZHEIMER	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 ROYALE AVENUE GOLDSBORO, NC 27534
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(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
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C 000	<p>Initial Comments</p> <p>This report is of a Biennial Construction Survey done by Bob Getchell on February 17, 2015.</p> <p>Records indicates this facility was first licensed or submitted on April 15, 1984 as a Home for the Aged (HA). The facility is currently licensed for 56 Beds including a 24 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1978 North Carolina State Building Code(s), Group I - Institutional Unrestrained Occupancy.</p> <p>Deficiencies were noted which will require a plan of correction</p>	C 000	<p>CONSTRUCTION SECTION MAR 25 2015 RECEIVED</p>	
C 148	<p>Corridors-Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(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;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building handrails were not maintained in a safe manner. This would effect all residents by not supporting them in a fall.</p> <p>Findings on 2-17-15: The handrail is coming loose from the corridor wall outside the right SCU shower room</p>	C 148	<p>Handrail repaired.</p> <p>All handrails in building have been checked & repaired as needed. Maintenance/housekeeping will monitor daily & repairs will be made as needed.</p>	3/31/15

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>owner</i>	(X6) DATE 3-24-15
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C 189	Continued From page 1	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing emoke and fire in the room or smoke compartment of origin.</p> <p>Findings on 2-17-15: a. In the attic the fire wrap insulation on the kitchen range hood exhaust duct is not secured in place with metal bands. b. The 1-hour fire resistance rated corridor "tunnel" assembly in the center attic is damaged. c. The draft wall in the center attic has an unprotected penetration, d. The hot water room ceiling has uprotected penetrations e. The Kitchen ceiling has unsealed conduit penetrations at the Anbul piping,</p>	C 189	<p>Fire wrap insulation 4-3-15 secured w metal bands.</p> <p>All areas b-f have 4-3-15 been corrected.</p> <p>Draft walls in attic have been checked + any unprotected areas of penetration have been corrected.</p> <p>Hot water rooms have been checked + any needed repair has been made</p> <p>Maintenance will continue to monitor + will check specific areas with any type of maintenance has been done to insure there are no areas of unprotected penetration.</p>	

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C 189	<p>Continued From page 2</p> <p>f. The wall in the Resident Care Coordinators office has an unprotected penetration by phone line.</p> <p>g. The HVAC vent in the Med Room has a radiation damper missing the fusible link, but the damper did not close completely.</p> <p>These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>2. Based on observation, the building exit signage was not maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency.</p> <p>Findings on 2-17-15: Exit sign at Activity Room exit not working on battery backup,</p> <p>3. Based on observation, the building electrical equipment was not maintained in a safe manner. This would effect all residents by potentially exposing them to an electrical hazard.</p> <p>Findings on 2-17-15:</p> <p>a. The outlet in room 122 is broken. NOTE: Maintenance replaced immediately.</p> <p>b. The outlet in SCU Dining Room is cracked.</p> <p>c. The GFCI outlet in the 130/128 shared bath would not trip when tested.</p> <p>d. Room 126 has an expansion adapter on the electrical outlet,</p>	C 189	<p>Scott Heatly & Air Conditioning Inc. checked radiation dampers & said fusible link was present. Found no problems - report attached.</p> <p>Exit signs repaired & all exit signs checked. Maintenance will do weekly checks of all exit signs & repair as needed.</p> <p>Outlets have been repaired. Maintenance will check all outlets weekly to make sure they are in safe working order & will repair as needed.</p>	<p>3-4-15</p> <p>4-6-15</p> <p>2/18/15</p>

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C 189	<p>Continued From page 3</p> <p>e. Room 124 has an expansion adapter on the electrical outlet,</p> <p>4. Based on observation, doors were not maintained in a safe manner. This would effect all residents by not preventing the passage of smoke.</p> <p>Findings on 2-17-15:</p> <p>a. The Laundry door was found wedged open,</p> <p>b. The Housekeeping Closet door was found wedged open,</p> <p>c. On the 118 Hall the back leaf of the cross corridor doors is not latching when released.</p> <p>d. The doorknob is coming loose on the room 103 bathroom door.</p> <p>5. Based on observation, the building was not maintained in a safe manner because a toilet is coming loose from the floor. This would effect the residents sharing the toilet by exposing them to leaks from a broken wax seal.</p> <p>Findings on 2-17-15:</p> <p>Room 111 bathroom has a toilet coming loose from the floor. Secure.</p> <p>6. Based on observation, the building was not maintained in a safe manner because oxygen bottles were improperly secured. This would effect all residents by exposing them to hazards should the bottle fall over and rupture.</p> <p>Findings on 2-19-15: There are oxygen bottles stored in beverage</p>	C 189	<p>All doors will be maintained in safe manner. Maintenance/ Admin will check doors on weekly basis to insure proper maintenance. Repairs will be made as needed.</p> <p>Toilet has been repaired.</p> <p>Maintenance/housekeeping will check toilets on daily basis to insure they are maintained in safe manner + repair as needed.</p> <p>Crates have been replaced to approved container.</p>	<p>4-6-15</p> <p>4-10-15</p> <p>3/30/15</p>

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C 189	Continued From page 4 brates in the Resident Carer Coordinators office.	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p> <p>(1) soiled linen storage (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule.</p> <p>Findings on 2-17-15:</p> <p>a. The exhaust fan in the shared bathroom 132/134 is not working.</p> <p>b. The exhaust fan in the SCU Tub Room is not working.</p> <p>c. The exhaust fan in the SCU left shower room is not working.</p>	C 199	<p>Exhaust fans have been repaired. Maintenance/housekeeping will check fans on daily basis? repairs made as needed to maintain proper ventilation</p> <p>4/10/15</p>	

1. Corrective action must begin immediately.
2. Any completion date greater than 60 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by March 25, 2015. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

To expedite this process, please fax your plan of correction to this office at 919-733-6592.

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,



Bob Getchell
Architectural Engineering Technician
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment
Wayne County DSS - with attachment

SCOTT HEATING & AIR CONDITIONING, INC.

2778 OLD GRANTHAM ROAD
 GOLDSBORO, NC 27530
 919-689-3727

JOB INVOICE

DATE	INVOICE #
3/4/2015	26966

Plan of correction

BILL TO
GOLDSBORO ASSISTED LIVING 2201 ROYALL AVENUE GOLDSBORO, NC 27530

JOB LOCATION
MAIN BLDG

MODEL#	SERIAL#	INSTALLED

DESCRIPTION	AMOUNT
CHECKED FIRE DAMPER EVERYTHING OKAY - SERVICE CHARGE	90.00

Thank you for your business.	Total 90.00
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I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE DESCRIBE WORK.

Goldsboro Assisted Living and Alzheimer's Care

2201 Royal Avenue
Goldsboro, NC 27534
P- (919) 735-7684
F- (919) 735-8552

Send to: DHSE Construction	From: Ann Day
Attention: Bob Getchell	Date: 3/24/15
Fax Number: 919 733-6592	Phone Number:

- Δ Urgent
- Δ Reply ASAP
- Δ Please comment
- Δ Please review
- Δ For your information

Total pages, including cover: 9

CONSTRUCTION SECTION
MAR 25 2015
RECEIVED

COMMENTS:

Plan of correction for construction survey.