

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2015
NAME OF PROVIDER OR SUPPLIER VICTORIAN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET SANFORD, NC 27350		
(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
C 000	Initial Comments Report of Biennial Construction Survey performed by Dennis Harrell and Ed Miller on 5-5-2015. Records indicate this facility was first licensed or submitted for licensure on or about 6-12-1995, for 50 beds. Based on this information, the facility is required to meet the 1993 Rules for the Licensing of Domiciliary Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1 Group I- Unrestrained Occupancy	C 000		
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: Based on observation, the facility failed to maintain the floor coverings in good repair in several locations. Worn floor covering presents a trip and fall hazard. Findings include: a. Worn carpet in corridor in front of room 22, b. Worn carpet in doorway to room 10, c. Worn carpet in doorway to room 15, d. Worn carpet in doorway to room 19, e. Worn carpet in doorway to mechanical room.	C 164		

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

TITLE

(X6) DATE

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C 166	Continued From page 1	C 166		
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, the facility was not maintained free of hazards as relates to exposed electrical parts in light fixtures. Exposed electrical parts present a significant shock or electrocution risk to the residents. Findings include: The lamp was missing in the light fixture in the bath off room 22 exposing the energized interior of the socket. 2. Based on observation, the radiation damper in the ceiling register in the Activity room closet was very dirty. Radiation dampers that are not periodically inspected and cleaned may not close properly in the event of a fire. 3. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 166 C 166		

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C 175	Continued From page 2	C 175		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the towel bar is broken and unusable in the bath off room 1.	C 175		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records of the fire drills included no description of what the drill involved.	C 185		

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C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</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 required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings include:</p> <p>a. There were no listed ceiling radiation dampers provided in the HI-LO combustion air inlet ducts penetrating the ceiling in the sprinkler riser room and terminating in the attic.</p> <p>b. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the kitchen foyer.</p> <p>c. The gypsum compound and tape was falling off in places on the smoke barrier wall in the attic.</p> <p>d. The gypsum compound and tape was falling off where the gypsum did not properly fit the roof sheathing on the smoke barrier wall in the attic.</p> <p>e. A conduit sleeve, penetrating the smoke barrier wall in the attic that contained electrical and/or communication wires, was sealed with gypsum compound rather than approved fire caulk.</p>	C 189		

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C 189	Continued From page 4 f. Cable penetrations (2) through the attic smoke barrier wall were not sealed. g. Holes in the wall of the housekeeping closet. 2. Based on observation, a required exit sign was not working. Exit signs not working could delay an emergency evacuation. Findings include: The exit sign at the right end of the facility was not illuminated. 3. Based on observation, the cross-corridor smoke barrier doors are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one smoke compartment can quickly spread to the remainder of the facility. 4. Based on observation, the facility was not maintained in a safe manner by holding the kitchen door open with a mechanical "kick-down" and preventing the door from closing rapidly in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. 5. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The doors to the Library do not close well, b. The doors to the Library were propped open with chairs, c. The door to the Florida room would not close	C 189		

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C 189	Continued From page 5 because the door frame was bent, d. The door to the Florida room was wedged to keep it fully open, e. The door to the Beauty salon was wedged to keep it open, f. The door to the Activity room was wedged to keep it open, g. The door to room 9 would not latch when closed, h. The door to room 12 would not latch when closed. 6. Based on observation, the sprinkler system is not maintained in a safe and operating condition. Failure to properly maintain the sprinkler system could delay or prevent the system from working in an actual fire. Findings include: a. The sprinkler inspection report stated that the valves at the backflow preventer were leaking. b. The sprinkler inspection report stated that the backflow preventer could not be tested because the valves were leaking. c. There was a significant build-up of lint on the sprinkler head in the laundry. 7. Based on a review of documents, the range hood fire suppression system is not being inspected monthly as required. Failure to perform monthly safety inspections could cause the system to fail to work when needed. Findings include: The last documented safety inspection of the hood fire suppression system was in February.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 195		

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C 195	<p>Continued From page 6</p> <p>REQUIREMENTS</p> <p>(d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).</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: Based on observation, the hot water temperature was checked in 2 locations and found to be 121 degrees F. and 124 degrees F. Hot water temperature in excess of 116 degrees F. present the possibility of burning residents.</p>	C 195		