


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL076082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/11/2016
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NAME OF PROVIDER OR SUPPLIER GROMARTIE SPRING VILLAGE REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 508 WORTH STREET SAINT PAULS, NC 28384
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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	Initial Comments Report of a Construction Survey by Ed Miller on January 11, 2016. Records indicate this facility was Licensed on January 1, 1997. The facility is currently licensed for 11 HA beds. Therefore the facility must meet the 1991 and the applicable portions of the 2006 Rules for the Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code - Section 409 Group I - Institutional Unrestrained Occupancy. Physical plant deficiencies were noted which require a plan of correction.	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: 1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings kept clean and in good repair. Findings on January 11, 2016: a. Dining Room - the textured ceiling had some cobwebs hanging down, b. Dining Room - there were some broken floor tiles in the back right corner, c. Dining Room - there were large joints between floor tiles in the back right corner.	C 164	c. 164 1. a. Ceiling fan repaired & cleaned textual ceiling in dining room of cobwebs*(system inspection) Date = 01-15-16 b. Replaced broken tiles in back right corner of dining room. date = 01-15-16 c. Replaced broken tiles in back right corner of dining room. Date = 01-15-16 d. Cleaned area around medicine cart*. (system inspection) Date = 01-20-16 e. Cleaned floors (used rust removal product for stain removal). Date = 01-20-16 f. Bedroom #2, closet B, Applied stain guard product (Kleer) to closet stained area. Date = 01-21-16 g. Dayroom - Clean and wash sofa & install new sofa cover. Date = 01-15-16 2. a. Resurfaced dresser's finish & applied adhesive contact paper to scarred area. Date = 1-25-16 b. Bedroom #2. Resurfaced dresser finish & applied adhesive contact paper to scarred area. Date = 1-25-16 c. Cleaned & shampooed sofa cover and installed new sofa cover. Date = 01-25-16	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE 02-05-16 (X6) DATE

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C 164	<p>Continued From page 1</p> <p>d. Dining Room - there was some trash a dirt accumulated beside and behind the mobile Nurse station,</p> <p>e. Bedroom 4 - the floor was stained from past cigarette use,</p> <p>f. Bedroom 2 Closet B - the ceiling was stained from a past leak,</p> <p>g. Day Room - The sofa and sofa cover are dirty,</p> <p>2. Based on Observation, the facility failed to have furniture kept clean and in good repair. Findings on January 11, 2016:</p> <p>a. Bedroom 5 - the dresser's finish was scarred up,</p> <p>b. Bedroom 2 - the dresser's finish was scorted up,</p> <p>c. Bedroom 3 Bed A - the night stand was missing a handle,</p> <p>d. Day Room - The sofa and sofa cover are dirty,</p>	C 164	<p><i>C. 164</i> <i>2.</i> <i>C. Bedroom #3 Bed A. Installed handle on night stand. 01-25-16</i></p>	
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the Building plumbing equipment was not free of hazards by not have properly working or missing parts. This could affect all residents, staff and visitors by not</p>	C 166		

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C 166 Continued From page 2
protecting them from falls or injury due to broken or missing parts.
Findings on January 11, 2016:
a. Bedroom 2 Shared Bath- the connection of the commode to the floor was loose,
b. Bedroom 2 Shared Bath - the connection of the sink to the wall was loose.

2. Based on Observation, the Building equipment was not kept free of hazards, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if a component does not work properly.
Findings on January 11, 2016:
a. Back Porch - the guardrail and handrail had rusty nails backing out and could scratch the Residents,

C 166

C 166
1. a. Refastened the commode to the plumbing system on the floor. Date = 1-28-16

b. Refastened the sink to the wall brace. Date = 1-28-16.

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.

C 175

2. a. Had a licensed general contractor to inspect rear railing & decking for safety. (Renailed all nails not aligned with deck). Date = 1-29-16
C. 175
a. Bedroom #5. Broken tile bar was replaced*.Date:1-20-2016
b. Bedroom #1. Installed new towel bar to accommodate all residents* (system inspection) . Date = 1-20-16
c. Bedroom #2. Installed new towel bar to accommodate all residents. Date = 1-20-16
d. Bedroom #3. Installed new towel bars to accommodate all residents*. (system inspection) Date = 1-20-16

This Rule is not met as evidenced by:
1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident.
Findings on January 11, 2016:
a. Bedroom 5 - one residents' towel bars was

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C 175	Continued From page 3 broken, b. Bedroom 1 Bed B - has no means to hang a towel in the Bedroom or adjoining bathroom, c. Bedroom 2 - has no means to hang towels in the Bedroom or adjoining bathroom, d. Bedroom 3 Bed B - has no means to hang a towel in the Bedroom or adjoining bathroom,	C 175		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on January 11, 2016: a. Entire Building - the documentation of the portable fire extinguisher's monthly inspections stopped in July 2015,	C 183	C 183 1. a. All fire extinguishers throughout building had annual inspections & tagged appropriately for 2015-2016. (Will be maintained with monthly inspection). Date = 07-15-15 C 189 1. a. The heat detector in kitchen pantry replaced with a new detector .Date = 1-29-16. b. Any deficiencies found in the 1-13-16 fire alarm inspection to be repaired. Date = 2-15-16.	
C 189	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.	C 189	C 189 2. a. Kitchen pantry light fixture was being repaired at the time of the inspection, replaced existing fixture by licensed electrical contractor. Date: 1-12-16	

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STATE FORM

8800

PMRP21

If continuation sheet 4 of 8

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C 189 Continued From page 4

(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:

- Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm.
Findings on January 11, 2016:
 - Kitchen Pantry - the heat collector on the heat detector had been bent, which could affect the proper operation of the detector,
 - the Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72 dated 1-13-16 stated two deficiencies that must be corrected,
- Based on observation, the building was not maintained in accordance with NC Electrical Code because of improper wiring method. This would affect all residents, staff and visitors by exposing them to potential fire hazard.
Findings on January 11, 2016:
 - Kitchen Pantry - the wall mounted light fixture was dangling from its junction box by it power/operational wires,
 - Soiled Utility in Laundry - the electrical power outlet in the corner was missing its cover plate,
- Based on observation and testing, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the

C 189

b.Replaced outlet cover in utility laundry area by licensed electrical contractor. Date 1-12-16

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C 189	Continued From page 5 egress pathways were not illuminated during the power outages and there was no other illumination. Findings on January 11, 2016: a. Exit from Right Corridor - there was an ceiling mounted self-contained combination exit sign/emergency light that the emergency light part of this unit did not work on backup power when the test button was pushed, 4. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated ceiling construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on January 11, 2016: a. Office - there were three groups of cables with gaps around them as then penetrate through the fire-resistance-rated ceiling assembly, b. Office - there was a gap around a conduit that penetrated through the fire-resistance-rated ceiling assembly, c. Bedroom 1 Closet A - there was a hole that penetrated through the one-hour fire-resistance-rated ceiling, d. Bedroom 1 Bathroom - the exhaust fan did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly, e. Bedroom 1 - there were gaps around two conduits that penetrated through the fire-resistance-rated ceiling assembly, f. Electrical Panel Room - there were cables with gaps around them as then penetrate through the fire-resistance-rated ceiling assembly, g. Electrical Panel Room - there were cables penetration fire sealed with a white glossy sealant. This white sealant may not be approved to seal penetrations in fire-resistance-rated	C 189	C189 3. All primary egress pathway emergency and standard lightings were operating at the time of this inspection and continue to be in good working order to date. a. The right corridor's emergency exit light combination battery lost its charge and did not illuminate properly at the time of inspection. The battery was replaced and emergency light, along with fire extinguishers, will be checked monthly by administrator. Date: 1-29-16	

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C 189	Continued From page 6 construction. Provide documentation of product used. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on January 11, 2016: a. Community Bath - the corridor door hits the floor, preventing it from closing without extra force so it can latch 6. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on January 11, 2016: a. Bedroom 4 - one of the closet was locked from the outside with a hasp device and padlock.	C 189	C 189 4. All ceiling penetrations (for fire validation integrity) will be inspected with fire alarm system annually & recorded annually by administrator. Date: 1-23-16 a. Fire corking material applied to area in office.* Date: 1-28-16 (system inspection) b. Re-addressed fire corking in office area*. Date: 1-28-16 (system inspection) c. Repaired dry wall assembly in closet area of Bedroom #1 Date: 2-1-16 d. Repaired bedroom #1's exhaust fan ceiling area. Date: 2-1-16 e. Fire corked 2 conduit penetrations in Bedroom #1. Date: 2-1-16 f. Re-addressed fire corking in electrical panel old and new penetrations. Date: 2-1-16
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;	C 189	

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C 199	Continued From page 7 (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on January 11, 2016: a. Men's Public Toilet Room - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors.	C 199	g. All penetrations of fire-resistance-rated ceiling or wall areas to be made by or under the supervision of a licensed electrical or general contractor with approved A.S.H. Corking material product to be available for inspection at the administrator's office.		
C 200	Facilities for 7-12 Res.-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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: Based on Observation, the electrically operated call system was not providing the ability to call	C 200	C-189 5. a. Community bathroom door to be re-hinged or hinged to allow standard operational opening and closing, as well as securing.* (system inspection) Date: 2-1-16 6. a. Bedroom #4 closet door to be freed of external hasp device and pad lock. Date: 1-20-15 C-199 1a. Men's public toilet room's exhaust fan was inspected and serviced,* Date: 2-1-16 system inspection		

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C 200 Continued From page 8

staff when activated. This could affect all residents, and staff if the system fails to notify staff that assistance is requested.
Findings on January 11, 2016:
a. Community Bath - the nurse call pull station did not notify staff,

C 200

C-200

a. Community bath nurses' call station to be repaired. Date: 2-26-16

- All areas with "mark and "system inspection" are to be inspected and recorded either monthly or biannually.

By R. M. [Signature]