

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/18/2016
NAME OF PROVIDER OR SUPPLIER ONSLOW HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28546		
(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 This is a Report of a Complaint Investigation Follow-Up conducted by Greg Cates on February 18, 2016. All of the previously cited deficiencies have not been corrected and require further action.	(C 000)	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with state law.	
(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. (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 observations the facility has not maintained mechanical equipment in operating condition. In the rooms with mold growth PTAC units were inoperable or in some cases in vacant rooms the PTACS were operable but not turned on. Failure to provide operating HVAC units or failure to operate HVAC units to provide conditioned air is promoting mold growth in resident rooms. Findings on February 18, 2016: In the rooms specifically listed but not limited to those noted below PTAC units were inoperable or turned off. a. Rooms 16, 27, 32, and 29.	(C 189)	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. Facility has received, installed and assured PTACS in rooms 16, 27, 29, and 32 are in working condition. Facility Maintenance will routinely monitor units to assure equipment is operating. Facility Housekeeping will monitor units weekly to assure PTAC units are on and operating correctly. Any equipment found inoperable will be reported to Executive Director. Executive Director will enter any inoperable equipment into electronic maintenance system.	2/24/2016 03/17/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:

Karla D. Quirk-Jones, Ed

TITLE:
Administrator

(X6) DATE:
3/18/16

Division of Health Service Regulation

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North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

March 4, 2016

Nina Joyner
34 McDaniel Drive
Jacksonville, NC 28546

RE: HA Follow-Up Complaint Construction Survey
FID #970157 Hal067023
Onslow House
34 McDaniel Drive
Jacksonville Onslow County

Dear Ms. Joyner:

On **February 18, 2016**, a Follow-Up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a plan of correction must be submitted.

Plan of Correction (PoC)

A PoC for the deficiencies must be submitted March 19, 2016

Your PoC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;

Construction Section
www.ncdhhs.gov • www.ncdhhs.gov/dhsr
Tel 919-855-3893 • Fax 919-733-6592
Location: Williams Building, 1800 Umstead Drive • Raleigh, NC 27603
Mailing Address: 2705 Mail Service Center • Raleigh, NC 27699-2705
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- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR-Construction Section.
 - Corrective action must begin immediately

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,



Greg Cates

Biennial Institutional Engineering Surveyor
DHSR - Construction Section

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