

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL073003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/23/2016
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NAME OF PROVIDER OR SUPPLIER
CAMBRIDGE HILLS ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**5660 DURHAM ROAD
ROXBORO, NC 27573**

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C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 3-23-2016.</p> <p>Records indicate this facility was first licensed on 5-27-1999. The facility is currently licensed for 120 Beds including a 40 Bed addition in 2003. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1996 and 2002 (for the addition) Editions of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p>	C 000		
C 133	<p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents.</p> <p>This Rule is not met as evidenced by: Based on observation, the hand grip provided at the toilet off room 312 was loosely mounted to the wall. Loosely mounted hand grips can be a fall hazard.</p>	C 133	<p>C-133 hand grip was tightened and working properly. All others were checked and tightened as well.</p>	4/4/16
C 156	<p>Soil Utility Room</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p>	C 156		

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

Dennis Clavis

Admin.

(X6) DATE
5-2-16

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C 166	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, there are 2 hose wands installed on the accessible tub that were long enough to reach the tub 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.</p> <p>2. Based on observation, a sprinkler head in the attic above the 300 Hall is covered in insulation. Sprinkler heads with insulation on them may delay to activate in the event of a fire.</p> <p>3. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in an unapproved beverage crate and in a cardboard box or in no container at all.</p> <p>4. Based on observation, the waste trap for the hopper had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility.</p> <p>5. Based on observation, a clean linen cart was left in the corridor in the closing path of a pair of cross-corridor smoke barrier doors. Leaving things in the path of any smoke barrier doors could prevent them from closing in a fire and allow the fire to spread quickly throughout the facility.</p> <p>6. Based on observation, the carpet was torn and</p>	<p>C 166</p> <p>C-166</p> <p>C-166</p> <p>C-166</p> <p>C-166</p> <p>C-166</p> <p>C-166</p>	<p>vacuum breaker is inside the whirlpool paperwork printed</p> <p>300 hall sprinkler head insulation was removed</p> <p>Empty O2 tanks were picked up by two different companies - All tanks in correct holder now -</p> <p>Linens delivered appropriate tank holder for O2 tanks</p> <p>maintenance corrected the hopper and functioning properly now</p> <p>staff were reminded to keep all carts clear of fire doors in staff meeting</p>	<p>4-5-16</p> <p>4-4-16</p> <p>4-13-16</p> <p>4-11-16</p> <p>4-11-16</p> <p>4-12-16</p>

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C 166	Continued From page 3 not properly glued down in the corridor on the 100 Hall. Torn carpeting is a trip and fall hazard.	C 166	Carpet was glued down by maintenance to prevent falls + tripping 4-6-16	
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, several battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include the following lights not working:</p> <p>a. Dining room (2), b. Kitchen, c. "Staff" room.</p> <p>2. 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 present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <p>a. Unsealed penetration at a cable in the smoke barrier wall above room 102, b. Unsealed penetration at a sprinkler pipe in the smoke barrier wall above room 111,</p>	C-189	<p>Emergency lights + batteries were replaced in dining (2) - Kitchen + staff room - all others were tested on this day and worked properly</p> <p>Sealed the smoke barrier in room 102 and 111.</p>	4-11-16 4-6-16

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C 189	<p>Continued From page 4</p> <p>c. Unsealed penetration at a cable in the smoke barrier wall above room 205, d. Unsealed penetration at a cable in the smoke barrier wall above room 217, e. Unsealed penetration at a cable in the smoke barrier wall above room 306. f. Hole around conduit in the kitchen ceiling, g. PVC pipe (3 inch) through ceiling of main electrical room not properly protected. h. Fire collar around another PVC pipe (3 inch) through ceiling of main electrical room not properly mounted. i. Ceiling damaged in Hall Bath on 100 Hall, j. Two unsealed sleeves (1.5 inch and 3 inch) through ceiling of "Electrical" on 300 Hall. k. Unsealed penetration through ceiling of Marketing office. l. Sprinkler escutcheon not tightly fitted to the ceiling in the kitchen. m. Sprinkler escutcheon not tightly fitted to the ceiling in the south Living Room.</p> <p>3. Based on observation, many corridor doors are prevented from closing quickly and 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 ¾ hour fire rated door between the kitchen and the dining room was held open because it was dragging the floor. This fire rated door must be self-closing and must automatically latch when closed. b. One side of the smoke barrier doors on the 100 Hall would not latch when closed by activation of the fire alarm system. c. One side of the smoke barrier doors on the 200 Hall would not latch when closed by</p>	<p>C 189</p> <p>C-189</p> <p>C-189</p> <p>C-189</p>	<p>Sealed the smoke barriers in 205 217 306 marketing office kitchen</p> <p>Fire collar for PVC pipe has been ordered to comply main electrical room and two areas in 300 hall + electrical room</p> <p>The door was removed and sanded on the bottom - a magnet opener - was installed to hold the door open -</p> <p>100 hall + 200 hall doors were corrected and now close + latch Hardware changed @</p>	<p>4-6-16</p> <p>5-2-16</p> <p>4-11-16</p>

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C 189	Continued From page 5 activation of the fire alarm system. d. One side of the smoke barrier doors on the 300 Hall would not latch when closed by activation of the fire alarm system. e. Both sides of the smoke barrier doors near room 306 would not latch when closed by activation of the fire alarm system. f. The door to the "Staff" room was wedged to keep it open. g. There is no latching hardware provided on either of the 2 pairs of double French doors from the dining room to the corridor. h. There is a gap of about 3/8 inch between the double French doors from the dining room to the corridor. A gap this large cannot prevent the passage of smoke. 4. Based on observation, the corridor on the 100 Hall was obstructed to only about 4.5 feet of clear space. Corridors obstructed to less than the required 6 feet could delay or prevent an evacuation in a emergency. 5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked to within 1 inch of the ceiling in the 300 Hall storage room. 6. Based on observation, the ceiling radiation dampers in the return ducts were dirty. Radiation dampers that are not periodically inspected and cleaned may not close properly in the event of a fire.	C 189	 C-189 All smoke barrier doors have been fixed so that they close and latch when alarm goes off C-189 - see below - All doors had hardware changed and doors latch when closed now - Gap is not present now - C-189 The chair and furniture were removed from the hallways - openings are 6 feet all the way down the hall - C-189 300 hall storage room All items removed off the top shelf - C-189 all ceiling radiation dampers have been cleaned & some painted through out the entire building	4-28-16 4-29-16 4-11-16 4-7-16 4-1-16	

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C 191	Continued From page 6	C 191		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility. Finding includes: There was a portable electric heater in use in the Resident Care Director's office.	C 191	<i>C-191 portable heaters removed from office and taken out of facility</i>	<i>4-11-16</i>
C 199	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 199	<i>Electrician came & put a exhaust fan in closet in kitchen! working properly -</i>	<i>4-28-16</i>

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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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include: The exhaust fan was not working in the mop closet off the kitchen.	C 199	<i>replaced + working now</i>	<i>4-28-16</i>	