STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ HAL099014 05/10/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 HARRISON AVENUE** PIEDMONT VILLAGE OF YADKINVILLE YADKINVILLE, NC 27055 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Dennis Harrell on 5-10-2016. Records indicate this 50 bed HA was first licensed on 10-6-1983. The facility is required to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1978 NC State Building Code and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. C 111 Must Have Current San. & Fire Safety Reports C 111 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, several required inspections had not been done within the last 12 months as required. Findings include: a. The most recent fire alarm inspection was dated 2-27-2015. b. The most recent sprinkler system inspection was dated 2-27-2015. c. The most recent Fire Marshal's inspection was dated 10-23-2014. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** 

Division of Health Service Regulation

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL099014	B. WING		05/1	0/2016	
NAME OF PROVIDER OR SUPPLIER  PIEDMONT VILLAGE OF YADKINVILLE  STREET ADDRESS, CITY, STATE, ZIP CODE  409 HARRISON AVENUE  YADKINVILLE, NC 27055							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
C 166	(a) Adult care home (5) be maintained i orderly manner, freshazards; (e) This Rule shall facilities.  This Rule is not med 1. Based on Obsermaintained in a safe handling portable model of the could affect all residency inders fall, break cylinders fall, break cylinder and turning Findings include: Several portable mediates to red in an unapproposition of the could be stored in an unapproposition of the could be stored in an unapproposition.	es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: rvation, the building was not e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if ing their valves, propelling the g it into a dangerous projectile. edical oxygen cylinders were eved beverage crate. vation a toilet in the Men's ounted to the floor. Loose aking and/or fall hazards.					
C 185	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date and shift, staff members description of what	PHYSICAL PLANT 09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code	C 185				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED			
		HAL099014	B. WING		05/1	0/2016	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PIEDMONT VILLAGE OF YADKINVILLE  409 HARRISON AVENUE YADKINVILLE, NC 27055							
(X4) ID	SUMMARY STA		1	PROVIDER'S PLAN OF CORRECTION	)N	(X5)	
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)		COMPLETE DATE				
C 185	Continued From pa	ge 2	C 185				
	rehearsals of the fir	et as evidenced by: ew of documents, no e plan were conducted during 2nd and 4th quarters of the					
		ew of documents, the only nsite included no description al involved.					
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
	fire rated walls and/in several locations are not sealed with one-hour fire rated possibility that a fire quickly spread to ot Findings include:  a. Hole in the ceilin b. Hole in the attice.	et as evidenced by: vation the required one-hour or ceilings were compromised. Holes and penetrations that materials approved for use in construction present the e that begins in one space can her areas of the facility.  In g of the laundry by a pipe, and of the medicine closet, e smoke barrier walls by wires, all patch in the dining room.					

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NAME OF PROVIDER OR SUPPLIER  PIEDMONT VILLAGE OF YADKINVILLE  B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
PIEDMONT VII I AGE OF YADKINVII I F 409 HARRISON AVENUE			HAL099014	B. WING		05/1	0/2016	
PIEDMONT VII I AGE OF YADKINVII I F	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
VADVINVILLE NO 070EE	PIEDMONT VII I AGE OF YADKINVII I F							
	PREFIX	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	(X5) COMPLETE DATE	
C 189  Continued From page 3  2. Based on observation, 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. Door to room 8 was propped open, b. Door to the Activities office was equipped with only a deadbolt so it could not automatically latch when closed.  3. Based on observation, a portion of the roof approximately 2 ft, by 3 ft. was severely sagged and probably rotted under the shingles.  4. Based on observation, there was no power at the GFCI receptacle in the Ladie's bath. With no power, the receptacle could not be checked for proper operation.	C 189	2. Based on obser prevented from cloresist the passage doors that do not cloresent the possibi one space can quict the remainder of the Findings include; a. Door to room 8 b. Door to the Activonly a deadbolt so when closed.  3. Based on obser approximately 2 ft, and probably rotted.  4. Based on obser the GFCI receptacl power, the receptacl	vation, corridor doors are sing quickly and latching to of fire and smoke. Corridor lose completely and latch lity that a fire that begins in ckly spread to the corridor and e facility.  was propped open, vities office was equipped with it could not automatically latch vation, a portion of the roof by 3 ft. was severely sagged I under the shingles.  vation, there was no power at e in the Ladie's bath. With no	C 189				

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