

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL009026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/10/2016
NAME OF PROVIDER OR SUPPLIER  WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
(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 by Frank Strickland on 03/10/2016:  Information obtained from the DHSR database indicates that this facility was first licensed on 01/13/1986, with a capacity of 60 licensed beds. Therefore, this facility was inspected for conformance with the 1984 Rules for the Homes for the Aged and Disabled, the applicable components of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1978 (with revisions) North Carolina State Building Code: Group I - Institutional Unrestrained Occupancy.  Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

*Bohmer*  
*4-1-16*

Division of Health Service Regulation

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

DATE

EXPIRES

920537

PRINTED: 03/17/2016  
FORM APPROVED

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  WEST BLADEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320		
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C.101	Continued From page 1  This Rule is not met as evidenced by: 1-Based on observations, this facility has not maintained the measures for the Special Locking (magnetic locks) on the exit doors as allowed by Section 1012.6 of the 1996 NC State Building Code. Section 1012.6.1. 4. F. requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys."	C 101		
	Findings on 03/10/2016: The required emergency release switch located at each magnetically locked exit door was of the locking type with keyed switching that all staff in the SCU were not carrying. Of the several staff interviewed, none carried release switch keys. All staff who are responsible for the evacuation of the occupants must carry an emergency release key at all times when on duty.		Have ordered to Keys for each staff member on a wrist band to wear while on duty. Should be in around 4/15/16	
C 184	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 18F .0305 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 has not maintained in a safe and operating condition the interior doors to containment of fire and/or smoke from the room of origin. This could affect all	C 184		

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NAME OF PROVIDER OR SUPPLIER  WEST BLADEN ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 714 BLADEN STREET BLADENBORO, NC 28320
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C 164	Continued From page 2 residents and staff in the event of a fire.  Findings on 03/10/2016: The following doors that are listed below do not latch and/or are out of adjustment: (a) Room 204 (b) Room 216 (c) Housekeeping Closet (d) Nurse's Station (e) Unattached door closure arm-Dining Room (d) Kitchen entry door drags adjacent to Butler's Station (e) Laundry door wedged (1 1/2 Fire rated door)  2-Based on observation, the facility has not maintained in a safe manner the interior ceiling finished. This could affect all residents and staff.  Findings on 03/10/2016: The ceiling finish is peeling around the ceiling exhaust fan housing that is located in the bathroom for Rooms 212/214.  3-Based on observation, the facility has not maintained in a safe manner the interior ceiling penetrations. This could affect all residents and staff.  Findings on 03/10/2016: There is a junction box mounted in the ceiling located in the Phone Room with no cover plate.	C 164	<i>All items are repaired and in working order 4/11/16</i>  <i>repaired as of 4-1-16</i>  <i>maintenance to be done by 4/11/16</i>	
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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	C 199		
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NAME OF PROVIDER OR SUPPLIER  
**WEST BLADEN ASSISTED LIVING**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**714 BLADEN STREET  
BLADENBORO, NC 28320**

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C 199

Continued From page 3

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;
- (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, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.

Findings on 03/10/2016:  
The mechanical exhaust fans are not exhausting interior air in the following locations:

- (a) Room 103
- (b) Room 104

C 199

*these repairs to be complete by 4/15/16*