

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL099014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/10/2016</b>
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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	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 Dennis Harrell on 5-10-2016.  Records indicate this 50 bed HA was first licensed on 10-8-1983. 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 000	<p style="text-align: center;">CONSTRUCTION SECTION</p> <p style="text-align: center;">JUN 06 2016</p> <p style="text-align: center;">RECEIVED</p>		
C 111	<p>Must Have Current San. &amp; Fire Safety Reports</p> <p>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.</p> <p>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.</p>	C 111		<p>Will have current sanitation, fire and and bldg. safety inspections for review.</p> <p>Fire Alarm inspection completed. Administrator will monitor inspection dates and ensure inspection is completed before the annual deadline.</p> <p>Sprinkler inspection completed. Administrator will monitor inspection dates and ensure inspection is completed before the annual deadline.</p> <p>Fire Marshall inspection complete. Administrator will monitor inspection dates and ensure inspection is completed before the annual deadline.</p>	<p>5/30/2016</p> <p>5/20/2016</p> <p>6/7/2016</p> <p>6/15/2016</p>
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p>	C 166			

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

TITLE  
*Administrator*

DATE

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C 186	<p>Continued From page 1</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 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.</p> <p>2. Based on observation a toilet in the Men's bath was loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards.</p>	C 186	<p>Room cleaning schedule put in place for the Personal Care Assistants with a daily sign sign off sheet and monitored by the Resident Care Coordinator daily. Staff in-service on documentation. Reminder to encourage residents to "straighten up" rooms as needed.</p> <p>Disposed of beverage crates used for storage of O2 cylinders.. Contacted Oxygen provider and replaced with approved containers. Med Tech will monitor oxygen deliveries to ensure no beverage crates have been brought in.</p> <p>Maintenance Director repaired. Maintenance request book put in place at nursing station for staff.</p>	<p>5/12/2016</p> <p>5/16/2016</p> <p>5/17/2016</p>
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p>	C 185	<p>Fire Drill schedule in place for 1 fire drill per shift X90 days. Maintenance Director will monitor monthly.</p> <p>Administrator will provide copies of Fire Drill Rehearsals to DSS annually.</p>	<p>5/17/2016</p> <p>6/3/2016</p>

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AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

HAL099014

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING: \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

05/10/2016

NAME OF PROVIDER OR SUPPLIER

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STREET ADDRESS, CITY, STATE, ZIP CODE

409 HARRISON AVENUE  
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C 185	Continued From page 2  This Rule is not met as evidenced by: 1. Based on a review of documents, no rehearsals of the fire plan were conducted during the 3rd shift in the 2nd and 4th quarters of the year.  2. Based on a review of documents, the only records available onsite included no description of what the rehearsal involved.	C 185	Schedule fire drills during 2nd and 3rd shifts once each per shift X90 days. Maintenance Director to monitor.	5/16/2016
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 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: a. Hole in the ceiling of the laundry by a pipe, b. Hole in the ceiling of the medicine closet, c. Holes in the attic smoke barrier walls by wires, d. An unfinished wall patch in the dining room.	C 189	Provide detailed descriptions of fire evacuation drills/evacuations performed quarterly on 1, 2 and 3 shift.           Completed by maintenance director. Completed by maintenance director. Completed by maintenance director.	5/13/2016           5/13/2016   5/13/2016

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C 189	<p>Continued From page 3</p> <p>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.</p> <p>3. Based on observation, a portion of the roof approximately 2 ft. by 3 ft. was severely sagged and probably rotted under the shingles.</p> <p>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.</p>	C 189	<p>Maintenance Director did adjustments to bring to code.</p> <p>Removed all floor stoppers and educated staff that they are not to be used.</p> <p>Maintenance Director changed</p> <p>Roof repairs completed</p> <p>Took off and replaced with a blank.</p> <p>Not needed</p>	<p>5/11/2016</p> <p>5/12/2016</p> <p>5/16/2016</p> <p>6/6/2016</p>