

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 R. WING: _____	(X3) DATE SURVEY COMPLETED 06/29/2016
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NAME OF PROVIDER OR SUPPLIER WINDHAM HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 329 COOPER STREET KENANSVILLE, NC 28349
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(X4) IS 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
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C 000 Initial Comments

Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on June 29 2016. A Complaint Survey was performed at the same time

Records indicate this facility was first licensed as a Home for the Aged serving 80 residents on November 1, 1967. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes, and, the 1967 North Carolina State Building Code Section 407- for Group "D"-Institutional Occupancy

Deficiencies were noted which require a Plan of Correction.

C 101 Existing Licensed Fac- No less than 71 Rules

SECTION 10300 - 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 000

IN REFERENCE TO SECTION 10300- PHYSICAL PLANT 10A NCAC 13F. 0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS.
1A. THE DOOR SWINGS INTO THE SPACE INSTEAD OF OUT. THIS WAS COMPLETED ON 6/30/16.

C 101

1B. EXIT SIGN HAS BEEN ORDERED. WILL BE COMPLETED BY 8/22/16.
1C. MAGNETIC LOCKING THAT IS NOT FUNCTIONING WILL BE TAKEN CARE OF BY SENTINEL ALARM COMPANY. THIS WILL BE COMPLETED BY 8/25/16.

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

Jamesia Nienspen Director

TITLE

8/11/16

CONTINUED TO PAGE 2

(X6) DATE

YHNR21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 07 B. WING:	(X3) DATE SURVEY COMPLETED 06/29/2016
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C 191 Continued From page 1

This Rule is not met as evidenced by:
 1. Based on observation and interview with Maintenance Director, the Building did not meet licensure and code requirements in effect at the time of construction or renovation. This could slow or prevent exiting in an emergency. Findings on June 29, 2016:
 a. Middle Left Exit (vending machine room) - the door swings into the space instead of out as required for exits serving 50 or more occupancy. The evacuation map directs you to discharge through this exit and there is an exit sign on the corridor directing you to exit through this room.
 b. Middle Left Exit (vending machine room) - the exterior door does not have an exit sign marking the exit and the door is not visible past the vending machine.
 c. Interview with facility staff indicated that the magnetic locking installed on the left cross-corridor doors are turned off and not functioning. Observation revealed there was not an On/Off emergency release within 3 feet of the door from both directions and there was not a master On/Off release.

C 101

CONTINUED FROM PAGE 1.
 2A. Bulk Laundry - THE HVAC RETURN AIR OPENING HAS BEEN REPAIRED AND COMPLETED BY MAINTENANCE TEAM 8/10/16.
 2B. Bedroom 39 HVAC RETURN AIR OPENING HAS BEEN REPAIRED AND COMPLETED BY MAINTENANCE TEAM 8/10/16.

2. Based on observation, the building did not meet code requirements at time of construction or renovation. This could expose residents to smoke and fire if the fire resistance rated construction does not contain a fire. Findings on July 12, 2016:
 a. Bulk Laundry - the HVAC return air at this location consists of an approximately 2 foot by 3 foot opening in the ceiling with a wood stud and gypsum chase to the floor. A 2 foot by 3 foot filter grill covers the opening into the chase, but it is at around 1 foot off the floor.
 b. Bedroom 39 - the HVAC return air at this location consists of an approximately 2 foot by 3 foot opening in the ceiling with a wood stud and

Jamesia Niemgwa, Director 8/11/16

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C-100 Continued From page 2
gypsum chase to the floor. A 2 foot by 3 foot filter grill covers the opening into the chase, cut in at around 1 foot off the floor.

This is not in accordance with the Code requirement to maintain the 1 hour fire resistance rated roof/ceiling assembly.

C-111 Must Have Current San. & Fire Safety Reports

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:
a) Based on record review, and interview with Manager, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections.
Findings on June 29, 2016:
e) The current annual Fire Marshal inspection Report was not available for review.
o) NFPA 72 "National Fire Alarm and Signaling Code" requires annual inspection, Testing, and Maintenance of your Fire Alarm Systems. The last annual inspection was performed in February 2014.

C-133 Bathrooms-Hand Grips

SECTION: 0300 - PHYSICAL PLANT

C 101
IN REFERENCE TO SECTION .0300-Physical PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION.
IA. CURRENT ANNUAL FIRE MARSHAL INSPECTION WAS COMPLETED ON 11/4/15. SEE ATTACHED.
IB. ANNUAL INSPECTION OF ALARM SYSTEMS WAS COMPLETED SENTINEL SECURITY SYSTEMS ON 7/1/16. SEE ATTACHED.

C 133

Jamesia Nwamgba Director 8/11/16

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C-133 Continued From page 3

10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(e) The requirements for bathrooms and toilet rooms are:

(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents.

This Rule is not met as evidenced by:

1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures.

Findings on June 29, 2016:

a. Women near Bedroom 43 - there was no hand grip (grab bar) for the tub.

b. Women near Bedroom 48 - there was no hand grip (grab bar) for the tub.

c. Bedroom 35 - there was no hand grip (grab bar) for the tub.

d. Visitor Restroom - there was no hand grip (grab bar) for the commode.

C-148 Corridors-Handrails

SECTION: 0300 - PHYSICAL PLANT

10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(g) The requirements for corridors are:

(2) Handrails shall be provided on both sides of corridors at 38 inches above the floor and be capable of supporting a 250 pound concentrated load.

This Rule is not met as evidenced by:

1. Based on observation, the building was not

C-133

IN REFERENCE TO SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT BATHROOMS - HAND GRIPS.

1A. MAINTENANCE TEAM INSTALLED HAND GRIP BAR FOR THE TUB NEAR BEDROOM 43 - WOMEN. COMPLETED 8/10/16.

1B. MAINTENANCE TEAM INSTALLED GRAB BAR FOR THE TUB NEAR BEDROOM 48 - WOMEN. COMPLETED 8/10/16.

1C. MAINTENANCE TEAM INSTALLED GRAB BAR - BEDROOM 35 FOR THE TUB. 8/10/16.

1D. MAINTENANCE TEAM INSTALLED GRAB BAR FOR THE COMMODE - VISITOR RESTROOM 8/10/16.

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C 148 Continued From page 4
 providing handrails in the corridor that could support 250 pounds. This deficiency affects residents, staff and visitors who use unstable handrails by not providing increase safety stability/balance, and maneuverability provide by these devices.
 Findings on June 29, 2016:
 a. Corridor near Bedrooms 40 - the handrail was loose and may not support a 250 pound concentrated load.
 b. Corridor between Bedrooms 37 and 38 - the handrail was loose and may not support a 250 pound concentrated load.
 c. Corridor near Bedrooms 20 - the handrail was loose and may not support a 250 pound concentrated load.

C 148
 IN REFERENCE TO SECTION .0300 - PHYSICAL PLANT 10A NCAC 13 F. 0305 PHYSICAL ENVIRONMENT CORRIDORS - HANDRAILS
 1A. MAINTENANCE TEAM REPAIRED HANDRAIL - CORRIDOR NEAR BEDROOM 40 - 8/10/16.
 1B. MAINTENANCE TEAM REPAIRED HANDRAIL BETWEEN BEDROOMS 37 AND 38 - 8/10/16.
 1C. MAINTENANCE TEAM REPAIRED HANDRAIL NEAR BEDROOM 20 ON 8/10/16.

C 150 Corridors-Free of equipment and Obstructions
 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F. 0305 PHYSICAL ENVIRONMENT
 (g) The requirements for corridors are:
 (4) Corridors shall be free of all equipment and other obstructions.
 This Rule is not met as evidenced by:
 1. Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by slowing or obstructing egress during an emergency.
 Findings on June 29, 2016:
 a. Right Corridor - there was a drawer, a clothing item and a drop cloth in this corridor.

C 150
 IN REFERENCE TO SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F. 0305

C 155 Floors-Non-skid, in Good Repair
 SECTION .0300 - PHYSICAL PLANT

C 155

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(Continuation sheet 3 of 15)

Jamesia Niangua Director 8/11/16

Division of Health Service Regulation

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10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(l) The requirements for floors are:

(1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable;

(2) Scatter or throw rugs shall not be used; and

(3) All floors shall be kept in good repair.

This Rule is not met as evidenced by:

1. Based on observations, the facility has failed to maintain the floors smooth and in good repair. Findings on June 29, 2016:

a. Resident Laundry - Floor drain was missing its cover grate, creating a tripping hazard.

C-160 Outside Premises-Clean, Safe

SECTION 0300 - PHYSICAL PLANT

10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(m) The requirements for outside premises are:

(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;

This Rule is not met as evidenced by:

1. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on June 29, 2016:

a. Exterior Back Right - the soffit had melted due to localized fire (smokers caught the mulch on fire).

b. Left Porch - the bottom of the ramp was about 1 1/2 inch higher than the ground, making it very difficult to start up the ramp.

c. Left Porch - the guard rail was missing.

C-155

CONTINUED FROM PAGE 5, PHYSICAL ENVIRONMENT CORRIDORS - FREE OF EQUIPMENT AND OBSTRUCTIONS. 1A. DIRECTOR IMMEDIATELY REMOVED LISTED ITEMS. THIS HAS BEEN COMPLETED AND IS ONGOING. DIRECTOR, REC; AND ALL STAFF ARE RESPONSIBLE FOR KEEPING CORRIDORS FREE OF EQUIPMENT AND OTHER OBSTRUCTIONS. IN REFERENCE TO FLOORS - NON-SKID, IN GOOD REPAIR. 1A. MAINTENANCE TEAM REPLACED GRATE COVER OVER DRAIN 6/30/16.

C-160

IN REFERENCE TO OUTSIDE PREMISES - CLEAN

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C 160	Continued From page 6 several pickets.	C 160	CONTINUED FROM PAGE 6. SAFE.	
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair Findings on June 29, 2016 a. Throughout the Building - the corridor floors had a light coat of dust.</p> <p>2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on June 29, 2016 a. Bedroom 48 - the closet door was missing its doorknob b. Bedroom 43 - the closet door was missing its doorknob c. Kitchen - the connection of the commode to the floor was loose.</p>	C 164	<p>1A. MAINTENANCE TEAM REPLACED/REPAIRED MELTED SOFFIT. COMPLETED 8/8/16.</p> <p>1B. MAINTENANCE TEAM FIXED BOTTOM OF RAMP MAKING IT EASY TO START UP RAMP. COMPLETED 6/30/16.</p> <p>1C. MAINTENANCE TEAM REPLACED/REPAIRED MISSING PICKETS ON THE GAUGED RAIL. COMPLETED 7/18/16.</p> <p>IN REFERENCE TO SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSE KEEPING AND FURNISHINGS.</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	<p>1A. HOUSEKEEPER CLEANED FLOORS REMOVING DUST.</p>	

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C 166 Continued From page 7

(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.

This Rule is not met as evidenced by:
1. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply.
Findings on June 29, 2016:
a. Bedroom 35 - the tub had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.
b. Bathroom next to Bedroom 10 - the shower with curb had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines

C 183 Fire Extinguishers

SECTION 0300 - PHYSICAL PLANT
10A NCAC 13F 0308 FIRE EXTINGUISHERS
(a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof.
(b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.

This Rule is not met as evidenced by:
1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs

C 166

CONTINUED FROM PAGE 7. IT IS THE RESPONSIBILITY OF THE HOUSEKEEPER TO MAINTAIN FLOORS. THIS IS ON-GOING. THE DIRECTOR IS RESPONSIBLE FOR MONITORING.
2A. DOOR KNOB REPLACED IN BEDROOM 49 BY THE MAINTENANCE TEAM 7/11/16.
2B. DOOR KNOB REPLACED IN BEDROOM 43 BY THE MAINTENANCE TEAM 7/11/16.
2C. MAINTENANCE TEAM TIGHTEN THE CONNECTION OF THE COMMODE TO THE FLOOR ON 7/11/16.
IN REFERENCE TO HOUSEKEEPING - MAINTAINED FREE OF HAZARDS. →

Jamesia Niemgwa Director 8/11/16

Division of Health Service Regulation

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C 183 Continued From page 8
 ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on June 29, 2016
 a. Entire Building - since the last annual maintenance performed in November 2015, there has been no documentation of the portable fire extinguisher's monthly inspections.
 2. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on June 29, 2016
 a. Throughout the Building - The portable fire extinguisher were sitting on the floor, not mounted as required by NFPA 10.

C 186 Fire Safety-Rehearsals on Each Shift
 SECTION 0300 - PHYSICAL PLANT
 10A NCAC 13F .0309 PLAN FOR EVACUATION
 (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.
 (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.
 (*) This Rule shall apply to new and existing facilities.

C 183
 CONTINUED FROM PAGE 8.
 1A. Bedroom 35 - HOSE REPLACED TO PREVENT POSSIBILITY OF BACKFLOW OF CONTAMINATED WATER. COMPLETED BY MAINTENANCE ON 7/18/16.
 1B. HOSE REPLACED BATHROOM NEXT TO BEDROOM 10 TO PREVENT BACK SIPHONAGE OF GRAY WATER. COMPLETED BY MAINTENANCE ON 7/18/16.

C 186
 IN REFERENCE TO SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS.
 1A. DIRECTOR HAS CHECK ALL FIRE EXTINGUISHERS TO ENSURE PROPER WORKING ORDER. DIRECTOR DOCUMENTED

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Jamesia Niemqua Director 8/11/16

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C 183 Continued From page 8

ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order.
Findings on June 29, 2016
a. Entire Building - since the last annual maintenance performed in November 2015, there has been no documentation of the portable fire extinguisher's monthly inspections.

2. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order.
Findings on June 29, 2016
a. Throughout the Building - The portable fire extinguisher were sitting on the floor, not mounted as required by NFPA 10.

C 185 Fire Safety-Rehearsals on Each Shift

SECTION 0300 - PHYSICAL PLANT
10A NCAC 13F .0309 PLAN FOR EVACUATION
(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.
(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.
(f) This Rule shall apply to new and existing facilities.

C 183

CONTINUED PAGE 9-1.
MONTHLY INSPECTIONS OF FIRE EXTINGUISHERS. KINSTON FIRE AND EQUIPMENT WILL DO THE ANNUAL INSPECTION ON 8/12/16. THE DIRECTOR AND MAINTENANCE PERSON IS RESPONSIBLE FOR MONTHLY CHECKS AND DOCUMENTATION TO ENSURE EQUIPMENT IS IN PROPER WORKING ORDER. THIS WILL BE ONGOING MONTHLY.

C 185

2A. All PORTABLE FIRE EXTINGUISHERS ARE MOUNTED AS REQUIRED BY NFPA 10. KINSTON FIRE & EQUIPMENT WILL COMPLETE ANNUAL INSPECTION 8/12/16. DIRECTOR WILL MONITOR

Jamesia Niangua Director 8/11/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/29/2016
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NAME OF PROVIDER OR SUPPLIER WINDHAM HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 329 COOPER STREET KENANSVILLE, NC 28349
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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
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C 185 Continued From page 9

This Rule is not met as evidenced by:

1. Based on Record review and interview with Manager the facility failed to completely document the fire plan. This deficiency affects residents staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building.

Findings on June 29, 2016:

1. The fire plan rehearsal records provided no description of what the rehearsal involved.

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:

- Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency.

Findings on June 22, 2016:

a. Front Entrance - the exit sign did not work on backup power when tested. Exit signs must work on backup power providing directions during power outages.

b. Right Front Living Room - the exit sign did not

C 185

IN REFERENCE TO SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F.0309 PLAN FOR EVACUATION, FIRE SAFETY REHEARSALS ON EACH SHIFT TRAINING HAS BEEN COMPLETED WITH THE DIRECTOR ON PROPER COMPLETION OF REHEARSAL RECORDS INCLUDING THE DESCRIPTION OF WHAT THE REHEARSAL INVOLVED. FIRE MARSHAL MET WITH DIRECTOR ON 8/10/16 AND DISCUSSED.

IN REFERENCE TO SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F.0311 OTHER REQUIREMENTS.

C 189

→
CONTINUED PAGE 11
If continuation sheet 10 of 15

Jamesia Niangua Director 8/11/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING:	(X3) DATE SURVEY COMPLETED 06/29/2016
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NAME OF PROVIDER OR SUPPLIER WINDHAM HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 329 COOPER STREET KENANSVILLE, NC 28349
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C 189 Continued From page 10

work on backup power when tested. Exit signs must work on backup power providing directions during power outages.

2. Based on observations, the fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to smoke/fire if not contained in Room or compartment of origin.

Findings on June 29, 2016

a. Attic Left Firewall - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated firewall, allowing the spread of fire and smoke

b. Attic Right Firewall - there was a 1 1/2 inch hole not firestop as it penetrate the fire-resistance-rated firewall, allowing the spread of fire and smoke.

c. Corridor near Left Firewall - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke

d. Corridor near Right Firewall - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke

e. Corridor near Left Firewall - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke

f. Left Living Room - there were gaps around three cables not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke

g. Laundry - there were gaps around the two copper pipes not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.

h. Left Firewall - the cross-corridor door did not latch into its frame when the hold open device

C 189

CONTINUED FROM PAGE 10.

1A. REPLACED EXIT SIGN IN FRONT ENTRANCE

1B. REPLACED EXIT SIGN IN RIGHT FRONT LIVING ROOM. THIS WAS COMPLETED 7/25/16. DIRECTOR AND MAINTENANCE PERSON WILL MONITOR FOR COMPLIANCE.

2A. FIRESTOP COMPLETED AT ATTIC LEFT FIREWALL

2B. FIRESTOP COMPLETED ATTIC RIGHT FIREWALL.

2C. FIRESTOP COMPLETED CORRIDOR NEAR LEFT FIREWALL

2D. FIRESTOP COMPLETED CORRIDOR NEAR RIGHT FIREWALL.

2E. FIRESTOP COMPLETED CORRIDOR NEAR LEFT FIREWALL.

Jamesia Niangma Director 8/11/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/29/2016
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NAME OF PROVIDER OR SUPPLIER WINDHAM HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 329 COOPER STREET KENANSVILLE, NC 28349
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C 189 Continued From page 11

released on fire alarm system actuation

i. Right Firewall - the cross-corridor door did not latch into its frame when the hold open device released on fire alarm system actuation.

j. Housekeeping near Bedroom 26 - without applying extra force, the corridor door hits its frame, preventing it from closing thus latching which allows the passage of smoke

k. Med Cart Storages - the carts have severe gouged the gypsum wall board walls, that they may not be able to contain a fire

m. Bulk Laundry - a series of shelves have been removed leaving holes in the fire-resistance-rated wall construction, allowing the spread of fire and smoke

n. Bulk Laundry - there was an open ended 1/2 inch metal conduit sleeve with cable not firestop as it penetrate the fire-resistance-rated ceiling, allowing the spread of fire and smoke

o. Bulk Laundry - the ceiling assembly has deteriorated and cannot properly stop a fire (tape and joint compound coming apart)

p. Bulk Laundry - the wall assembly behind the dryer has deteriorated, and cannot properly stop a fire (tape and joint compound coming apart).

q. Front Lobby - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke

r. RCC Office - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke

s. Bedroom 23 - there was a 1 3/4 inch hole not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.

t. Bedroom 23 - without applying extra force, the corridor door hits its frame, preventing it from closing thus latching, which allows the passage of

C 189

CONTINUED FROM PAGE 11.
2F-2Z. ALL HAVE BEEN COMPLETED BY MAINTENANCE TEAM ON 8/11/16.
DIRECTOR AND MAINTENANCE PERSON WILL MONITOR FOR ENSURED COMPLIANCE.
3A. WARSAW HEATING & AIR HAS BEEN NOTIFIED TO ADD ACCESS DOORS TO INSPECT AND CLEAN THE DUCT DETECTOR'S SAMPLE TUBES. THIS WILL BE COMPLETED BY 8/31/16.
3B. BLUE PAINTERS TAPE WAS REMOVED IMMEDIATELY FROM SMOKE DETECTOR IN BEDROOM 35 BY MAINTENANCE PERSON.

CONTINUED TOP OF PAGE 13
If continuation sheet 12 of 15

Jamesia Niangua Director 8/11/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 R. WING:	(X3) DATE SURVEY COMPLETED 06/29/2016
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NAME OF PROVIDER OR SUPPLIER WINDHAM HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 329 COOPER STREET KENANSVILLE, NC 28349
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ALC 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)	(X4) COMPLETE DATE
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C-189 Continued From page 12

smoke.

u Buffer Closet - there were gaps around the two copper pipes not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.

v Bedroom 15 - the corridor door closes but does not latch, allowing the spread of fire and smoke.

w Kitchen - the top leaf of the Dutch door, did not automatically latch into the bottom leaf

x Nurse Station - the wall behind the Nurse Station was not firestop with the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke

y Copy Room - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke

z Electrical Room - there were gaps around a cable and holes not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke

3) Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system.
Findings on June 29, 2016:

a. All Attic HVAC Units - the HVAC duct mounted smoke detectors had no access doors to inspect and clean the duct detector's sample tubes. Dirty sampling tube may become obstructed and may not detect the existence of smoke in the air stream

b. Bedroom 35 - the smoke detector was covered with blue painters tape

4) Based on Observation, the Building was not maintained in a safe and operating condition. This

C-189

Continued from page 12.

4A. LEFT PORCH EXTERIOR DOOR REPAIRED BY MAINTENANCE TEAM 7/18/16.

5A. DIRECTOR TRAINED ON MONTHLY INSPECTIONS. MET WITH FIRE MARSHAL. DIRECTOR CORRECTED AND WILL MONITOR.

6A. BEDROOM 39 HAS BEEN CLEARED AND SET UP FOR RESIDENTS. WHILE RENOVATING HOUSEKEEPING ROOM, ITEMS WERE STORED IN ROOM 39. RENOVATION IS COMPLETE. COMPLETED BY MAINTENANCE TEAM 8/8/16. DIRECTOR AND HOUSEKEEPER WILL MONITOR TO ENSURE COMPLIANCE.

Jamesia Niangue Director 8/11/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/29/2016
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NAME OF PROVIDER OR SUPPLIER WINDRAM HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 329 COOPER STREET KENANSVILLE, NC 28349
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C 189 Continued From page 13

could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work
Findings on June 29, 2016:

a. Left Porch - the exterior door was delaminating/rotting.

b. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.
Findings on June 29, 2016:

a. Kitchen - Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in November 2015, there has been no record keeping of the monthly inspections.

b. Based on observation, the Building was not maintain in a safe manner. This could expose residents, staff and visitors to fire if there was enough fuel for fire to grow beyond the ability of the Building to contain it.
Findings on June 29, 2016:

a. Bedroom 39 - the space was over packed with combustible items, making it difficult to egress/ingress and has added a substantial amount of fire load to this area.

C 189: Hot Water System

SECTION: 0300 - PHYSICAL PLANT
10A NCAC 13F .0311 OTHER REQUIREMENTS

C 189:

IN REFERENCE TO SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS, HOT WATER SYSTEM 1A. HOT WATER WAS DRAINED. NO RESIDENTS WERE IN THAT AREA OF BUILDING DUE TO RENOVATIONS. DIRECTOR MAINTAINS HOT WATER LOG. DIRECTOR AND MAINTENANCE PERSON IS RESPONSIBLE FOR CHECKING, MONITORING, AND MAINTAINING HOT WATER TEMPS RANGING FROM 100° - 116° FAHRENHEIT.

C 195 THE HEALTH INSPECTOR CAME 6/29/16 : 6/30/16. ALL HOT WATER TEMPS GOOD. IN RANGE.

CONTINUE PG 15

Jamesia Niangwa Director 8/11/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031005	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 06/29/2016
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C 195 Continued From page 14.

(d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 118 degrees F (46.7 degrees C)

(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 Building failed to maintain the hot water temperature at a minimum of 100 degrees Fahrenheit and not to exceed 116 degrees Fahrenheit.

Findings on June 29, 2016

a. Bedroom 49 - the sink had a hot water temperature of 138 degrees Fahrenheit.

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
- (3) bathrooms and toilet rooms
- (4) housekeeping closets; and
- (5) laundry area

(k) This Rule shall apply to new and existing

C 195

CONTINUED FROM PAGE 14.
THE DIRECTOR AND MAINTENANCE PERSONS WILL CONTINUE TO MONITOR ONGOING FOR COMPLIANCE. IN REFERENCE TO SECTION .0300-Physical PLANT 10A NCAC 13F.0311 OTHER REQUIREMENTS, EXHAUST VENTILATION, 1A.; 1B.; AND 1C. WARSAW HEATING : AIR WILL REPLACE / REPAIR. Will be Completed by 8/31/16.

C 199

2A. EXHAUST VENTILATION SYSTEM REPLACED BY MAINTENANCE TEAM.

2B. EXHAUST VENTILATION SYSTEM REPLACED BY

Jamesia Neangwa Director 8/11/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING:	(X3) DATE SURVEY COMPLETED 08/29/2016
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C 199 Continued From page 15

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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors
Findings on June 29, 2016:

a. Kitchen Restroom - the exhaust duct was missing it back draft damper and wall cap. This allows rain and insect to entry the building

b. Housekeeping near Bedroom 26 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors.

c. Lady's Bathroom near Bedroom 22 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors

2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors
Findings on June 29, 2016:

a. Housekeeping near Bedroom 26 - there was no window and no exhaust ventilation system and odor

b. Bath/Shower near Bedroom 31 - there was no window and no exhaust ventilation system and odors are present

c. Bathroom near Bedroom 10 - there was no window and no exhaust ventilation system and odors are present

C 199

CONTINUED FROM PAGE 15.
MAINTENANCE TEAM.
2c. EXHAUST VENTILATION
REPLACED BY MAINTENANCE
TEAM. ABOVE WAS COMPLETED
7/14/16.

THE DIRECTOR, MAINTENANCE
PERSON, AND STAFF WILL
CONTINUE TO MONITOR
ITEMS ON A MONTHLY
BASIS TO MAINTAIN
QUALITY ASSURANCE AND
ENSURE THAT DEFICIENT
PRACTICE DOES NOT
REOCCUR.

Jamesia Nwemgwa Director 8/11/16

**DUPLIN COUNTY
FIRE INSPECTION DEPARTMENT**
PO Box 909
Kenansville, NC 28349
910-296-2160

INSPECTION DATE
11-9-15
OCCUPANCY/FAMILIES

LOCATION	FIRM/NAME	TEL. NO.	
829	Wineham Hall	296-0333	
OWNER	OWNER PHONE #		
OWNER ADDRESS 329 Cooper St		TOWNSHIP Kenansville	ZIP 28349

Indicate violations in check boxes to subject matter. Statements are aids to memory only not quotations of the State Codes.

A. FLAMMABLE LIQUIDS - GASES - SOLIDS - EXPLOSIVES

- 1. Not properly stored - handled - processed.
- 2. Excessive amounts on premises.
- 3. Dip tanks, spray booth not properly separated or const.
- 4. "No Smoking" signs not posted.
- 5. Storage rooms premises not properly marked.
- 6. Storage - prohibited except in fire resistive room or outside building.
- 7. Tank location not in accord with applicable standards.
- 8. Valves - dispensing equipment to be approved type - maintained.
- 9. Electric wiring and appliances to be UL approved.
- 10. Misuse of materials subject to fire and injury to personnel.

B. ELECTRICAL DISTRIBUTION SYSTEM

- 1. Wiring - switches - plugs defective, to be replaced.
- 2. Overhead - fixtures.

C. ELECTRIC APPLIANCES & EQUIPMENT

- 1. Appliances - motors to be maintained in working order.
- 2. Wiring - improper and temporary unsafe practice.

D. FIRE PROTECTION SYSTEMS & APPLIANCES

- SPRINKLER/STAND PIPE OPEN
- 1. Standpipe hose - cabinets - valves to be repaired, replaced, obstructed.
- 2. Sprinkler system riser, valves, heads, salmese, hydrants, alarms repair, replace, inoperative, obstructed.
- 3. First aid fire extinguishers, replace, recharge, test date, tag.
- 4. Stock - merchandise stored too close for system to operate efficiently.

E. HEAT PRODUCING DEVICES OIL GAS ELEC

- 1. Defective - to be replaced - repaired.
- 2. Improper - prohibited device to be repaired or removed.
- 3. Venting - improper, inadequate.
- 4. Combustibles stored too close to appliance.
- 5. Appliance not approved by AGA.
- 6. Clearance from appliance inadequate.
- 7. Illegal portable fuel fired device.

F. EXITS, PASSAGEWAYS, LIFE SAFETY

- 1. Doors locked, blocked, inoperative, swing wrong direction.
- 2. Corridors-passageways, obstructed, improperly maintained.
- 3. Fire escapes, stairs, ladders, obstructed, defective improper maintained.
- 4. Door devices - panic hardware, fusible links, defective, inadequate.
- 5. Exit passageways - inadequately lighted, provide exit lights.
- 6. Exit lights - to be lighted at all times.
- 7. Exit signs - markings, inadequate, improper size.
- 8. Exits - inadequate, insufficient number.
- 9. Emergency lights.

G. SIGNS REQUIRED

H. GENERAL HAZARDS

- 1. Hazardous accumulation rubbish, debris, waste materials to be removed.
- 2. Stock - merchandise improperly stored to retard spread of fire.
- 3. Interior finishes - decorations - tents, remove or flameproof.
- 4. Piping, all improperly installed, comply with code.
- 5. Smoke - heat detection - fire alarm systems inoperative, to be repaired.
- 6. Range hood - ventilating systems to be cleaned, repaired, installed.
- 7. Aisles, cross aisles to be maintained full width at all times.
- 8. Combustible lint and dust to be removed from equipment, walls, beams, floor, disposed of in proper manner.
- 9. Vacant Buildings - secure all openings until such time as the building is made safe or taken down and removed.
- 10. Maintain fire lanes.

I. 1. PERMITS REQUIRED (SEE COMMENT):

- 2. Premises and equipment in good order, No visible hazards observed this date.

J. SMOKE DETECTORS

- PRESENT NOT PRESENT
- HEAT SMOKE
- BATTERY BRC

COMMENTS

Have Had System Inspected.

INSPECTION FEE _____

INSPECTOR <i>Rug Deer</i>	COPY RECEIVED BY <i>Red White</i>	POSITION <i>director</i>
------------------------------	--------------------------------------	-----------------------------

These above checked violations of the State of North Carolina Codes or Ordinances or other hazardous conditions as indicated were observed during an inspection survey of the above premises this date. Your cooperation correcting the conditions enumerated will be appreciated. Continued violation will subject you penalties as prescribed by said Code or Ordinances.

RE-INSPECTION DATE	OFFICE USE ONLY	ACCOUNT #
	MAP # PARCEL # LOT #	

ADULT DAY CARE & CHILD CARE FIRE INSPECTION REPORT

COUNTY Duval DATE OF INSPECTION 11-4-18 Facility ID = HAL-031-006

Please complete all items below. If not applicable, check N/A in the box with a written explanation attached

Name of Facility Winkham Hall Adult Child
Address 329 Cooper Phone 296-0333
City Kennansville Zip 28349 Responsible Party _____

GENERAL PRECAUTIONS:

	YES	NO	N/A
1. Attic/basement/closets/garage/furnace room & heaters clear of trash & combustible materials.	✓		
2. Clearance from ignition sources & combustible materials maintained.	✓		

EMERGENCY PLANNING:

	YES	NO	N/A
3. Approved evacuation plan posted	✓		
4. Evidence of monthly fire drills posted	✓		
5. Record of employee training in fire prevention, evacuation & annual fire safety training on site	✓		

FIRE SERVICE FEATURES:

	YES	NO	N/A
6. Street Number posted. (Contrasting color to building & height 4" or more.)	✓		
7. Unobstructed fire apparatus road. (Width of 20' & vertical clearance of not less than 13'6")	✓		
8. Hydrants/Fire Department connections/control valves clear of obstructions by 3'.	✓		

BUILDING SERVICES AND SYSTEMS:

	YES	NO	N/A
9. Approved heating system, listed. (No fuel burning or portable electric space heaters.)	✓		
10. Emergency lighting/exit lights in good operating order.	✓		
11. Electrical panels clear of storage. (Minimum 30")	✓		
12. Wiring/fixtures in good condition. (Extension cords not suitable for permanent wiring.)	✓		
13. Type I hood system over all domestic cooking appliances that produce grease laden vapors.	✓		

FIRE RESISTANCE RATED CONSTRUCTION:

	YES	NO	N/A
14. Required fire resistant rating maintained. (Walls, partitions, floors)	✓		
15. Door-hold open devices/automatic door closures operating properly.	✓		

INTERIOR DECORATIONS & FURNISHINGS:

	YES	NO	N/A
16. No storage of clothing/personal effects in corridors & lobbies	✓		
17. Maximum 10% of decorative materials covering walls. Does not apply to artwork & teaching material in classroom. Nothing suspended from ceiling	✓		
18. 20% maximum coverage for artwork & teaching material located on corridor walls	✓		
19. Exits free of obstructions.	✓		

FIRE PROTECTION:

	YES	NO	N/A
20. Sprinkler system maintained with annual test reports provided			✓
21. Smoke detector/fire alarm system maintained with annual test reports provided	✓		
22. Approved extinguishers mounted properly & in good working order.	✓		
23. Cooking suppression systems & hood exhaust properly maintained	✓		
24. Protective guards (such as screens) on fuel burning furnaces or fireplaces provided.			✓

MEANS OF EGRESS:

	YES	NO	N/A
25. All exits & their access (i.e. Aisles & Corridors) free of obstructions.	✓		
26. All locking devices on exit doors are of an approved type.	✓		
27. Yards & fencing to allow unobstructed exit to exterior of site.	✓		

Approved for day time care only Approved for day time and night care

At the time of this inspection, the fire safety conditions in this facility were found to be:
 Satisfactory Unsatisfactory

Inspector Ryan Pen Phone 296-2160

Prepare in triplicate - one copy retained by local fire authority and two copies given to the operator.



FIRE ALARM SYSTEM INSPECTION

PROPERTY NAME: Windsor Hall DATE: 7-1-2016
 ADDRESS: 329 Cooper St Kew-Forest TELEPHONE: _____
 CONTACT PERSON: _____ ACCT #: AW-5941
 Inspection Service: Monthly BI-Monthly Quarterly Semi-Annual Annual
 Panel Manufacturer: Fire Lite Model Number: 9200VD
 Number and Size Of Lead Acid Batteries: 2-12V 7AH

NOTIFICATIONS BEFORE TESTING

	YES	NO	WHO	TIME
Building Occupants:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>All</u>	<u>3:30 PM</u>
Building Maintenance:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>All</u>	
Central Station(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>OPEN</u>	

SYSTEM TESTS & INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>120VAC</u>
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Grnd. Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>22.15</u> <u>7-2013 DATE</u>
Load Voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>33.12</u>
Remote Annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NA</u>
Notification Appliances	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers/Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>

INITIATING & SUPERVISORY TESTS & INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	LOCATION COMMENTS
Smoke Dets.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Pull Stations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Waterflows	<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>
Tampers	<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>
Duct Detectors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Heat Detectors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>

ARE ALL FIRE EXITS AND AISLES CLEAR AND UNLOCKED AND UNBLOCKED? YES NO

MONITORING

	YES	NO	TIME	COMMENTS
Alarm Signals/Restore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>4:30</u>	
Trouble Signal/Restore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>4:30</u>	
Supervisory Signal/Restore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>4:30</u>	

NOTIFICATION THAT TESTING IS COMPLETE

	YES	NO	WHO	TIME
Building Occupants:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>All</u>	<u>4:30</u>
Building Maintenance:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>All</u>	<u>4:30</u>
Central Station(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>OPEN</u>	<u>4:30</u>

General Comments: Repaired Two Smoke - D007 - D070 - To Dirty +
CLEAN

SERVICED BY: John J. Mahoney DATE: 7-1-2016 TIME: 4:30



FIRE ALARM SYSTEM INSPECTION

PROPERTY NAME: Wincham Hall DATE: 12-23-2014
 ADDRESS: 329 Copper Street Kenansville TELEPHONE: 2960333
 CONTACT PERSON: _____ ACCT #: 5941-9W
 Inspection Service: Monthly BI-Monthly Quarterly Semi-Annual Annual
 Panel Manufacturer: Firelite Model Number: MS-4200UD
 Number and Size Of Lead Acid Batteries: 3 12V 80AH

NOTIFICATIONS BEFORE TESTING

Building Occupants:	<input checked="" type="checkbox"/> YES	NO	WHO	TIME
Building Maintenance:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/>	<u>All</u>	<u>8:00</u>
Central Station(s):	<input checked="" type="checkbox"/> YES	<input type="checkbox"/>	<u>MAINT</u>	<u>8:00</u>
		<input type="checkbox"/>	<u>OPER</u>	<u>8:00</u>

SYSTEM TESTS & INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS/Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Grid. Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>22.21V 23.29V</u>
Load Voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>25.03V</u>
Discharge Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote Annunciators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NA</u>
Notification Appliances	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers/Voice Clarity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NA</u>

INITIATING & SUPERVISORY TESTS & INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	LOCATION/COMMENTS
Smoke Dets.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Pull Stations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Waterflows	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Tamper	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NA</u>
Duct Detectors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Heat Detectors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Others	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>NA</u>

ARE ALL FIRE EXITS AND AISLES CLEAR AND UNLOCKED AND UNBLOCKED? YES NO

MONITORING

	YES	NO	TIME	COMMENTS
Alarm Signals/Restore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>10:00</u>	
Trouble Signal/Restore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>10:00</u>	
Supervisory Signal/Restore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>10:00</u>	

NOTIFICATION THAT TESTING IS COMPLETE

	YES	NO	WHO	TIME
Building Occupants:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>All</u>	<u>10:05</u>
Building Maintenance:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>MAINT</u>	<u>10:05</u>
Central Station(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>OPER</u>	<u>10:05</u>

General Comments: _____

SERVICED BY: John S. Miller DATE: 12/23/2014 TIME: 10:10

Kinston Fire Extinguisher Service, Inc.

Will Rogers-President
485 Highway South
Kinston, N. C. 28504



Phone: (252)527-0440
Cell: (252)560-3388
Fax: (252)522-3851

Email: kinstonfireextinguisherservice@gmail.com

8/12/16

WINDHAM HALL INC

329 COOPER ST
KENNESVILLE NC
28349

Dear Sir(s):

This is to certify that your fire extinguishers have been serviced in accordance with NFPA-10 and found to be in proper working order:

Sincerely,

Will Rogers Sr 11-15
Will Rogers Sr.
Owner

"Rely on the Finest, Rely on the Service"