

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/19/2016
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NAME OF PROVIDER OR SUPPLIER
WILSON ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**3501 SENIOR VILLAGE LANE
WILSON, NC 27896**

(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 This report is of a Followup Survey done by Bob Getchell on July 19, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}	<p>CONSTRUCTION SECTION</p> <p>SEP 12 2016</p> <p>RECEIVED</p> <p><i>Toilet in Room 106 has been sealed to the floor w/ sealant.</i></p>	
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 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: 3. Based on Observation, the facility failed to provide an environment in accordance with this Rule. Followup Findings on July 20, 2016 include: b. Bedroom 106 Toilet Room - the connection of the commode to the floor was loose,	{C 164}		
{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.	{C 189}		

7/22/16



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

TITLE
Administrative

(X6) DATE
9/9/16

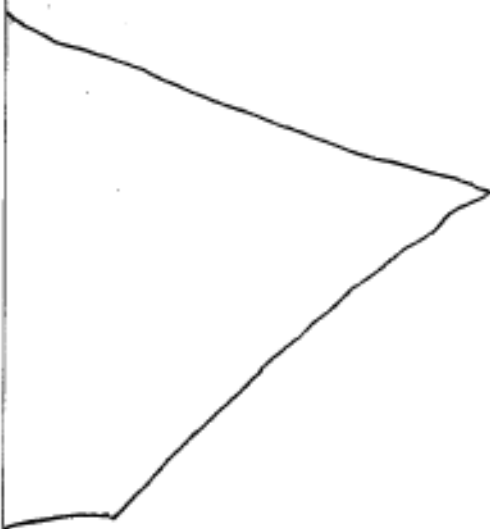
STATE FORM 688 KVK323 If continuation sheet 1 of 3

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{C 189}	<p>Continued From page 1</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, the Building was not maintain in a safe manner, because the integrity of the fire-resistance-rated corridor ceiling/tunnel construction had holes and gaps in this protected gypsum construction.</p> <p>Followup Findings on July 20, 2016 include:</p> <p>a. Front foyer Attic - the tunnel style fire-resistance-rated ceiling construction had been damaged,</p> <p>4. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall construction invalidated its integrity.</p> <p>Followup Findings on July 20, 2016 include:</p> <p>a. Attic Firewall at SCU - there were unprotected cable penetrations through the firewall,</p> <p>b. Attic Firewall at 100 Hall - there were unprotected cable penetrations through the firewall</p>	{C 189}		7/29/16
{C 199}	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be</p>	{C 199}		

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(C 199)	<p>Continued From page 2</p> <p>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:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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> <ol style="list-style-type: none"> 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. <p>Followup Findings on July 20, 2016 include:</p> <ul style="list-style-type: none"> c. Shower room next to Bedroom 304 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors, d. Bedroom 311 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors, e. Bedroom 308 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors, 	(C 199)		<p>7/27/16</p>

Davie Place

1025 Lamb Road, Lexington, NC 27285
336-853-7870 phone Tuttlet@stmc.net
336-853-7871 fax

September 7, 2016

Dennis Harrell
Division of Health Services Construction Section
2705 Mail Service Center
Raleigh, NC 27699-2705

CONSTRUCTION SECTION

SEP 09 2016

RECEIVED

REF: Davie Place HAL 030-003

Dear Mr. Harrell:

This is in response to your report of survey date of visit 8/2/2016.

Prefix Tag C 133 – Bathrooms-Hand Grips

Correction – Hand Grip was installed in the shower room on the 400 hall

Time Frame- 8/12/2016

Prefix Tag C 185 – Physical Plant

Correction- Fire drill was completed on 1st shift on 8/3/2106. Third shift, Second Shift and Weekend shifts will be complete by 9/10/2016. There was some internal miscommunication regarding the other shifts or they would have been completed sooner. The director has assured the fire drill schedule is on her calendar. The director is responsible for compliance in this rule area.

Time Frame: started immediately and completed by 9/10/2016

Prefix Tag C 189- Equipment

Correction- 1. Latch was adjusted on 8/2/2016, 2. a-latch replaced on 8/12/2016, b- repaired on 8/18/2016, c- Furniture was removed from in front of the door e-repaired 9/7/2016, f-repaired 8/2/2016 3. Emergency lights were repaired on 8/5/2016. Equipment checks will be done by maintenance monthly.

Time Frame: began immediate and all complete by 9/7/2016.

Sincerely,



Tisha Tuttle
Administrator