

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2016
NAME OF PROVIDER OR SUPPLIER THE SHAIRE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1450 SHAIRE CENTER DRIVE LENOIR, NC 28645		
(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 8-9-2016. Records indicate this facility was first licensed on 7-1-1985, for 70 beds. There was a 12 bed addition in 1991, that brought the total number of beds to 82. Based on this information, we are requiring the facility to meet the 1984 rules for Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1978 Edition of the North Carolina State Building Code; Volume I - General Construction.	C 000	RECEIVED This Plan of Correction is submitted to address deficiencies cited under Tag# C111. This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.	9/27/16
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: Based on a review of documents, the most recent Sanitation inspection for the building was dated 4-15-2015. Buildings must be inspected and approved annually as required.	C 111	The Caldwell County Environmental Health Department was contacted at 4:00 pm September 15, 2016 to notify them that an annual sanitation/health inspection has not be done since April 15, 2015. An environmental health department staff member contacted the facility stating an annual sanitation/health inspection would be completed by the end of September 2016 or by the first week of October 2016.	
C 156	Soil Utility Room SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and	C 156	This Plan of Correction is submitted to address deficiencies cited under Tag# C156 This is to state that we do not concur with this recommendation	9/14/16

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

TITLE

(X8) DATE

STATE FORM

0000

315M21

If continuation sheet 1 of 5

R. C. Hand

Administrator

9/26/16

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C 156	Continued From page 1 sanitizing of bed pans and shall have handwashing facilities. This Rule is not met as evidenced by: Based on observation, the one hopper in the facility had been disabled with a shelf built on top of it.	C 156	as stated for deficient practice. Upon finding stated deficiencies. On September 14, 2016 the shelf was removed from the top of the hopper. In addition, the hopper was serviced and repaired to provide for good working order. All staff was notified of the importance of keeping area clean and free from shelving, etc. to allow for cleaning and sanitizing bed pans and urinals.	
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: Based on observation, the wall finish was damaged in the shower room on A Hall.	C 164	This Plan of Correction is submitted to address deficiencies cited under Tag# C164 This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.	9/27/16
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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, the building was not	C 166	On September 16, 2016, a building permit was obtained from Caldwell County Building Inspection Office for the repairs and remodeling in the shower room on A Hall. All old sheetrock material was removed and replaced with new sheetrock or durarock. Waterproofing was installed. All old tile on walls and flooring was removed and replaced with new tile. New	

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C 166	Continued From page 2 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 no container in the supply room. 2. Based on observation, there was a growth of algae from ice machine drain line almost to contact with the floor drain. Ice machine drain lines that are not maintained clean at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 166	plumbing fixtures were installed. This Plan of Correction is submitted to address deficiencies cited under Tag# C166 This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies. 1. On August 9, 2016 all medical oxygen cylinders were placed in an approved portable oxygen storage container. On August 10-11, 2016, all staff was notified of the importance of keeping all portable oxygen stored properly to ensure the safety of all residents, staff and visitors. The rationale was discussed relating to oxygen tanks that fall, breaking their valves, propelling the tank and turning them into a dangerous projectile.	8/11/16
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. This Rule is not met as evidenced by: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan for the second quarter of 2016. Records	C 185	2. On August 9, 2016, the growth of algae was removed from the ice machine drain line. In addition, the ice machine and its drain line received a thorough cleaning and sanitation to ensure clean, non-contaminated ice.	8/10/16

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C 185	Continued From page 3 must be maintained and available for review.	C 185	This Plan of Correction is submitted to address deficiencies cited under Tag# C185	8/10/16
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</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 Special Locking (magnetically locked) exit doors at the ends of A Hall and D Hall did not unlock on activation of the fire alarm system as required by Code. The doors did unlock when the emergency release switch near the door and the central emergency release switch at the nurse station were activated. Special Locking that does not operate exactly as required by Code could delay or prevent an evacuation in an emergency. Note: A Plan of Protection was accepted that provided equivalent safety for the residents and staff by assigning 2 staff members, on each shift, the task of activating the central emergency release switch in the event of a fire alarm system activation. The Plan of Protection is to continue until the system has been certified as working correctly by qualified repair personnel.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that</p>	C 189	<p>This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.</p> <p>On August 10, 2016, the fire drill documentation for the second quarter 2016 was located and placed in the fire safety folder. The maintenance department was re-educated as to the importance of keeping all fire drill records together and immediately available for review.</p> <p>This Plan of Correction is submitted to address deficiencies cited under Tag# C189</p> <p>This is to state that we do not concur with this recommendation as stated for deficient practice. Upon finding stated deficiencies.</p> <p>1. On August 10, 2016, the special locking (magnetically locked) exit doors at the ends of A hall and D hall were repaired by Unifour Fire and Safety to release and open upon the activation of the fire alarm</p>	8/10/16

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C 189	<p>Continued From page 4</p> <p>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:</p> <p>a. Hole in the wall in the shower room on A Hall,</p> <p>b. Plate missing on a wall outlet in the shower room on A Hall,</p> <p>c. Hole beside heat detector in the ceiling of the utility room on A Hall,</p> <p>d. Plastic plumbing access door, 12 inches by 24 inches, in the wall of the men's bath on C Hall,</p> <p>e. Hole in the ceiling of the utility room on C Hall,</p> <p>f. Hole in the ceiling of the water heater room off the laundry,</p> <p>g. Hole in the ceiling of the kitchen.</p> <p>3. Based on observation, many 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;</p> <p>a. The doors to bedrooms 6, 8, 15 and 17 were hard to close and latch.</p> <p>b. The door to bedroom 14 will not latch when closed.</p> <p>c. The door to the beauty salon will not latch when closed.</p> <p>d. The door to the living room on D Hall does not fit the opening properly to be resistant to the passage of smoke.</p>	C 189	<p>system as well as by an adjacent emergency release switch, or the central/master emergency release switch located at the nurses station.</p> <p>2. a. All penetrations and/or holes in the A hall shower room walls were repaired with gypsum board if needed and patched with sheetrock compound and/or fire caulked to provide a one-hour fire rating.</p> <p>b. A new plate was placed on the wall outlet in the A hall shower room.</p> <p>c. All penetrations and/or holes in the A hall shower room ceiling were repaired with gypsum board if needed and patched with sheetrock compound and/or fire caulked to provide a one-hour fire rating.</p> <p>d. The plastic plumbing access door, 12 inches x 24 inches, in the C hall men's bath was removed and replaced with gypsum board and patched with sheetrock compound to provide a one-hour fire rating.</p> <p>e. All penetrations and/or holes in the C hall utility room ceiling were repaired with gypsum board if needed and patched with sheetrock compound and/or fire caulked to provide a one-hour fire rating.</p> <p>f. All penetrations and/or holes in the ceiling of</p>	<p>9/27/16</p> <p>9/27/16</p> <p>9/27/16</p> <p>9/27/16</p> <p>9/27/16</p> <p>9/27/16</p>

the water heater room off the laundry were repaired with gypsum board if needed and patched with sheetrock compound and/or fire caulked to provide a one-hour fire rating.

g. All penetrations and/or holes in the ceiling of the kitchen were repaired with gypsum board if needed and patched with sheetrock compound and/or fire caulked to provide a one-hour fire rating.

9/27/16

3. a. The doors to bedrooms 6, 8, 15 and 17 were adjusted and repaired to close and latch properly.

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b. The door to bedroom 14 was adjusted and repaired to close and latch properly.

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c. The door to the beauty salon was adjusted and repaired to close and latch properly.

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d. The door to the living room on D hall was replaced and repaired to close and latch properly to be resistant to the passage of smoke.

9/27/16

The maintenance and environmental services departments will monitor all facility areas for continued compliance.