

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL067023</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/08/2017</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ONSLOW HOUSE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>34 MCDANIEL DRIVE<br/>JACKSONVILLE, NC 28546</b> |
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| C 000              | <p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Strickland and Chris Sluder on 02/08/2017:</p> <p>Records indicate this facility was first licensed on 09/18/1986 as a Home for the aged. The facility is currently licensed for One-Hundred Sixty (160) Beds. Therefore, this facility is required to meet the 1984 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Revision 5) Section 409- Institutional Occupancy- Unrestrained</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>   | C 000         |   |                    |
| C 101              | <p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br/>The physical plant requirements for each adult care home shall be applied as follows:<br/>(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;</p> | C 101         |   |                    |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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| C 101              | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>1-Based on observation, the facility failed to meet the requirements of the NC State Building Code in effect at time of alteration. The Building Code permits the installation of delayed egress on exit doors of buildings that are protected throughout, by an approved supervised automatic fire detection system or an automatic sprinkler system. In buildings that are not protected throughout, there could be a dangerous delay in detecting the start of a fire.</p> <p>Findings on 02/08/2017:<br/>(a) There are not any fire detection devices in the Resident Bedroom closets.<br/>(b) There are not any fire detection devices in the Administrative Offices.</p> | C 101         |   |                    |
| C 111              | <p>Must Have Current San. &amp; Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(<br/>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:<br/>1-Based on observations, this facility has failed to have all the safety inspection reports.</p> <p>Findings on 02/08/2017:<br/>a. The last 6-month inspection of the Kitchen range hood fire-suppression system was completed in February 2016.<br/><br/>b. There is not a current annual NFPA 72</p>  | C 111         |   |                    |

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| C 111              | Continued From page 2<br><br>inspection and testing report of the fire alarm system on site.  | C 111         |   |                    |
| C 164              | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observations, this facility has failed to maintain all walls in good repair..<br><br>Findings on 02/08/2017:<br>The exterior window that is located in the corner has glass that is broken in the lower sash unit in the Control Room/Zone 2.<br><br>2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards<br><br>Findings on 02/08/2017:<br><br>(a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2.<br>(b) Sheet vinyl flooring is unattached to the floor that is located in Room 57 Bath<br>(c) The ceramic floor tile is broken and unattached to the concrete slab in the roll-in shower that is located at the Main Bath/Zone 2. | C 164         |   |                    |

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| C 164              | <p>Continued From page 3</p> <p>3-Based on observations, this facility has failed to maintain the service and condition of plumbing fixtures in the Bathing Areas.</p> <p>Findings on 02/08/2017:<br/>The toilet is not secured to the floor that is located in the Bathroom/Zone 5.</p> <p>4-Based on observations, this facility has failed to maintain the finish surfaces on all interior doors.</p> <p>Findings on 02/08/2017:<br/>Many resident room entry doors are scratched and have damaged finishes on the lower part of the door. Interview with facility staff revealed that the damage is caused by residents' wheel chairs.</p>   | C 164         |   |                    |
| C 185              | <p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>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> <p>This Rule is not met as evidenced by:<br/>Based on review of documentation, the facility did not document rehearsals of fire drills quarterly for each shift as required by the Fire Prevention</p> | C 185         |   |                    |

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| C 185              | Continued From page 4<br><br>Code.<br><br>Findings on 02/08/17<br><br>a. There was not a fire drill documented for third shift during the third quarter of 2016.<br>b. There was not a fire drill documented for first,second or third shift during the fourth quarter of 2016.   | C 185         |   |                    |
| C 189              | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observation, this facility has not maintained in a safe manner the one-hour roof/ceiling assembly construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.<br><br>Findings on 02/08/2017:<br>The following locations have damaged lay-in sheet rock panels and ceiling grid (Components of the one-hour roof/ceiling assembly).<br><br>(a) The Treatment Room/Zone 1. | C 189         |   |                    |

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| C 189              | <p>Continued From page 5</p> <p>(b) Storage/Room 66<br/>(c) Utility Room/Zone 3<br/>(c) Hallway outside Crafts Room/Zone 6<br/>(d) Janitor Closet/Bath/Zone 4</p> <p>2-Based on observation, this facility has not maintained the smoke-barrier wall construction. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p>Findings on 02/08/2017:<br/>There is coaxial cable and other wiring penetrations in the smoke-barrier wall construction that are not fire protected located above the ceiling in Room 51.</p> <p>3-Based on observation, the facility has not maintained the penetrations of HVAC ductwork that penetrate the roof/ceiling assembly. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p>Findings on 02/08/2017:<br/>The following locations have HVAC ductwork that penetrations of the fire-rated sheet ceiling that are not protected by a metal angle or flange covering the gap:<br/>(a) The ceiling penetration in the Laundry Room/Zone 3.<br/>(b) The ceiling penetration in the Utility Room/Zone 3.</p> <p>4- Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner as evidenced by gaps and open penetrations in the fire resistant rated ceilings. Fire resistant rated ceilings must be free of gaps and openings in order to resist the spread of fire</p> | C 189         |   |                    |

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| C 189              | <p>Continued From page 6</p> <p>and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Findings on 02/08/2017:<br/>The following locations have ceiling penetrations that are not fire-protected:<br/>(a) There are electrical conduits penetrating the ceiling that are located in the Control Room/Zone 2.<br/>(b) Hole in ceiling panel at B Side Hall Door/adjacent to Control Room/Zone 2.</p> <p>5-Based on observations, this facility emergency illumination has not been maintained in a safe manner. This would affect all residents, staff and visiting's guests by not providing illumination in the paths of egress in the event of an emergency.</p> <p>Findings on 02/08/2017<br/>The emergency light fixture that is located in the Main Lobby did not illuminate when tested on the emergency mode.</p> <p>6-Based on observations, this facility has failed to maintain the service and condition of all surface mounted light fixtures.</p> <p>Findings on 02/08/2017:<br/>The light fixture lens are cracked/broken located in the Crafts Room.</p> <p>7-Based on observation, this facility has not maintained in a safe manner by improper storage of oxygen cylinders. This could affect all residents and staff by potentially exposing them to hazards from a ruptured cylinder.</p> <p>Findings on 02/08/2017:</p> | C 189         |   |                    |

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| C 189              | <p>Continued From page 7</p> <p>There were oxygen bottles not stored in racks that are located at the following locations:<br/>(a) Front Lobby Nurse's Station<br/>(b) Room 51<br/>(c) Room 66</p> <p>8-Based on observations, this facility has failed to provide door hardware with single-keyed locksets for egress.</p> <p>Findings on 02/08/2017:<br/>The RCM Office has a dead-bolt that requires a key to unlock from the inside.</p> <p>9-Based on observations, the facility has not maintained the plumbing fixtures in a safe manner by not complying with the North Carolina Plumbing Code. This could allow contaminated water to be siphoned into the water supply piping.</p> <p>Findings on 02/08/2017:<br/>The Salon hair wash sinks do not have vacuum breakers for the hair-wash sprayers.</p> <p>10-Based on observations, the facility has failed to provide clear operation of fire-rated doors.</p> <p>Findings on 02/08/2017:<br/>a. The fire-rated doors that lead into the Main Dining Hall were wedged open.<br/>b. One of the cross corridor doors in the fire-wall by the activity room catches on the flooring and does not automatically close when released by the hold open magnet.</p> <p>11-Based on observations, this facility has failed to maintain the electrical equipment in a safe condition.</p> <p>Findings on 02/08/2017:</p> | C 189         |   |                    |

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| C 189              | Continued From page 8<br><br>a. One of the hair-dryer units in the beauty shop has had the ground post broken-off the power chord.<br>b. Two of the receptacles in bedroom 51 were damaged resulting in exposed current carrying metal parts. The receptacles were replaced during the survey.   | C 189         |   |                    |
| C 194              | A/C or Fans<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(c) Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C).<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1-Based on observations, this facility has failed to maintain the service and maintenance of all HVAC components.<br><br>Findings on 02/08/2017:<br>The PTAC unit is not operational that is located in Zone 2 Bath. | C 194         |   |                    |