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	HAL092182	A. BUILDING: **01** B. WING _____	**02/16/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVER HOUSE	**4230 WENDELL BOULEVARD** **WENDELL, NC 27591**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Billy Bryant, conducted on February 16, 2017. Records indicate that the Facility was first licensed or submitted on February 12, 1987, as a Hone for the Aged. The facility is currently licensed for a 100 beds including a 31-bed special care unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 8) North Carolina State Building Code(s), Section 409.1 - Minimum Standards and Regulations for Homes for the Aged (1984) in effect at time of initial licensure. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - 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",	C 101		

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C 101	Continued From page 1 copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet NC State Building Code at the time of renovating the building to have special locking by not providing a fully sprinkled building. This deficiency affects all residents, staff and visitors by not providing the protection fire sprinklers provide. Findings on February 16, 2017: a. Kitchen - the walk-in refrigerator and freezer were not protected by the automatic fire sprinkler system and the units are inside the building.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 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 theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on February 16, 2017: a. Bedroom 300A Bathroom - there were no hand grip (grab bar) for the commodes.	C 133		

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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 36 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 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 February 16, 2017: a. Corridor near SCU Staff Station - the handrail was missing.	C 148		
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 February 16, 2017: a. Right Front Exit - there were two unattended	C 150		

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C 150	Continued From page 3 wheel chairs parked in the corridor decreasing the required six feet width to forty-two inches. b. Exit near SCU Activity Room - the exit door was blocked with wooden fence panels on the exterior. Deficiency corrected before Construction Surveyors departed the site.	C 150		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on February 16, 2017: a. Patio Exit - this "Special Locking System" exit had no protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154		

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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: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on February 16, 2017: a. Living Room - the texture ceiling was flaking off. b. Living Room - the door to the Patio was damaged. c. Bedroom 115 - the corridor door was marred up. d. Corridors - the painted was wearing/chipping off handrails. e. Corridors - the walls below the handrails, were damaged, needing patching and refinishing. f. Corridors - several areas of the handrails had there thin bottom edge damaged and were splintering. g. Shower near Bedroom 211 - the texture ceiling was flaking off. h. Shower Room near Bedroom 107 - the tile walls were damage and missing tiles. i. Shower Room across Bedroom 107 -the commode had an incorrectly fitting tank top that was about to fall off. j. Shower Room near Bedroom 203 - the toilet was out-of-order. k. Hot Water Heater Room near Bedroom 213-	C 164		

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C 164	Continued From page 5 the water heater is leaking. l. Kitchen - the floor had an accumulation of dirt, stains and grease deposits along the perimeter of the room and around equipment supports. m. Shower Room across Bedroom 300B -the commode had an incorrectly fitting tank top that was about to fall off. 2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff and visitors by exposing them to an unpleasant environment. Findings on February 16, 2017: a. Bedroom 406 Bathroom - the floor drain's plumbing trap had dried-up, allowing sewer gases to enter the Building.	C 164		
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 maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. 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 on February 16, 2017:	C 166		

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C 166	Continued From page 6 a. Bedroom 213 - four portable medical oxygen cylinders were stored standing up not secured to the structure. 2. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff and visitors if items are broken or partially removed and left where they could injure all. Findings on February 16, 2017: a. Brick Gate Post - on the abandoned brick gatepost, there are metal angles hinge supports that extend into the walking area that are sharp and could injure all. b. SCU Courtyard - the metal smoker outpost cigarette receptor's neck had been broken off, exposing rusty jagged edges that could injure all. Deficiency corrected before Construction Surveyors departed the site. 3. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on February 16, 2017: a. SCU General Storage - the sink had a hose long enough to reach gray water and it was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. 4. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on February 16, 2017: a. SCU Soiled Linen/Holding - the exhaust Ventilation grille was falling out of the ceiling.	C 166		

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C 175	Continued From page 7	C 175		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on February 16, 2017: a. Bedrooms 301 and 303 - the shared Bathroom and Bedrooms for these double occupant bedrooms only had one towel bar for the four residents.	C 175		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff and visitors by not providing ground fault	C 188		

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C 188	Continued From page 8 protection to these devices. Findings on February 16, 2017: a. Shower Room near Bedroom 107 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the test button was pushed. b. Shower Room across from Bedroom 106 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the test button was pushed.	C 188		
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 observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on February 16, 2017: a. Med Room across from Main Dining- there were two one inch holes with cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. 100 Hall Med Room - the gypsum tape and joint compound were deteriorating allow an opening in the fire-resistance-rated ceiling	C 189		

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C 189	Continued From page 9 assembly. c. Mech Room - a firestopped pipe penetration had its sealant pulled out of the penetration of fire-resistance-rated ceiling, leaving an unprotected opening. d. Sprinkler Riser Room - there were gaps where the crown mold was removed not firestopped exposing penetrates of the fire-resistance-rated ceiling assembly. e. Corridor between Bedroom 212 and General Storage - the gypsum tape and joint compound were deteriorating allow an opening in the fire-resistance-rated ceiling assembly. f. Bedroom 406 Bathroom - there was a hole in the corridor wall not firestopped as it penetrate the smoke tight wall. 2. 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 February 16, 2017: a. Corridor near SCU Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. b. Exit near SCU Activity Room - the exit sign did not illuminate on backup power when tested. 3. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on February 16, 2017: a. Bedroom 118 - the corridor door was blocked open with a bed and will not close with normal force. Deficiency corrected before Construction Surveyors departed the site. b. Bedroom 118 - the corridor door was blocked	C 189		

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C 189	Continued From page 10 open with a bed and will not close with normal force. Deficiency corrected before Construction Surveyors departed the site. c. Bedroom 203 - the corridor door was blocked open with a bed and will not close with normal force. 4. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on February 16, 2017: a. Bedroom 107 - the corridor door did not latch into its frame when closed due to the bottom hinge being unattached. b. General Storage- the corridor door could not be closed and latched as boxes of supplies were stationed in front of the door. c. Bedroom 212 - the corridor door did not latch into its frame when closed due to the bottom hinge being unattached. 5. Based on observation, the electrical system was not being maintained safe. Findings on February 16, 2017: a. 100 Hall Med Room - The duplex quad electrical power receptacle was falling out of the wall. b. Corridor near Server Room - the lens to the light fixture as falling off. 6. Based on Observation, the Building was not maintained in a safe and operating, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on February 16, 2017: a. SCU Med Room - the lock side rail in the corridor door had split making operating the door	C 189		

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C 189	Continued From page 11 difficult. 7. Based on Observation, the Building was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work Findings on February 16, 2017: a. Exit near Bedroom 118 - the door closer could not close and latch the door allowing insects and vermin to enter the building.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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 116 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 February 16, 2017: a. Bedroom 406 Bathroom - the sink had a hot water temperature of 95 degrees Fahrenheit.	C 195		

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C 199	Continued From page 12	C 199		
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 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 February 16, 2017: a. Shower near Bedroom 107 - the exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors. b. Bedroom 211 Bathroom - the exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors. c. Bulk Laundry - the exhaust ventilation system did not work, allowing a build-up of odors. d. Bedroom 406 Bathroom - the exhaust ventilation system did not work, allowing a build-up of odors.	C 199		

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C 199	Continued From page 13 e. Bedroom 402 Bathroom - the exhaust ventilation system appeared to be running backwards.	C 199		