

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2017
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NAME OF PROVIDER OR SUPPLIER NEW BERN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2915 BRUNSWICK AVENUE NEW BERN, NC 28562
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Dennis Harrell on 2-22-2017.</p> <p>Records indicate this facility was first licensed as a Home for the Aged on 3-1-1980. The facility underwent an addition of two wings in 1983. Currently the facility is licensed for a total capacity of 108 beds. therefore the facility must meet the 1977 and the applicable components of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 (w/revisions) North Carolina State Building Code for Institutional Occupancy.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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", copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the exit doors are equipped with wanderer bracelet initiated Delayed Egress locking. The exits fail to comply with the</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>NC State Building Code that requires a sign on each locked door. Finding includes: The signs provided on the 3 exits out of the dining room are completely hidden behind blinds.</p> <p>2. Based on observation, a Delayed Egress exit failed to comply with the NC State Building Code that requires an audible signal in the vicinity of the door when egress is initiated. Finding includes: The Delayed Egress door in the Activity room sounded an alarm only in the TV room.</p> <p>3. Based on observation, some of the Delayed Egress exits failed to comply with the NC State Building Code that requires the doors begin the exit process when a force of not more than 15 pounds is applied. Findings include: a. The Delayed Egress exit from the left side of the dining room took approximately 50 pounds to initiate. b. The Delayed Egress exit near the TV room took approximately 75 pounds to initiate. c. The Delayed Egress exit in the TV room took approximately 100 pounds to initiate.</p> <p>4. Based on observation, 3 marked exits on the left side of the building lead into a secured courtyard. The courtyard is not large enough to provide an area of refuge as required by the NC State Building Code. Finding includes: The courtyard gate was padlocked and was an obstruction to exit discharge because staff did not carry keys to the lock.</p>	C 101		

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C 111	Continued From page 2	C 111		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the most recent Sanitation inspection for the kitchen was dated 9-29-2015. Buildings must be inspected and approved annually as required.</p>	C 111		
C 154	<p>Entrances/Exits-Wanderer Alarms</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview with staff, the facility houses 5 residents that are known to wander and are</p>	C 154		

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C 154	Continued From page 3 provided with wander bracelets. Based on observation, the exit doors are equipped with wanderer bracelet initiated Delayed Egress locking. No other alarm is provided at any of the exits. The exits near rooms 14 and 52 failed to lock when a wander bracelet was brought nearby. The exit near room 52 leads to a secure courtyard so it is not so great a hazard when the weather is not extreme. The exit near room 14 has no protection and could allow resident elopement. Note: A Plan of Protection was accepted for the exit near room 14 in which the facility will provide constant supervision for the exit until the Delayed Egress is repaired or an audible alarm is installed.	C 154		
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, mold was growing on the walls, ceiling and door of the corridor closet near the LHPS Nurse office.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

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C 166	<p>Continued From page 4</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on observation, the left exit from the Dining room was dragging and hard to open and close. An exit that is hard to open could delay or prevent an evacuation in an emergency. Based on observation, waste traps had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Findings include: <ol style="list-style-type: none"> Hopper was dry in the LHPS Nurse office, Hopper and mop sink dry in the former utility room near room 9, Based on observation, a sink had been removed and the wall drain not capped in the former utility room near room 9. Uncapped drains allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 	C 166		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>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</p>	C 185		

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C 185	Continued From page 5 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. Records must be maintained and available for review.	C 185		
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 observation, the Delayed Egress doors on the left side of the building failed to unlock when the fire alarm system was activated. Finding include exit doors in the following locations: a. Corridor near room 67, b. Corridor near room 72, c. Corridor near the TV room, d. TV room, e. Activity room,	C 189		

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C 189	<p>Continued From page 6</p> <p>f. Left side of the dining room.</p> <p>2. Based on observation, some of the Delayed Egress doors did not secure the door as designed. Findings include: a. Delayed Egress door near room 14 did not lock. b. Delayed Egress door near room 52 did not lock.</p> <p>3. Based on observation, several rooms had been damaged by water leaks several weeks ago and were being renovated. The smoke and/or heat detectors had been removed from the ceilings in the damaged rooms. Missing fire detection devices could delay activation of the fire alarm system in an actual fire. Findings include: a. Detectors had been removed from bedroom 69 and the adjoining bathroom and closet. b. Detectors had been removed from bedroom 71 and the adjoining bathroom and closet. c. Detectors had been removed from bedroom 73 and the adjoining bathroom and closet.</p> <p>4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that 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: a. Unfinished 3 ft. by 7 ft. patch in ceiling of bedroom 73, b. Unfinished walls and ceiling in bedroom 71 and the adjoining bathroom and closet, c. Unfinished walls and ceiling in bedroom 69 and the adjoining bathroom and closet,</p>	C 189		

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C 189	<p>Continued From page 7</p> <ul style="list-style-type: none"> d. Holes in the ceiling beside 2 smoke detectors in the front lobby, e. A portion of the ceiling, 18 inches by 18 inches, had fallen out in the bathroom off bedroom 61. f. Unsealed ceiling penetration in the exit foyer near room 52, g. Hole in wall in Bathroom/Spa near room 53, h. Hole in ceiling in corridor closet near room 48, i. Heat detector not properly mounted to ceiling in corridor closet near room 48, j. Heat detector not properly mounted to ceiling in soiled utility near room 47, k. Unsealed ceiling penetration in soiled utility near room 47, l. Unsealed ceiling penetration in Activity room, m. Ceiling register not properly mounted Activity room, n. Holes in the ceiling beside heat detector in the Activity room, o. Unsealed ceiling penetrations water heater room off kitchen, p. Plywood patch, 2 ft. by 4 ft., on ceiling in LHPS Nurse office, q. Heat detector not properly mounted to ceiling in oxygen storage closet, r. Heat detector not properly mounted to ceiling in corridor closet near room 13, s. Unsealed ceiling penetration in Chapel, t. Unsealed ceiling penetration in corridor closet near room 10, u. Heat detector not properly mounted to ceiling in corridor closet near room 10, v. Corridor ceiling not properly finished at smoke detector near the Administrator's office, w. Unsealed ceiling penetration in corridor closet near med room, x. Hole in ceiling of kitchen storage closet near dining room entrance. 	C 189		

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C 189	<p>Continued From page 8</p> <p>5. 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> <ul style="list-style-type: none"> a. The door to bedroom 13 would not latch when closed. b. The door to bedroom 19 would not latch when closed. c. The door to soiled utility near room 47 would not latch when closed. d. The door to bedroom 49 would not latch when closed. e. The door to bedroom 77 would not latch when closed. f. Hole by the latchset through the door to the corridor closet near the TV room, g. The door to the front laundry of approximately 130 ft. sq. was held open with a cement block. h. One of the doors to the kithcen was cut into 2 pieces like a Dutch door. The top portion was equipped with only a deadbolt and would not automatically latch when closed. Also, there was a gap of about 3/8 inch between the doors which would allow smoke and flame to pass through easily. <p>6. Based on observation, the GFCI type receptacle in the bathroom off bedroom 75 would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk.</p> <p>7. Based on observation, the key pad to allow entry at the Delayed Egress exit near room 67 had been removed and the outlet box left open.</p>	C 189		

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C 189	Continued From page 9 8. Based on observation, the fire alarm pull station provided at the exit from the Chapel was hanging out of the wall. Pull stations that are not properly installed may not work properly in an actual emergency. 9. Based on observation, the toilet in the Bath/Spa near room 42 was "out of order" and a sign was posted.	C 189		
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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 lights provided were not working in spaces. Findings include: a. No working lights in bathroom off room 75, b. No working lights in Biohazard.	C 197		
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	C 199		

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C 199	<p>Continued From page 10</p> <p>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: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Finding includes; The exhaust fan would not work in the bathroom off. bedroom 75.</p>	C 199		