

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/23/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUNNYSIDE RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 U.S. HIGHWAY 221 S. FOREST CITY, NC 28043</b>
--	--

(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	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Strickland on 02/23/2017:</p> <p>This facility was first licensed 07/01/1972 for 34 residents. Based on this information, we are requiring that this facility meet the 1967 North Carolina State Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 111	<p>Must Have Current San. &amp; 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: 1-Based on observations, this facility has failed to have current safety inspection reports.</p> <p>Findings on 02/21/2017: There is not a current Fire Marshal's safety inspection report nor Fire Alarm Testing report on site for review.</p>	C 111		
C 133	<p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL</p>	C 133		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/23/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUNNYSIDE RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 U.S. HIGHWAY 221 S. FOREST CITY, NC 28043</b>
--	--

(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 133	<p>Continued From page 1</p> <p><b>ENVIRONMENT</b></p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to maintained the installation of hand grips.</p> <p>Findings on 02/22/2017: (a) The toilet sidewall hand grips were not reinstalled after the bathroom renovation that is located in the Second Floor Bathroom.</p>	C 133		
C 153	<p>Exit Door Locks-Single Hand Motion</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b> <b>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</b></p> <p>(h) The requirements for outside entrances and exits are:</p> <p>(3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and</p> <p>This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to ensure that the correct door hardware is in place in the event of an emergency at all required exits.</p> <p>Findings on 02/22/2017: All of the exit doors have door hardware that has been changed to non-single motion type.</p>	C 153		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/23/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUNNYSIDE RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 U.S. HIGHWAY 221 S. FOREST CITY, NC 28043</b>
--	--

(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 164	Continued From page 2	C 164		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1-Based on observation, this facility has failed to maintained service and cleaning of HVAC air-distribution vents.</p> <p>Findings on 02/22/2017: The return-air grille has excessive particulate build-up that are located on the Second Floor.</p> <p>2-Based on observation, this facility has not maintained the wood finishes of the interior doors in good repair.</p> <p>Findings on 02/23/2017: The Men's Bath door on the First Floor has is scratched, marked and have damaged edges due wheel chair interaction.</p> <p>3-Based on observation, this facility has not maintained the securement of plumbing fixtures.</p> <p>Findings on 02/23/2017: The toilet is not secured to the floor that is located in the Women's Bathroom on the First Floor.</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/23/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SUNNYSIDE RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 U.S. HIGHWAY 221 S. FOREST CITY, NC 28043</b>
--	--

(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 189	Continued From page 3	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has failed maintained the posting of exit signs and emergency illumination in an event of an emergency on the Second Floor.</p> <p>Findings on 02/23/2017: There are not any directional exit signs and emergency illumination located in the Hallway that leads to the exit stairway that discharges to the First Floor exit.</p>	C 189		