

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/02/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE OAKS OF ALAMANCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1670 WESTBROOK AVENUE</b> <b>BURLINGTON, NC 27215</b>
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(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 a Biennial Follow Up Construction Survey by Ed Miller, conducted on March 2, 2017.  The following deficiencies cited during the previous Biennial Follow Up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. Several new citations were added.	{C 000}		
{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: 1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects residents, staff and visitors by preventing any deficiency that may be discovered with annual inspections from being corrected. Findings on December 14, 2016: a. Records indicate that the last Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72 was performed in Decembwer 2, 2015, exceeding the requirement to have the system inspected and tested at least annually to insure that the system works properly. b Records indicate that the last annual Annual Fire Alarm System Inspection and Testing Report, performed on December 2, 2015, listed a keypad annunciator at the FACP as not working.	{C 111}		

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

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{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>4. 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.</p> <p>Findings on September 6, 2016:</p> <p>a. Cross-Corridor Doors near Bedroom 110 - the exit sign did not work on backup power when tested. Exit signs must work on backup power to provide directions during power outages.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.</p> <p>Findings on September 6, 2016:</p> <p>a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in July 2016, there has been</p>	{C 189}		
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{C 189}	Continued From page 2  no record keeping of the monthly inspections. New Findings on March 2, 2017: a. Kitchen - per the semi-annual maintenance tag, the commercial kitchen hood's fire suppression system was last maintained in July of 2016.  11. Based on Observation, the Building was not maintained in a safe condition. This could affect residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on September 6, 2016: b. Bedroom 108 - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch.	{C 189}		
{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	{C 199}		

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{C 199}	Continued From page 3  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 September 6, 2016: a. Bio-Hazard Room near Bedroom 114 - this soiled linen room with utility sink did not have a working exhaust ventilation system and odors were present. Findings on March 2, 2017: aa. New exhaust ventilation unit was not pulling out air.  b. Bedroom 104 Bathroom- the exhaust ventilation system did not work.	{C 199}		