

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2017
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 Construction Section Biennial Survey by Dennis Harrell on 3-21-2017. Records indicate this facility was first licensed on or about 5-26-1989. Subsequent additions occurred in 1990, 1993, 1995, and 1999, bringing the total capacity of the facility to 88 beds. Based on this information, we are requiring the facility to meet the 1987 (Original Construction and 1st and 2nd additions), 1994 (3rd addition), and 1996 (4th addition) Rules for the Licensing of Adult Care Homes; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; the 1978 (Original Construction and 1st addition), 1991 (2nd and 3rd additions), and 1996 (4th addition) Editions of the North Carolina State Building Code for Institutional Occupancy, Section 409.1(c) Institutional, Unrestrained. The entire facility was sprinkled during under the 1996 North Carolina State Building Code.	C 000		
C 136	Drug Storage-Locked IV. The Building C. Physical Environment (10 NCAC 42D .1503) 6. Storage Rooms/Closets e. Drug Storage (2) All drugs (prescription and non-prescription drugs, including topical preparations) must be stored in a well lighted and well ventilated locked cabinet or closet except when under the direct supervision of employees approved to administer drugs. (3) This locked cabinet or closet must be large enough to store all drugs in an orderly manner. Dividers are to be installed or containers provided in the cabinet or closet drug cart, when used, to separate each resident ' s drugs with proper labeling for each resident.	C 136		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 136	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the medroom was found unlocked and unattended. The cabinets in the medroom that stored medications were also unlocked.	C 136		
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", 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, modifications have been recently made that fail to comply with Section 407.4 of the 2012 NC State Building Code. The smoke barrier doors that were between rooms 37 and 38 have been moved down the corridor to be the entry doors into a proposed Special Care Unit. The new location does not meet the requirements for a smoke barrier wall because there is no smoke barrier	C 101		

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C 101	Continued From page 2 wall in the attic above. Moving the doors to the new location puts the facility in non-compliance with the Building Code that requires the travel distance between smoke barrier walls not to exceed 200 feet. The new configuration makes the travel distance from exit 14 to the next smoke barrier wall approximately 290 feet. 2. Based on observation, the facility fails to comply with Table 508.2.5 of the 2012 NC State Building Code as relates to storage rooms with combustible storage which are larger than 100 square feet. The activity room across from room 45 is now being used as a storage room. The room is approximately 270 square feet and is therefore required to be one-hour fire protected with a 45 minute fire rated door and closer.	C 101		
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 in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding includes: A portable medical oxygen cylinder was found	C 166		

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C 166	Continued From page 3 laying on the floor in the medroom. 2. Based on observation, there was no key onsite to allow entry into spaces to survey for hazards. Findings include: a. No key to the bathroom off corridor near door to exit 13, b. No key to the bathroom off corridor next to the Chapel. 3. Based on observation, exits 13 and 14 lead to a fenced in courtyard that is too small to provide a safe refuge in a fire. The gates immediately outside the exits are padlocked. There is a Magnetically Locked gate about 160 feet away to the right but the path to that gate is not immediately obvious. Confusion in an emergency as to the proper exit path could delay or prevent an evacuation. 4. Based on observation some toilets were loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards. Findings include: a. Loose toilet in bathroom across from room 47, b. Loose toilet in bathroom near middle Hall laundry.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift 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 and copies furnished to the county department of	C 185		

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C 185	Continued From page 4 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 fire alarm system was showing a Trouble "Telco Line 2" condition. Fire alarms in Trouble may fail to operate properly when needed. 2. 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	C 189		

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C 189	<p>Continued From page 5</p> <p>the remainder of the facility. Findings include;</p> <ul style="list-style-type: none"> a. One of the smoke barrier doors near the nurse station failed to latch when closed. b. One of the smoke barrier doors near the kitchen failed to latch when closed. c. One of the smoke barrier doors near the room 8 failed to latch when closed. d. The door to the medroom was equipped with only a dead-bolt latch. Dead-bolts cannot automatically latch to contain a fire and smoke. e. The door to living room was wedged open. <p>3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in 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:</p> <ul style="list-style-type: none"> a. Unsealed penetrations in the ceiling of the riser room, b. Heat detector not properly mounted to the ceiling in the bathroom across from room 47, c. Ceiling radiation dampers and grills very dirty in middle Hall laundry, front Hall laundry and bath across from room 3. <p>4. Based on observation the sprinkler escutheons were loose or missing in locations. Sprinkler escutheons that are not tightly fitted to the ceiling present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include the following locations:</p> <ul style="list-style-type: none"> a. Kitchen storage near middle Hall laundry, b. Employee bath on front Hall, c. Corridor near front Hall laundry, d. Corridor near room 5, 	C 189		

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C 189	Continued From page 6 e. Corridor near room 32. 5. Based on observation, the battery powered emergency light in the dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility. Finding includes: A portable electric heater was found in bedroom 8.	C 191		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 195		

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C 195	Continued From page 7 (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: Based on observation, the hot water was 122 degrees F. in the bathroom off room 49.	C 195		
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: Based on observation the facility failed to	C 199		

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C 199	Continued From page 8 maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; The exhaust system provided was not working in the bathroom off room 49.	C 199		