

PRINTED: 04/20/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL047011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2017
NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT WAYSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 8398 FAYETTEVILLE ROAD RAEFORD, NC 28376		
(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 Construction Survey by Billy S. Bryant and Suzanna Fay conducted on 04/06/2017. Records indicate this facility was first licensed on 04/23/2015. The facility is currently licensed for 75 Beds. Therefore the facility was surveyed for conformance with applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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", 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 did not meet the building code requirements for special locking.	C 101	Special locking plan has been copied and displayed adjacent from the fire alarm panel. Maintenance director will monitor monthly.	4/12/17

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

CXKT21

If continuation sheet 1 of 5

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C 101	Continued From page 1 Finding on 04/06/2017: a. A wiring diagram and system components location plan of the special locking system was not displayed adjacent to the fire alarm panel.	C 101		
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. The facility failed to have a current (within the calendar year) required fire marshal's inspection report on site for review by the surveyor. Finding on 04/06/2017: a. A current fire marshal's or the local authority having jurisdiction inspection report was not available for review at the facility at the time of the survey.	C 111	The Hoke County Fire Marshall was contacted for inspection of facility and inspection is completed.	4/11/17
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.	C 164		

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If continuation sheet 2 of 5

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C 164	Continued From page 2 This Rule is not met as evidenced by: Based observation the facility was not free from chronic unpleasant odors. Finding on 04/06/2017: Room 309 - The room had a strong urine odor that permeated from the room into the immediate vicinity of the corridor.	C 164	Room 309 had a strong urine odor, the room has been deep cleaned and a check sheet has been given to the housekeeper to checked on daily. The Maintenance supervisor will monitor. Th ED will also monitor daily.	4/11/17
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 there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Smoke resisting cross corridor doors are required to close completely and latch in the event of a fire. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Finding on 04/06/2017: a. The cross corridor fire resistant rated door did not latch to remain closed when released from its magnetic hold open device.	C 189	The smoke resisting cross corridor doors has been repaired and now completely closes and latches. Maintenance supervisor will check doors periodically to ensure they are closing and latching properly. ED will also monitor.	4/11/17

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C 199	Continued From page 4 (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 the facility failed to provide the required exhaust ventilation equipment in spaces required to be mechanically exhausted by rule. Finding on 04/06/2017: a. 100 Hall - The central exhaust system was not functioning in rooms 109 through 114. b. 200 Hall - Storage Room, Adjacent to Room 212 - The individual exhaust fan did not operate when switched on.	C 199	Exhaust system for 100 hall, 200 hall and 109-114 has not been completed. A contact has been called for repairs	6/9/17