

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL041054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLAPP'S ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4558 PLEASANT GARDEN ROAD PLEASANT GARDEN, NC 27313</b>
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C 000	Initial Comments  Report of Construction Section Biennial Survey by Dennis Harrell on 3-8-2017.  Records indicate this facility was first licensed on 11-9-2004 as a HA for 30 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 2002 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 2004 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.	C 000	This plan of correction will serve as the facility's allegation of compliance. Preparation and submission of this plan of correction is in response to HCFA 2567 for the 3/16/2017 survey and does not constitute an agreement or admission of Clapp's Nursing Center of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiencies. This plan of correction is prepared and submitted because of the requirements set forth by DHSR throughout the time period stated in the statement of deficiencies. In accordance with state and federal law, however, submits this plan of correction to address the statement of deficiencies and to serve as it's allegation of compliance with the pertinent requirements as of the dates stated in the plan of correction and as fully completed as of 4/19/2017.	
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: Based on a review of documents, the most recent Sanitation inspection for the kitchen was dated 1-14-2016. Buildings must be inspected and approved annually as required.	C 111	C111 The health inspector was informed by Administrator on 3/6/17, in person, that the kitchen health inspection was overdue while he was in the facility for the building health inspection. Health inspector stated he was aware inspection was behind and that he would get to it when he had time. On 3/9/17, Administrator called health inspector and left a voicemail informing him Life Safety would be issuing a citation	3-9-17
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	C 166		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Danielle Holloway*  
TITLE  
*Administrator*  
(X6) DATE  
*3/30/17*

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C 166	<p>Continued From page 1</p> <p>hazards; (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, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked all the way to the ceiling in the Maintenance office.</p> <p>2. Based on observation, there was no documentation of monthly inspections provided on the range hood fire suppression system inspection tag. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere, such as on the tag provided at the system pull.</p>	C 166	<p>to the facility due to the health department being behind on the kitchen inspection. Administrator also requested health inspector mail or email the Administrator a written explanation as to why the inspection was behind. To date, no response has been received from health inspector. As an attempt to prevent health inspections from being overdue in the future, the facility will contact health department prior to inspection being due and request an explanation for the lateness of the inspection if they are unable to perform the inspection on time.</p> <p>C166 All storage in the maintenance office within 18 inches of the ceiling was removed on 3/8/17. Maintenance director was educated on 3/8/17 that no storage is to be within 18 inches of a sprinkler head anywhere throughout the facility. Administrator or designee will perform quarterly building inspections on-going to ensure no storage is kept within 18 inches of a sprinkler head. Maintenance Director was also educated by Life Safety Surveyor and Administrator on 3/8/17 that a monthly inspection must be completed and documented on the range hood fire suppression system. Monthly inspections will be completed monthly by Maintenance</p>	
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>1. Based on observation, many corridor doors</p>	C 189	<p>to the facility due to the health department being behind on the kitchen inspection. Administrator also requested health inspector mail or email the Administrator a written explanation as to why the inspection was behind. To date, no response has been received from health inspector. As an attempt to prevent health inspections from being overdue in the future, the facility will contact health department prior to inspection being due and request an explanation for the lateness of the inspection if they are unable to perform the inspection on time.</p> <p>C166 All storage in the maintenance office within 18 inches of the ceiling was removed on 3/8/17. Maintenance director was educated on 3/8/17 that no storage is to be within 18 inches of a sprinkler head anywhere throughout the facility. Administrator or designee will perform quarterly building inspections on-going to ensure no storage is kept within 18 inches of a sprinkler head. Maintenance Director was also educated by Life Safety Surveyor and Administrator on 3/8/17 that a monthly inspection must be completed and documented on the range hood fire suppression system. Monthly inspections will be completed monthly by Maintenance</p>	3-13-17

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C 189	<p>Continued From page 2</p> <p>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> <p>a. The door to the Business office was cut into 2 pieces like a Dutch door. There was no automatic latch provided on the top half. b. The door to the ice machine room will not latch when closed and the latch strike is missing. c. The latch strike is missing on the door to the kitchen. d. The door to the breakroom will not close and latch. e. The door to the upper day room was blocked open with a chair. f. The door to room 321 could not immediately close and latch because of a cord in the doorway. Note: This deficiency was corrected during the survey.</p> <p>2. 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> <p>a. The attic access door in the Maintenance office was a single layer of gypsum board supported by wood casing. b. Unsealed conduit sleeve in the ice machine room, c. The ceiling was damaged at a water heater flue in the housekeeping room.</p> <p>3. Based on observation, the GFCI type</p>	C 189	<p>Director beginning March 2017. Administrator will monitor the completion of these inspections quarterly x 1 year to ensure inspections are completed timely. C189 The top half of the door to the business office will have an automatic latch applied prior to April 19<sup>th</sup>, 2017. The door to the ice machine room now has a strike and will latch appropriately. A latch strike has been applied to the kitchen door. The door to the breakroom has been fixed so it will now close and latch appropriately. The chair blocking the door to the upper day room was removed immediately during the survey on 3/8/17. The oxygen tubing blocking the doorway to room 321 was moved out of the doorway immediately during the survey as well. All staff will be in-serviced prior to April 19<sup>th</sup>, 2017 regarding the importance of making sure all doorways are clear so they can be closed and latched in the event of an emergency. To ensure on-going compliance, Administrator or designee will perform quarterly building inspections on-going to ensure all doorways remain free and clear at all times.</p>	4-16-17

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C 189	Continued From page 3 receptacle in the men's public bathroom and the bathroom off room 102 would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk.	C 189	The wood casing around the attic access door was removed and the area was enclosed with gypsum board. The conduit sleeve in the ice machine room was sealed with fire caulking. The ceiling in the housekeeping room was repaired.	
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: There was a portable electric heater found in the sprinkler riser room.	C 191	The GFCI receptacle in the men's public bathroom off room 102 was repaired so it will now trip when tested. C191 The electric heater that was being stored, but not used, in the riser room was removed during the survey on 3/8/17. Maintenance Director was educated on 3/8/17 by Administrator and Life Safety Surveyor that electric heaters are not allowed in storage rooms or anywhere on facility property at any time. To monitor the compliance this regulation, Administrator or designee will perform quarterly building inspections on-going to ensure no electric heaters are stored anywhere on facility property.	3-9-17