92/16/

PRINTED; 03/10/2017 FORM APPROVED

Ovision of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPFLIER/CLIA AND PLAN OF CORRECTION DENTIFICATION NUMBER:		P-4 - 4-2	LE GONETRUCTION	(XX) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION   IDENTIFICATION MONBER		A. BUILDING	: 01	COMPLETED		
HAL081842		B. WING	Marine	02/23/2017		
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
SUNNYS	IDE RETIREMENT HO	250.50	HIGHWAY 2			
		FOREST	CITY, NO 28			
PREFIX TAG	(SACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL SCIDENT/PYING INFORMATION)	PREFIX TAB	PROMDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROX DEFICIENCY)	38 G	COMPLETE DATE
C 000	Initial Comments		C 000			,
-	Construction Section Frank Strickland on	n Blennial Survey report by 02/23/2017:				
	residents. Based o requiring that this fa Cerolina State Build and Desired Stands Homes for the Aged portions of the 2005 Adult Care Homes of	t licensed 07/01/1972 for 34 in this information, we are icitity meet the 1967 North ing Code, the 1971 Minimum and Regulations for and Infirm and the applicable Rules for the Licensing of of Seven or More Beds.  een cited and a Plan of ed.			i Andreas	
Ç 111	Must Have Current	San, & Fire Safety Reports	C 111			
	fire and building sat		۲	Tire and sommation reports were locked outside admin off		
	This Rule is not me 1-Based on observe have current safety	tions, this facility has failed to		You - Copies are n	dis	
		017: nt Fire Marshal's safety r Fire Alarm Testing report on	-	were Faxed pres	,	
C 133	Bathrooms-Hand G	rips	C 133			
	SECTION .0300 - P. 10A NCAC 13F .030					
NVIBION of HI	path Service Regulation CIRRETTANS OR PROVID	ERISUPRIJER PISRIMOEKSKAVEE'S SIGN	MATURE .	// TITLE		(XII) DATE :

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL081042 B. WING 02/23/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1600 U.S. HIGHWAY 221 S. SUNNYSIDE RETIREMENT HOME FOREST CITY, NC 28043 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 133 Continued From page 1 C 133 ENVIRONMENT (e) The requirements for bathrooms and toilet (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents: This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to maintained the installation of hand grips. 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. C 153 Exit Door Locks-Single Hand Motion C 153 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to HAII exit doors have Been charged to single hand motion ensure that the correct door hardware is in place in the event of an emergency at all required exits. Findings on 02/22/2017: All of the exit doors have door hardware that has been changed to non-single motion type.

QD7021

r	Division	of Health Service R	egulation			FORM A	PPROVE
l	STATEME AND PLAN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	002) MULT	TIPLE CONSTRUCTION		
ŀ	71107104	AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDI		(X3) DATE SURVEY COMPLETED	
l				1		00	a I CD
ŀ			HAL081042	B. WING			
	NAME OF	PROVIDER OR SUPPLIER	PTDEET AS			02/23	/2017
	SHMNVe	IDE DEVIDENCE	1800 () =		Y, STATE, ZIP GODE		
	30141473	IDE RETIREMENT HO	ME FOREST	. HIGHWAY CITY, NÇ	7 ZZ1 S.		
	(X4) ID	SUMMARY STA	TEMENT OF DESIGNATION				_
	PRÉFIX TAG	LEAGH DEFICIENCY	MUST BE PRECEDED by me.	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	IN	(XIS)
		THE GOOD OF LE	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE DATE
_	C 164	Continued Frances	- 2	-	DEFICIENCY)		
		continued From pag	•	C 164		T	
	C 164	Housekeeping and i	Furnishings-Clean, Repaired	C 164			
	- 1	SECTION .0300 - PI	HYSICAL PLANT		1	- 1	
	i	FURNISHINGS	6 HOUSEKEEPING AND				
		(a) Adult care homes	s shall			i	
	)	<ol><li>have walls, ceilir</li></ol>	igs, and floors or floor				
		coverings kept clean	and in good renair			1	
	- 1	(2) have no chronic	Unpleasant orders:				
	- 1	(a) have rumiture cit	ean and in good repair;				
		facilities	pply to new and existing				
					1		
	1.	This Rule is not met	as evidenced by:		l		
		1-based on observat	on, this facility has folled to	1-	all cleaning of HUA	_	
	11	maintained service a air-distribution vents.	nd disaning of HVAC /	, .	our yents has been		- 1
	- 1	all-distribution vents,	1		This the	L, 1	
		Findings on 02/22/20	17:		completed This has	hed	- 1
	1.7	The return-air grille h	BS excessive particulate		nos rido de no		- 1
	į t	build-up that are locat	ted on the Second Floor.		to will cleaning		
	- 1				Check sheet		
	12	-Based on observati	on, this facility has not			!	
	i	namamed the wood: ngood repair.	finishes of the interior doors	Q-	Dook was replace	D	1
	- 1"	good (cpail.	i		Danc was report	_	
	F	indings on 02/23/201	17:			1	
	1.7	he Men's Bath door	on the First Floor han in			ĺ	- 1
	S	cratched, marked an	d have dampged edges due.				- 1
		heel chair interaction	1,				
	3	Based on observation	on, this facility has not	i			- 1
	m	aintained the secure	ment of plumbing fixtures.			1	
	1		(	!		!	1
	(E	indings on 02/23/201	7:				
	1.0	the tollet is not secure	d to the floor that is located	1	thirt was fixed AND		
	i nu	ule women's Bathro	com on the First Floor.	-3	to let was fixed and secured to Floor.		- 1
				İ	THE PERSON NAMED IN	j	
	j		1			1	1
ik	n of Health	Sendos Bendatle				1	- 1

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL081042 B. WING 02/23/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1600 U.S. HIGHWAY 221 S. SUNNYSIDE RETIREMENT HOME FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY C 189 Continued From page 3 C 189 C 189 Building Equipment Maintained Safe, Operating C 189 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 cere 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, this facility has failed HEVIT SIGN WAS maintained the posting of exit signs and emergency illumination in an event of an emergency on the Second Floor. installed Findings on 02/23/2017; TOP of stairwell vas painted RED 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.

007021

## Fire Alarm and Life Safety System Inspection Certificate

For

Sunnyside Retirement Home 1600 US Highway 221 South Forest City, NC 28043

Tested to NFPA 72 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date Oct 5, 2016

> Building: Sunnyside Retirement Home Contact: Tammy N/A Title: N/A

Company: AlarmSouth Contact: Ioe Bridges Title: Service Teah



## RUTHERFORD COUNTY INSPECTION DEPARTMENT

141 West Third St. • Rutherfordton, NC 28139 (826) 287-6035 • Fax: (826) 287-6338

## MISSION STATEMENT

The Rivihoriord County Inspection Department's mission is to assist the public in the protection of the and property by minimizing the impact of the and potential disasters or events that affect the community and environment.

FIRE INSPECTION REPORT					
DATE OF A A A A	TIME				
INSPECTION LOCAL DATE DATE	11:1	DATE OF REIN	SPECTION	TYPE OF INSPECTION	
OCCUPANT!	160	2011		ZiPoutine Inspection 130.0.	
OCCOUNTAGE TO	1.	INSPECTION S		DPskupection DTEST	
Junyside Kr	firement	□ 6 Mon	≤1 Year	DFollow up	
ADDRESS:				DWalk Through D	
1.00 110 201	<i>( ) [ ,</i>	□ 2 Year	3 Year	Public Complaint	
BLDG/SHOPPING	they		- o rear	Tank installation/Removal	
CENTED WHITE	/	WARNING CITAT	TON ISSUED	OSprinkler 13, 13D, 13R, 231,231C	
CENTER NAME:		□ YES	PNO		
CONTACT:	TELEPHONE:	DOM: OFFI	-	PERMIT REQUIRED	
Office	THE COME	CIVIL CITATION	NISSUED	DYES DNO	
	184 5015		,ano	STATUS INITIALS	
BUILDING INFORMATION	OCCUPA	NCY TYPE			
YES		2 Institution	a l	Approved for Release	
SPRINKLER SYSTEM	NO DAmentality  Disputations  Disputations	☐ Marcantile		□ Not Approved for Release	
		☐ Miscellane ☐ Residentia	ous s	Approved for	
NUMBER OF EXITS HEIGHT	DFactory and	Storage	'	Conditional Reisage	
HOMBER OF EATIS	☐Heastdogs				
10. Pira Extinguishers			7	Date Entered	
10.1 Mounting beight 3 - 5 feet	20 Fire alarm system		30 Sp	inkler eyetem	
☐ 10.2 Annual service due	20.1 Zone maps needed 20.2 Annual service due		□ 30.1	Annual service due	
2 10.3 Needs recharging	20.3 Horms/Strobes needed		130.2	Clearance for sprinkler head	
□ 10.4 Blocked	D 20.4 Pull stations blocked		0 30.3	Sprinkler heads need cleaning	
D 10.5 # needed	20.5 Detector problems		0 30.4	Spare sprinkler heads needed identify FDC	
□ 10.6 Type needed □ 10.7	□ 20.6		20.5	Fire hydrant problem.	
U 10.7			□ 30.7	rare nyurant promem	
44			13 30.1		
40. Exits  12 40.1 Atales obstructed/blocked	50 Heating/Cooking		60 Flan	unable Liquids	
40.2 Exits/corridors/stateways	© 50.1 Improper/unsafe heating cooking appliances	£ ot	□ 60.1 I	EDDF000cr true / storogo	
locked and/or blocked	50.2 Glearance to combustib	la	□ 60.2 E	accessive attantities	
□ 40.3 Exit signs needed	□ 50.3 Hood sout-annual servi	on due	D 60.3 E	roproper dispensing devices	
© 40.4 Repair exit light flatures	□ 50.4 Clean hood/cooking equ	frmeet	D 60.4 (	Instable storage Interial identification	
☐ 40.5 Emergency lighting needed	D 50.5	-p		pill containment	
□ 40.6			D 60.7	ing containisting	
70 6					
70. General fire precautions  □ 70.1 Remove rubbish/	88 Floctrical		90 Ema	rency planning/prepardness	
ignitable vegetation	□ 80.1 Cover plates needed	f	D 90.1 D	esign/post evacuation plans	
☐ 70.2 Post "No Smoking" signs	D 80.2 Protect wires D-80.3 Befactive/misused exten		U 90.2 N	eed MSDS sheets	
D 70.3 Safeguard vacant premises	☐ 80.4 Maintain panel dearance	don cords	C 90.5. E	azhist placard peeded ondust fire drills	
C: 70.4 Vehicle impact protection	□ 80.5 Protect open splices		C 90.5 M	laintain fire apparatus access	
needed	□ 80.6	1	r	oads	
70.5		-	□ 90.6 D	isplay address numerals	
001111111111111111111111111111111111111			D 90.7		
COMMENTS:					
March 1	11 111	,			
Missed textention ford Can't proje back lands, 24in					
No and Constitution of State o					
The text of the sent of the se					
De Jeal, L'Attracioner over Charged in Land Rome Man 1 -2					
in stores tarlains, Town tresh to make Find 5					
James product from Cleanance					
Whomen (alle to comet a di		II 009	ITINUED ON SU	PPLEMENTAL INSPECTION REPORT	
Whoever falls to comply with any order issued by the Fire day's continuing violation of this code is a separate and cis	inspector or his authorized representative me		misdemeanor as	provided by G.S. 148-136 (h). Each	
COPY PROCEIVED BY:	1707-170				
Print Name)	1 Indicate	OR:			
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Servery HOULINGINS IA	dininistration &	~~ B	conto		
	A CONTRACTOR OF A STATE OF THE	/ 1 II 7 I			