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P002/007

PRINTED: 03/10/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2017
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NAME OF PROVIDER OR SUPPLIER
SUNNYSIDE RETIREMENT HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
1600 U.S. HIGHWAY 221 S.
FOREST CITY, NC 28043

(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)	DATE COMPLETE DATE
C 000	Initial Comments Construction Section Biennial Survey report by Frank Strickland on 02/23/2017: This facility was first licensed 07/01/1972 for 34 residents. Based on this information, we are requiring that this facility meet the 1987 North Carolina State Building Code, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds. Deficiencies have been cited and a Plan of Correction is required.	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 observations, this facility has failed to have current safety inspection reports. Findings on 02/21/2017: There is not a current Fire Marshal's safety inspection report nor Fire Alarm Testing report on site for review.	C 111	<i>Fire and Sanitation reports were locked in outside Admin office - staff did not have a key - copies are now located in main bldg med room - copies were FAXED</i>	
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 133		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Holly Latus

TITLE

411-17

(X5) DATE

Division of Health Service Regulation

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

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C 164	Continued From page 2	C 164		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(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, this facility has failed to maintained service and cleaning of HVAC air-distribution vents.</p> <p>Findings on 02/22/2017: The return-air grille has excessive particulate build-up that are located on the Second Floor.</p> <p>2-Based on observation, this facility has not maintained the wood finishes of the interior doors in good repair.</p> <p>Findings on 02/23/2017: The Men's Bath door on the First Floor has is scratched, marked and have damaged edges due wheel chair interaction.</p> <p>3-Based on observation, this facility has not maintained the securement of plumbing fixtures.</p> <p>Findings on 02/23/2017: The toilet is not secured to the floor that is located in the Women's Bathroom on the First Floor.</p>	C 164 C 164	<p>1- all cleaning of HVAC air vents has been completed. This task has now been added to weekly cleaning check sheet</p> <p>2- Door was replaced</p> <p>3- toilet was fixed and secured to floor</p>	

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C 189	Continued From page 3	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has failed maintained the posting of exit signs and emergency illumination in an event of an emergency on the Second Floor.</p> <p>Findings on 02/23/2017: 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.</p>	C 189	<p>EXIT SIGN WAS INSTALLED</p> <p>- TOP OF STAIRWELL WAS PAINTED RED</p>	

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: Joe Bridges
Title: Service Tech



RUTHERFORD COUNTY INSPECTION DEPARTMENT

141 West Third St. • Rutherfordton, NC 28139
(828) 287-6035 • Fax: (828) 287-6338

MISSION STATEMENT

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

FIRE INSPECTION REPORT

DATE OF INSPECTION <u>April 25th 2016</u>		TIME <u>11:15</u>	DATE OF REINSPECTION <u>2017</u>	TYPE OF INSPECTION	
OCCUPANT <u>Sunnyside Retirement</u>		INSPECTION SCHEDULE		<input checked="" type="checkbox"/> Routine Inspection	<input type="checkbox"/> C.O.
ADDRESS: <u>1600 US 221.5 Hwy</u>		<input type="checkbox"/> 6 Mon <input checked="" type="checkbox"/> 1 Year		<input type="checkbox"/> Reinspection	<input type="checkbox"/> TEST
BLDG/SHOPPING CENTER NAME:		<input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year		<input type="checkbox"/> Follow up	<input type="checkbox"/>
CONTACT: <u>Office</u>		WARNING CITATION ISSUED		<input type="checkbox"/> Walk Through	<input type="checkbox"/>
TELEPHONE: <u>866-3025</u>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> Public Complaint	<input type="checkbox"/>
BUILDING INFORMATION		CIVIL CITATION ISSUED		<input type="checkbox"/> Tank Installation/Removal	<input type="checkbox"/>
SPRINKLER SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> Sprinkler 12, 13D, 13R, 231, 231C	
ALARM SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERMIT REQUIRED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
AREA _____ HEIGHT _____		STATUS _____		INITIALS _____	
NUMBER OF EXITS _____		OCCUPANCY TYPE		<input type="checkbox"/> Approved for Release _____	
		<input type="checkbox"/> Assembly		<input type="checkbox"/> Not Approved for Release _____	
		<input type="checkbox"/> Purchase		<input type="checkbox"/> Approved for Conditional Release _____	
		<input type="checkbox"/> Daycare		Date Entered _____	
		<input type="checkbox"/> Educational			
		<input type="checkbox"/> Factory/ind			
		<input type="checkbox"/> Hazardous			
		<input checked="" type="checkbox"/> Institutional			
		<input type="checkbox"/> Miscellaneous			
		<input type="checkbox"/> Residential			
		<input type="checkbox"/> Storage			
		<input type="checkbox"/>			

COMMENTS:

Miscellaneous Extension cord can't provide basic cords, 24in clearance for storage, Charge dead Extinguishers, All Exit corridors need to be clear, Extinguisher over charged in Laundry Room, Mount Extinguisher in Garage building, Train track to meet Exit Fireman's clearance.

CONTINUED ON SUPPLEMENTAL INSPECTION REPORT

Whoever fails to comply with any order issued by the Fire Inspector or his authorized representative may be charged with a misdemeanor as provided by G.S. 143-138 (h). Each day's continuing violation of this code is a separate and distinct offense as provided for G.S. 180A-178.

COPY RECEIVED BY:
Print Name)

INSPECTOR:

Signature)

Holly Davis / Administrator Clay Blair