

PRINTED: 02/27/2017
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/08/2017
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NAME OF PROVIDER OR SUPPLIER ONSLow HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28546
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(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	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Strickland and Chris Sluder on 02/08/2017:</p> <p>Records indicate this facility was first licensed on 09/18/1988 as a Home for the aged. The facility is currently licensed for One-Hundred Sixty (160) Beds. Therefore, this facility is required to meet the 1984 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2006 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Revision 5) Section 409- Institutional Occupancy- Unrestrained</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000	<p>Responses to cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusions set forth in the statement of deficiencies; the Plan of Correction is prepared solely as a matter of compliance with state law.</p>	
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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;</p>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* MA
TITLE: Administrator
DATE: 3-14-17
STATE FORM 61R321 If continuation sheet 1 of 9

PRINTED: 02/27/2017
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C 101	Continued From page 1 This Rule is not met as evidenced by: 1-Based on observation, the facility failed to meet the requirements of the NC State Building Code in effect at time of alteration. The Building Code permits the installation of delayed egress on exit doors of buildings that are protected throughout, by an approved supervised automatic fire detection system or an automatic sprinkler system. In buildings that are not protected throughout, there could be a dangerous delay in detecting the start of a fire. Findings on 02/08/2017: (a) There are not any fire detection devices in the Resident Bedroom closets. (b) There are not any fire detection devices in the Administrative Offices.	C 101	Fire Alarm Inspection Report completed by First Fire Protection, Inc. on 2/17/17 and confirmed that the "Alarm Notification" & Signalling Line Circuits, On-going review of information regarding bedroom closets and administrative offices is being discussed and reviewed with BMS to determine the best course of action for findings.	3-14-17
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 all the safety inspection reports. Findings on 02/08/2017: a. The last 6-month inspection of the Kitchen range hood fire-suppression system was completed in February 2016. b. There is not a current annual NFPA 72	C 111	Inspection completed on 3-3-17 on Kitchen range hood fire-suppression system. (copy of inspection attached) Annual NFPA 72-Fire Alarm inspection completed	3-3-17 2-17-17

Division of Health Service Regulation
STATE FORM

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If continuation sheet 2 of 0

PRINTED: 02/27/2017
FORM APPROVED

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER ONSLow HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28548		
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C 111	Continued From page 2 inspection and testing report of the fire alarm system on site.	C 111	Fire Alarm Inspection Report completed	2-17-17
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0300 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. This Rule is not met as evidenced by: 1-Based on observations, this facility has failed to maintain all walls in good repair. Findings on 02/08/2017: The exterior window that is located in the corner has glass that is broken in the lower sash unit in the Control Room/Zone 2. 2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards Findings on 02/08/2017: (a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2. (b) Sheet vinyl flooring is unattached to the floor that is located in Room 57 Bath (c) The ceramic floor tile is broken and unattached to the concrete slab in the roll-in shower that is located at the Main Bath/Zone 2.	C 164	10A NCAC 13F .308 SECTION.300 1-Work request for broken glass window has been submitted to BMS maintenance for repair. A request for quotes of coat repair has also been submitted as well. 2-Work request for Sheet vinyl flooring unattached to the floor located in Main Bath/Zone 2, the ceramic floor tile is broken in the roll-in shower that is located in roll-in shower has been submitted to BMS maintenance for repair.	2-9-17 2-9-17

Division of Health Service Regulation
STATE FORM

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If continuation sheet 3 of 9

PRINTED: 02/27/2017
FORM APPROVED

Division of Health Service Regulation

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C 164	Continued From page 3 3-Based on observations, this facility has failed to maintain the service and condition of plumbing fixtures in the Bathing Areas. Findings on 02/08/2017: The toilet is not secured to the floor that is located in the Bathroom/Zone 5. 4-Based on observations, this facility has failed to maintain the finish surfaces on all interior doors. Findings on 02/08/2017: Many resident room entry doors are scratched and have damaged finishes on the lower part of the door. Interview with facility staff revealed that the damage is caused by residents' wheel chairs.	C 164	3-Work request submitted to BMS maintenance for Bathroom Toilet repair in zone 5. Repair completed the following week of 2-16-17 4-An on-going work request submitted to BMS maintenance prior to bi-annual inspection, Please note: that the nature of this finding. At times due to residents bumping wheelchairs into doors. Administrator and BMS are reviewing and discussing strategies to remedy this on-going area of concern. Due to the size of the facility and cost involved in this repair. Due to the nature on how the damage occurs. Administrator and BMS are also discussing ways to place the doors on a rotating maintenance schedule once the doors are repaired - to minimize this area of concern. Completion date: 4-14-17	2-9-17 2-16-17 2-9-17 3-26-17 3-14-17 (on-going)
C 186	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 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 review of documentation, the facility did not document rehearsals of fire drills quarterly for each shift as required by the Fire Prevention	C 186	10A NCAC 13F .0309 Fire Drill conducted on 2-9-17 on 2nd shift. In-service completed on the importance of fire drills being conducted during each quarter on every shift. Fire Drill protocol distributed to All STAFF ON ALL shifts. From this date forward the administrator will monitor fire drill log at least quarterly to ensure that fire drill/rehearsals are completed on every shift at least quarterly.	4-14-17 2-9-17

Division of Health Service Regulation
STATE FORM

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Continuation sheet 4 of 9

PRINTED: 02/27/2017
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NAME OF PROVIDER OR SUPPLIER ONSLow HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28646		
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C 185	Continued From page 4 Code. Findings on 02/08/17 a. There was not a fire drill documented for third shift during the third quarter of 2016. b. There was not a fire drill documented for first, second or third shift during the fourth quarter of 2016.	C 185		
C 180	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, this facility has not maintained in a safe manner the one-hour roof/ceiling assembly construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 02/08/2017: The following locations have damaged lay-in sheet rock panels and ceiling grid (Components of the one-hour roof/ceiling assembly). (a) The Treatment Room/Zone 1.	C 180	10A NCAC 13F .0311 1-The locations with damaged lay-in sheet rock panels and ceiling has been submitted to BMS as a work order request. 2a-10a-findings Findings submitted to BMS maintenance as work requests. Listed areas of concern are in process. Administrator informed Maintenance Technician-BMS. BMS will continue to consult with BMS District Manager and Administrator at least weekly to develop the best course of action to take with this area of concern, and to ensure that the areas of concern are continuing to be addressed and handled in the most efficient manner. Administrator will contact BMS at least weekly until areas of concern are resolved and in compliance. date of completion: 4-14-17 3a & b- HVAC ductwork -ceiling penetration in the laundry room/zone 3 and ceiling penetration in the utility room/zone 3BMS-maintenance Technician has been made aware and has requested materials for repair. Administrator will monitor this area of concern weekly until repairs needed are in compliance. (on-going through 3-29-17) date of completion: 4-14-17 10b-one of the cross corridor doors in the fire-well by the activity room catches on the flooring and does not automatically close when released by the hold open magnet - The door has been repaired	2-9-17 3-13-17 2-8-17(BMS) made aware 3-26-17 Date of completion: 4-14-17 2-5-17

Division of Health Service Regulation
STATE FORM

6888

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If continuation sheet 5 of 9

PRINTED: 02/27/2017
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C 189	<p>Continued From page 5</p> <p>(b) Storage/Room 68 (c) Utility Room/Zone 3 (c) Hallway outside Crafts Room/Zone 6 (d) Janitor Closet/Bath/Zone 4</p> <p>2- Based on observation, this facility has not maintained the smoke-barrier wall construction. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p>Findings on 02/08/2017: There is coaxial cable and other wiring penetrations in the smoke-barrier wall construction that are not fire protected located above the ceiling in Room 51.</p> <p>3- Based on observation, the facility has not maintained the penetrations of HVAC ductwork that penetrate the roof/ceiling assembly. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.</p> <p>Findings on 02/08/2017: The following locations have HVAC ductwork that penetrations of the fire-rated sheet ceiling that are not protected by a metal angle or flange covering the gap: (a) The ceiling penetration in the Laundry Room/Zone 3. (b) The ceiling penetration in the Utility Room/Zone 3.</p> <p>4- Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner as evidenced by gaps and open penetrations in the fire resistant rated ceilings. Fire resistant rated ceilings must be free of gaps and openings in order to resist the spread of fire</p>	C 189		

Division of Health Service Regulation
STATE FORM

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If continuation sheet 9 of 9

PRINTED: 02/27/2017
FORM APPROVED

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C 189	<p>Continued From page 8</p> <p>and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could affect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Findings on 02/08/2017: The following locations have ceiling penetrations that are not fire-protected: (a) There are electrical conduits penetrating the ceiling that are located in the Control Room/Zone 2. (b) Hole in ceiling panel at B Side Hall Door/adjacent to Control Room/Zone 2.</p> <p>5-Based on observations, this facility emergency illumination has not been maintained in a safe manner. This would affect all residents, staff and visiting's guests by not providing illumination in the paths of egress in the event of an emergency.</p> <p>Findings on 02/08/2017 The emergency light fixture that is located in the Main Lobby did not illuminate when tested on the emergency mode.</p> <p>6-Based on observations, this facility has failed to maintain the service and condition of all surface mounted light fixtures.</p> <p>Findings on 02/08/2017: The light fixture lens are cracked/broken located in the Crafts Room.</p> <p>7-Based on observation, this facility has not maintained in a safe manner by improper storage of oxygen cylinders. This could affect all residents and staff by potentially exposing them to hazards from a ruptured cylinder.</p> <p>Findings on 02/08/2017:</p>	C 189		

Division of Health Service Regulation
STATE FORM

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If continuation sheet 7 of 9

PRINTED: 02/27/2017
FORM APPROVED

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C 189	Continued From page 8 a. One of the hair-dryer units in the beauty shop has had the ground post broken-off the power chord, b. Two of the receptacles in bedroom 51 were damaged resulting in exposed current carrying metal parts. The receptacles were replaced during the survey.	C 189	Hair-dryer unit in beauty shop-ground post broken power chord has been repaired Receptacles in bedroom 51 were damaged and repaired promptly during the survey	2-23-17 2-8-17
C 194	A/C or Fans SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (c) Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 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: 1-Based on observations, this facility has failed to maintain the service and maintenance of all HVAC components. Findings on 02/08/2017: The PTAC unit is not operational that is located in Zone 2 Bath.	C 194	10A NCAC 13F .0311 other requirements Work Request has been submitted to BMS for HVAC in zone 2 bath. For repair, PTAC request has been made by Administrator and BMS Tech. after repair is completed, BMS tech will monitor PTAC at least monthly in the bath areas to ensure that the PTAC is functioning properly.	2-9-17 3-25-17 Completion Date: 4-14-17

Division of Health Service Regulation
STATE FORM

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If continuation sheet 9 of 9

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Page 1 of

First Fire Protection, Inc.
PO Box 10594
Raleigh, NC 27605

Fire Alarm Inspection Report

Date: 02/17/2017

SERVICE ORGANIZATION

Date	02/17/2017
Time	18:20
Name	First Fire Protection
Address	
City	Raleigh
State	NC
Zip	27605
Representative	Ryan Maley
License No.	
Telephone	919-8306546

PROPERTY NAME (USER)

Name	Onslow House
Address	34 McDaniel Dr.
City	Jacksonville
State	NC
Zip	28546
Owner Contact	Sebrina Phillips
Telephone	910-347-1300

