

Division of Health Service Regulation

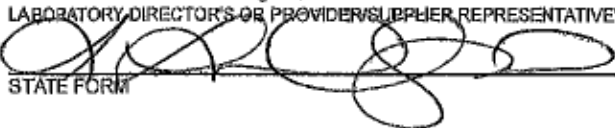
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING _____	(X3) DATE SURVEY COMPLETED  R 06/07/2017
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NAME OF PROVIDER OR SUPPLIER  ON SLOW 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)	Initial Comments  Report of Biennial Follow Up Construction Survey by Dennis Harrell on 6-7-2017.  Several deficiencies were not corrected. Further action is required.	(C 000)	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 a matter of compliance with state law.	
(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 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.	(C 101)	Revision/Correction 7/17/17 We have contracted with First Fire Protection to install all necessary heat/smoke detectors. A permit has been submitted to the City of Jacksonville Building Code Department. The estimated completion date is 7/26/17  **Originally signed and submitted on 7/5/17	7-26-17 Revised date

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



TITLE

Administrator

(X6) DATE

7/17/17

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{C 101}	Continued From page 1  Findings on 2-8-2017 and 6-7-2017: (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}	(Continued From Page 1)	07-31-17
{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.  This Rule is not met as evidenced by: 2-Based on observations, this facility has failed to maintain the floor coverings in the Bathing Areas. This has resulted in tripping hazards Finding on 2-8-2017 and 6-7-2017: (a) Sheet vinyl flooring is unattached to the floor that is located Main Bath/Zone2.  4-Based on observations, this facility has failed to maintain the finish surfaces on all interior doors. Finding on 2-8-2017 and 6-7-2017: 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}	10A NCAC 13F .306 SECTION .300  Regional BMS Maintenance Director has been made aware of the area(s) of concerns that need to be reassessed. Administrator made the BMS Technician & Regional BMS Director aware on 6-7-17.  The urgency of repairs needed has been submit and are in process. Administrator has reviewed and discussed a plan and expectation of completion date of 7-31-17 with BMS-Maintenance Technician and Regional BMS Director.  The Regional BMS Maintenance & Administration are reviewing and discussing a plan to repair and maintain the finishing on the lower part all interior doors on 6-7-17.  This is an area that will take some time due to reoccurring nature in which the doors are damaged. The residents wheelchairs appear to be causing the damage to the doors. Kick Plate(s) materials and or resurfacing the finish is being considered to remedy this area. This will more than likely have to be completed in phrases due to the residents "freedom of movement" throughout a 160 bed licensed Assisted Living Facility.	7-31-17  *date revision 7-31-17
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT	{C 189}		

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{C 189}	Continued From page 2  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. Finding on 2-8-2017: The following locations have damaged lay-in sheet rock panels and ceiling grid (Components of the one-hour roof/ceiling assembly). (c) Hallway outside Crafts Room/Zone 6  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 and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. Finding on 6-7-2017: The following location has a ceiling penetration that is not fire-protected: (b) Hole in ceiling panel at B Side Hall Door/adjacent to Control Room/Zone 2.	{C 189}	10A NCAC 13F .0311  1c-Sheet Rock panels & ceiling portion repaired 6-29-17          Repair completed by BMS Technician 6-29-17	6-29-17          6-29-17



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C 191	Continued From page 4  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 on 6-7-2017: There was a portable electric heater found in the Administrator's office.	C 191	Portable Heater was removed immediately off the premises while the state surveyor was present in the facility.	6-7-17