

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/29/2017
NAME OF PROVIDER OR SUPPLIER CLARA MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1218 PAMLICO STREET WASHINGTON, NC 27889		
(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 a Biennial Follow Up Construction Survey by Suzanna Fay conducted on Jun 29, 2017. There are deficiencies from the Biennial Follow Up Construction Survey that remain to be corrected.	{C 000}		
C 107	Initial Licensure-Meet NCSBC SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as an adult care home shall meet the requirements of the North Carolina State Building Code for new construction. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for I-2 Institutional Occupancy if the facility houses 13 or more residents or the North Carolina State Building Code requirements for Large Residential Care Facilities if the facility houses seven to twelve residents. The North Carolina State Building Code, all applicable volumes, which is incorporated by reference, including all subsequent amendments may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). The facility shall also meet all of the rules of this Section. (b) Each facility shall be planned, constructed, equipped and maintained to provide the services offered in the facility. This Rule is not met as evidenced by: 1. Based on observation and interview with	C 107		

Division of Health Service Regulation

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

Dianna Turness-Benton

TITLE

Administrator

(X5) DATE

8/30/17

STATE FORM

6300

VYPB22

If continuation sheet 1 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 06/29/2017
NAME OF PROVIDER OR SUPPLIER CLARA MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1218 PAMLICO STREET WASHINGTON, NC 27889			
(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 107	Continued From page 1 Staff, the facility failed to plan, equip and maintain the services offered in the facility at the time of licensure. Findings on June 29, 2017: a. Manager Apartment - the Manager apartment is being leased as an apartment to the general public and the room has not been approved for that use.	C 107			
(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: 1. Based on Observation, the facility failed to keep floors or floor coverings clean. Findings on June 29, 2017: a. Right Side Back Exit - the floor tiles at the door are cracked and dirty. Interview with maintenance staff revealed that he was new and had not been given a copy of the report. The cracked tiles were not on the repair list he was given. 3. Based on observation, the facility failed to keep ceiling clean and in good repair. Findings on June 29, 2017:	(C 164)			

The facility will work towards replacing cracked tiles and keeping floors in clean condition. Maintenance Man to follow-up 9/30/17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/29/2017
NAME OF PROVIDER OR SUPPLIER CLARA MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1218 PAMLICO STREET WASHINGTON, NC 27889			
(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 164)	Continued From page 2 a. Kitchen Restroom - the exhaust fan cover, have an excessive accumulation of dust/lint. Interview with staff revealed that the cleaning staff had not been notified to clean the fans. b. Staff Bath - the exhaust fan cover, have an excessive accumulation of dust/lint. Interview with staff revealed that the cleaning staff had not been notified to clean the fans.	(C 164)	<i>The facility will assure that exhaust fans are free of dust and lint. Maintenance to follow up-</i>	9/30/17	
(C 175)	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on June 29, 2017: a. Bedroom 12 Bathroom - this double occupant bedroom had one of its two towel bars broken. Interview with staff revealed that the bedroom only had one occupant and, therefore, only needed one towel bar. However, the second bar is still broken and needs to be either repaired or removed.	(C 175)	<i>The facility will assure each resident has a towel bar Maintenance to follow-up</i> <i>The facility will replace the needed towel bars - Maintenance to follow-up -</i>	9/30/17	
(C 189)	Building Equipment Maintained Safe, Operating	(C 189)			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/29/2017
NAME OF PROVIDER OR SUPPLIER CLARA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1218 PAMLICO STREET WASHINGTON, NC 27889		
(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 189)	<p>Continued From page 3</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, the interior doors were not maintained in a safe and operating condition.</p> <p>Findings on June 29, 2017:</p> <p>a. Dining Room - the corridor door hits the floor, preventing it from closing and latching. The door closes and latches, but still hits the floor because the floor rises at this location creating a possible trip hazard. Interview with maintenance revealed that the floor has not been repaired because it is a time consuming item and he has not been on the job long enough to complete this repair.</p> <p>b. Kitchen - the door to Dining hits the floor, preventing it from closing and latching. The door closes and latches, but still hits the floor because the floor rises at this location creating a possible trip hazard. Interview with maintenance revealed that the floor has not been repaired because it is a time consuming item and he has not been on the job long enough to complete this repair.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical lighting system was not being operated or maintained safely, providing reliable illumination. This could affect all residents, staff and visitors if walking areas and</p>	(C 189)	<p><i>The dining room and kitchen area floor will be maintained good clean proper repair maintenance to follow up</i></p>	<p><i>9/30/17</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/29/2017
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLARA MANOR

**1218 PAMLICO STREET
WASHINGTON, NC 27889**

(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 189)	<p>Continued From page 4</p> <p>drives are not properly illuminated, warning of tripping hazards or obstructions.</p> <p>Findings on June 29, 2017:</p> <p>a. Right Side Front Exit - the exterior light fixture was not operating to illuminate the steps. Interview with maintenance staff revealed that the light had not been repaired because he had not been notified that this was on the report.</p> <p>b. Left Side Exit - the exterior light fixture was not operating to illuminate the steps. Interview with maintenance staff revealed that the light had not been repaired because he had not been notified that this was on the report.</p> <p>3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin.</p> <p>Findings on June 29, 2017:</p> <p>a. Old Management Apartment- the closet has several cable penetration of the fire-resistance-rated ceiling assembly. Deficiency corrected before Construction Surveyor departed the site. Interview with maintenance staff revealed that this item had not been corrected as the Owner is leasing the apartment out to an outside client and they do not consider this part of the facility. The apartment is not separated by a fire wall and, therefore, the cable penetrations need to be sealed.</p> <p>4. Based on observation, the Building plumbing equipment was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors by not protecting them from falls or injury due to broken, loose or missing parts.</p>	(C 189)	<p><i>The facility will repair exterior light fixture on both right and left side exit. Maintenance to follow up.</i></p>	9/30/17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/29/2017
NAME OF PROVIDER OR SUPPLIER CLARA MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1218 PAMLICO STREET WASHINGTON, NC 27889			
(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 189)	Continued From page 5 Findings on June 29, 2017: a. Ladies Bathroom near bedroom 12 - the commode's "L" shaped hand grip (grab bar) was loosely connected to the structure. Interview with maintenance revealed that he had missed this hand grip when he was working on the facility. b. New citation: Ladies Bathroom near bedroom 12 - when the water was turned on in the left hand sink, brown water and debris bubbled up in the right hand sink.	(C 189)	<i>The facility will repair hand grip bars 9/30/17 and sink to proper use. Maintenance to follow up.</i>		
(C 195)	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 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 Observation, the Facility failed to maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on June 29, 2017: a. Ladies Bathroom - the sink had a hot water	(C 195)			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL007014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 06/29/2017
NAME OF PROVIDER OR SUPPLIER CLARA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1218 PAMLICO STREET WASHINGTON, NC 27889		
(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 195)	Continued From page 6 temperature of 92 degrees Fahrenheit. Interview with staff revealed that he had not been notified that this item was on the list. Note: the sink was clogged and the water could not be run for a very long period in order to test the temperature correctly or it would have overflowed.	(C 195)	<i>The facility will assume correct water temperature. Staff check daily.</i>	<i>7/30/17</i>	