

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2017
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NAME OF PROVIDER OR SUPPLIER LUMBERTON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay conducted on October 24, 2017.</p> <p>Record indicate that is Facility was first licensed on June 21, 1986. The facility is currently licensed for One Hundred and Four (104) Beds that includes a 39 bed Special Care Unit. Based on the above information, the 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 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Revision 5) Section 409- Institutional Occupancy- Group I</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
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</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 101	Continued From page 1 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). a. SCU - the cross-corridor doors separating the SCU and AL units only has an emergency release switch on the SCU side. The corridor on the AL side is a marked exit and over the allowable limit for a dead end corridor therefore an additional emergency release switch is required to allow for exiting in either direction. b. Fire Alarm Control Panel - the special locking system does not have a wiring diagram and a system components location map posted at the FACP. c. SCU Corridor Alcove - the central emergency release switch for the "Special Locking System" is not labeled. d. SCU Corridor Alcove - the central emergency release switch did not release any locked doors. e. Gate - the gate was equipped with "Special Locking" hardware but nothing was energized and no test could be accomplished.	C 101		
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	C 164		

Division of Health Service Regulation

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C 164	Continued From page 2 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 walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on October 24, 2017: a. Exterior near Cardinal Wing Front Living Room - there is a duct behind the fireplace that has no wall cap and back draft damper. b. Bedroom 43 Bathroom - the sink was leaking onto the floor.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (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 maintain the building in an uncluttered, clean and orderly manner, free of hazards. Findings on October 24, 2017: a. Soiled Linen on West Wing- the exhaust fan grille was very loose.	C 166		
C 188	Electrical Outlets in Wet Locations	C 188		

Division of Health Service Regulation

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C 188	<p>Continued From page 3</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on October 24, 2017: a. Beauty Shop - the electrical power receptacle that is within six feet of the shampoo sink did not provide ground fault protection.</p>	C 188		
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, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all</p>	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 4</p> <p>residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on October 24, 2017:</p> <p>a. Smoke Barrier near Bedroom 15 - the right leaf, of the double-egress cross-corridor door, did not close when the fire alarm system released the doors.</p> <p>b. Smoke Barrier near Bedroom 43 - the right leaf, of the double-egress cross-corridor door, closed but would not stay latched when a slight press is applied to the door leaf.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the doors protecting the opening in the Firewall and Smoke Barriers had excessive gaps between leaves that could not restrict fire and smoke. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on October 24, 2017:</p> <p>a. Firewall between West and Cardinal Wings - the cross-corridor double-egress doors protecting the opening in the Firewall had a 3/8-inch gap between leaves when the doors closed.</p> <p>b. SCU Smoke Barrier near Bedroom 14 - the cross-corridor double-egress doors protecting the opening in the Smoke Barrier had a 1/2-inch gap between leaves when the doors closed.</p> <p>3. Based on observation the facility failed to maintain in a safe and operating condition. This would affect all if they could not promptly exit during an emergency. Findings on October 24, 2017:</p> <p>a. Back Right Exit - the pair of doors are difficult to open because the weather-stripping is loose between leaves interfering with opening the door.</p> <p>4. Based on observation, the building's</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on October 24, 2017:</p> <p>a. Exit near Bedroom 1 - the combination exit sign/emergency lights had emergency lights that did not illuminate on backup power when tested.</p> <p>b. SCU Smoke Barrier near Bedroom 14 - both exit signs on the Smoke Barrier have all their chevron directional indicators punch-outs removed, indicating that you should turn left and right to exit, but the way out is straight.</p> <p>5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on October 24, 2017:</p> <p>a. Residential Laundry near Bedroom 3 - there is a gap around the dryer exhaust duct not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. Mech Room near Bedroom 17 - the water heater escutcheon has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>c. Mech Room near Bedroom 17 - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>d. Mech Room near Bedroom 17 - there is a gap around an insulated pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>e. Bedroom 15 Bathroom - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>f. Mech Room near Cardinal Wing Front Dining - there are gaps around the cable bundle not</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>g. Utility near Bedroom 40 - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>h. Bedroom 40 - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>i. Storage Room near Bedroom 40 - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>j. Exterior Mech Room - there is a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>k. Mech Room near Guest Restroom - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>l. Mech Room near Guest Restroom - there is a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>m. Main Dining - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>n. Kitchen - both exit signs, and horn/strobe device did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>o. SCU Clean Linen - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>p. SCU Laundry - there is a gap around the back of a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>q. SCU Front Exit - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly.</p> <p>r. SCU Bedroom 19 - the heat detector did not completely cover the hole penetrating the</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>fire-resistance-rated ceiling assembly.</p> <p>6. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on October 24, 2017:</p> <ul style="list-style-type: none"> a. Living Room near Bedroom 17 - the corridor door did not latch into its frame when closed. b. Bedroom 12 - the corridor door did not latch into its frame when closed. c. Bedroom 4 - the corridor door did not latch into its frame when closed. d. Document Room - the corridor door did not latch into its frame when closed. e. Back Right Exit - one of the panic bars is missing its end cover, exposing sharp edges that could injure occupants <p>7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on October 24, 2017:</p> <ul style="list-style-type: none"> a. Spa near Bedroom 15 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. b. Spa near Bedroom 15 - the call system's pull station is not attached to its junction box. c. Bedroom 40 - the light fixture is falling down from the ceiling. d. Cardinal Wing - the call system did not notify staff. Deficiency corrected before Construction Surveyors departed the site 	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be</p>	C 199		

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C 199	<p>Continued From page 8</p> <p>provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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> <ol style="list-style-type: none"> 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. <p>Findings on October 24, 2017:</p> <ol style="list-style-type: none"> a. Bedroom 1 Bathroom - the required exhaust ventilation system sounded like it was running, but is not removing any air. 	C 199		