

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL078084</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/24/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUMBERTON ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>550 BAILEY ROAD LUMBERTON, NC 28359</b>		
(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 Construction Section Biennial Survey by Ed Miller and Suzanna Fay conducted on October 24, 2017.  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  Deficiencies were cited that require a Plan of Correction.	C 000		
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	C 101		

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

TITLE

(X6) DATE

Mitchell Moran



Maintenance Director

12/12/17

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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		
		A	Emergency release switch add to AL side of doors	12/19/17
		B	Wiring diagram & system components map posted by FACP	12/22/17
		C	put label on emergency release switch	12/11/17
		D	Switch was repaired	11/8/17
		E	Mag-lock was repaired	11/8/17
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	C 164		

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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		
		A	Cap was put on	10/25/17
		B	Sink was repaired and water got up	10/25/17
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		
		A	Grille was tighten	10/27/17
C 188	Electrical Outlets in Wet Locations	C 188		





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C 189	Continued From page 5  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: a. Exit near Bedroom 1 - the combination exit sign/emergency lights had emergency lights that did not illuminate on backup power when tested. 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.  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: 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. 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. c. Mech Room near Bedroom 17 - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 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. e. Bedroom 15 Bathroom - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. f. Mech Room near Cardinal Wing Front Dining - there are gaps around the cable bundle not	C 189  A  B  A  B  C&D  E  F	Replaced emergency light  the chevron indicators punch-outs have been covered  fire barrier sealant was put around duct  Escutcheon has been pushed back up to ceiling  fire barrier sealant was put around conduit & pipe  adjusted heat detector to cover hole  fire barrier sealant was put around cable	10/25/17  10/25/17  10/26/17 10/26/17 10/26/17 10/25/17 10/27/17

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C 189	Continued From page 6  firestopped as it penetrates the fire-resistance-rated wall assembly. g. Utility near Bedroom 40 - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. h. Bedroom 40 - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. i. Storage Room near Bedroom 40 - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. j. Exterior Mech Room - there is a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. k. Mech Room near Guest Restroom - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. l. Mech Room near Guest Restroom - there is a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. m. Main Dining - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. n. Kitchen - both exit signs, and horn/strobe device did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. o. SCU Clean Linen - the heat detector did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. p. SCU Laundry - there is a gap around the back of a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. q. SCU Front Exit - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. r. SCU Bedroom 19 - the heat detector did not completely cover the hole penetrating the	C 189  G  H  I  J  K  L  M  N  O  P  Q  R	  adjusted heat detector to cover hole  adjusted heat detector to cover hole  adjusted heat detector to cover hole  fire barrier sealant was put around cable  fire barrier sealant was put around heat detector  fire barrier sealant was put around heat detector  adjusted exit light to cove hole  Fix hole around exit signs and horn/strobe  adjusted heat detector to cover hole  fire barrier sealant was put around conduit  Fix hole around exit sign  adjusted heat detector to cover hole	  10/25/17  10/25/17  10/25/17  10/27/17  10/25/17  10/25/17  10/27/17  10/30/17  10/27/17  10/25/17  10/27/17





