

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL073003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
CAMBRIDGE HILLS ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**5660 DURHAM ROAD
ROXBORO, NC 27573**

(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>Report of Biennial Construction Survey by Dennis Harrell and Suzanna Fay on 2-21-2018.</p> <p>Records indicate this facility was first licensed on 5-27-1999. The facility is currently licensed for 120 Beds including a 40 Bed addition in 2003. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1996 and 2002 (for the addition) Editions of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p>	C 000		
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Finding includes: There was a chair placed in the 100 Hall corridor reducing the clear width to less than 5 feet.</p>	C 150	<p>C-150 Chair was removed + staff reminded that no items can be in hallway that disruptive to foot clear path - housekeeping to monitor daily -</p>	2-21-18
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p>	C 166		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dennis Clark

TITLE

Administrator

(X6) DATE

3-23-18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL073003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HILLS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5660 DURHAM ROAD ROXBORO, NC 27573		
(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 166	Continued From page 1 (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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in cardboard delivery boxes in room 212. 2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include: Boxes and other items had been stacked to within 2 inches of the ceiling in the Activity Director's office. 3. Based on observation, there was no documentation of a monthly in-house/owner's inspection in January of this year provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must receive an in-house/owner's inspection monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 4. Based on observation, an extension cord was	C 166	all portable O2 tanks were transferred to metal storage rack in 212. The cardboard delivery boxes were discarded. The O2 company was contacted by A. Fox per call reminder that all delivered tanks were to be left in approved storage rack - monitored by A. Fox per - on a regular basis and quarterly by safety maintenance	2-21-18
		C-166	Items were removed off the top shelf in activity closet so sprinkler can reach the wall now. Activity staff was instructed verbally and in writing to keep items free from those areas. monitor at rounds for safety - monitor daily.	3-10-18
		C-166	maintenance supervisor was instructed on the addition of this inspection from the surveyor maintenance documented on the tag and will monitor monthly.	2-22-18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL073003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5660 DURHAM ROAD ROXBORO, NC 27573
--	--

(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 166	Continued From page 2 being used in place of permanent wiring to decorative trees in the interior courtyard. Extension cords are intended for temporary use only. Additionally, the cord was extended across a sidewalk, presenting a trip and fall hazard. 5. Based on observation, the automatic closing fire curtain between the kitchen and dining room was obstructed from being able to close fully by 2 storage containers placed in its path. Note: This deficiency was corrected during the survey.	C 166	4. The extension cord and the trees were removed from the courtyard. 5. Staff removed the storage containers and all staff including dietary have been instructed not to store any items in the path of the fire curtain monitor daily by dietary manager.	3-9-18 2-21-18
C 189	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, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: a. One of the smoke barrier doors near room 206 did not latch when activated and closed by the fire alarm system. d. The door to room 107 does not fit the opening	C 189	9. The corridor doors were adjusted and close correctly & completely now - these are maintained monthly by maintenance - b. The door in 107 was adjusted and fits the opening now to prevent smoke passage.	2-22-18 3-22-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL073003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5660 DURHAM ROAD ROXBORO, NC 27573
--	--

(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>properly to be resistant to the passage of smoke.</p> <p>e. The strike is loose at the top of the dining room door.</p> <p>2. Based on observation, not all corridor doors were equipped with the necessary hardware to resist the passage of fire and smoke. Findings include:</p> <p>b. The double doors to the North Living room are not provided with latching hardware.</p> <p>c. The double doors to the South Living room are not provided with latching hardware. At the time of survey, it was not determined if the facility was equipped with all of the necessary components to meet the exception.</p> <p>3. Based on observation the required one-hour fire rated separation required for 'Hazardous' / 'Incidental Use' areas had been compromised. Findings include:</p> <p>a. There was a vent, 14 inches by 14 inches, cut through the one hour wall separating the main electrical room from the adjacent former bathroom that now houses TV equipment. The electrical room has unprotected openings to the bulk laundry and was considered part of the space requiring fire rated separation for 'Hazardous'/'Incidental Use' areas.</p> <p>4. Based on observation, the battery powered emergency light in the corridor near room 304 would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>5. Based on observation the required one-hour fire rated ceilings were compromised in locations because of a sprinkler escutcheon not tightly fitted to the ceiling. Sprinkler escutcheons that</p>	<p>C 189</p> <p>e.</p> <p>2.</p> <p>b/c</p> <p>C 189</p> <p>3a.</p> <p>C 189</p> <p>4.</p> <p>5.</p>	<p>the strike was tightened by maintenance and is no longer loose - 3-22-18</p> <p>Both sets of doors in north + south living rooms now have hardware that latches and door handles so they can remain closed in case of fire 3-9-18</p> <p>The 14 x 14 inch vent was removed by maintenance and sealed + painted 3-12-18</p> <p>The emergency light near 304 was totally replaced by maintenance - 3-9-18</p> <p>mainenance the sprinkler was sealed and the escutcheon fits snug to the ceiling properly. 3-9-18</p>	<p>3-22-18</p> <p>3-9-18</p> <p>3-12-18</p> <p>3-9-18</p> <p>3-9-18</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL073003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HILLS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5660 DURHAM ROAD ROXBORO, NC 27573
--	--

(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 4 are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Improperly mounted escutcheon was found in: Coridor near room 208	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be 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: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 maintain required exhaust in a working condition. Findings include; The exhaust provided was not working in the janitor closet on 300 Hall.	C 199	C-199 Electrician was called and repaired the fan in 300 hall closet. Exhaust is working properly now. monitored by maintenance quarterly in safety walk thru -	3-12-18

Profit and Loss Response February 2018

Advertising was over by 170.00

Maintenance supplies was over by 569.00

Repair of Building and Maintenance was both over due to redoing these rooms the cost of new floors and paint and commodes and new floor and new furniture.....

Activity supplies was under by 79.00

Marketing was over by 22.00

Dietary supplies was over by 83.00

Food was over by 14.00

Laundry was under by 256.00

Nursing supplies was under by 140.00

Census for the month was 77 residents

Beds average was 101.7

Income was 31,994.00 for the month.....