

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL026054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FAYETTEVILLE MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 TREETOP DRIVE FAYETTEVILLE, NC 28311</b>
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Survey by Suzanna Fay conducted on April 3, 2018.</p> <p>Records indicate this facility was first licensed on April 1, 1986. This facility is currently licensed as a 60 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</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</p> <p>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;</p> <p>This Rule is not met as evidenced by:</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  1. Observations revealed that the facility did not meet code requirements in effect at the time renovation or alteration. Facilities with magnetic locking systems are required to post a components map and a wiring diagram at the fire alarm panel.  Findings on April 3, 2018: a. The facility's component location map did not include a wiring diagram.	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 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. Observations revealed that the furnishings were not kept in good repair.  Findings on April 3, 2018: a. Shower Room 3 - the door drags on the frame making it difficult to operate. b. Room 109 - the door drags on the frame making it difficult to operate.  2. Observations revealed that the ceilings were not kept in good repair.  Findings on April 3, 2018: a. Housekeeping - the ceiling was heavily stained	C 164		

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C 164	Continued From page 2  from prior leaks and the finish was flaking off. There was a large yellow stain by the entry door. b. Room 129 - there is a section approximately 24" long where the sheetrock tape has separated and is falling down damaging the rated ceiling assembly.	C 164		
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 the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.  Findings on April 3, 2018: a. Front sitting room - the emergency light did not illuminate when tested. b. The emergency light outside of dining in the main corridor did not illuminate when tested. c. The emergency light outside of Room 117 did not illuminate when tested. d. The emergency light outside of Room 126 did not illuminate when tested. e. The emergency light in the Activity Room did not illuminate when tested.	C 189		

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C 189	<p>Continued From page 3</p> <p>f. The emergency lights (2 of 2) in the Dining Room did not illuminate when tested.</p> <p>g. The emergency light in the TV Room did not illuminate when tested.</p> <p>2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.</p> <p>Findings on April 3, 2018:</p> <p>a. The exit light/sign at the Nurses' Station did not illuminate on battery backup.</p> <p>b. West Wing - the exit light/sign at the exit door did not illuminate on battery backup.</p> <p>c. Main Hall - the exit light/sign at the back door did not illuminate on battery backup.</p> <p>d. Kitchen - the left bulb on the exit light/sign was burned out.</p> <p>3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on April 3, 2018:</p> <p>a. Conference Room - there is an unsealed cable penetration in the back corner.</p> <p>b. East Wing - there is a small hole in the ceiling at the exit light/sign in front of the fire doors.</p> <p>c. West Wing Tub Room - the ceiling opening is larger than the fan grille leaving a substantial gap in the rated ceiling assembly.</p> <p>d. Laundry Room - there is a small hole in the ceiling at the heat detector.</p> <p>e. Exterior Data Room - there is a cable bundle</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>penetrating the ceiling that is not sealed.</p> <p>f. Back employee bathroom - the ceiling is damaged at the light/exhaust fan.</p> <p>g. Main Hall employee bathroom - the heat detector has shifted leaving a hole in the rated ceiling assembly.</p> <p>h. Kitchen - the heat detector near dining is not secure leaving a gap in the rated ceiling assembly.</p> <p>4. Observations revealed that the emergency equipment was not maintained in working order. Inoperable call systems that appear to be intact can create a false sense of security for the Residents.</p> <p>Findings on April 3, 2018:</p> <p>a. The facility has an inoperable call system. Most of the devices have been disabled by removing the pull cords and/or push buttons. However, some of the cords remain leaving the impression that the call system is operable and would notify a nurse if the cord were pulled or the button pressed.</p> <p>5. Based on observation electrical equipment has not been maintained in a safe manner. Failure to maintain electrical equipment in a safe manner could effect the safety of person exposed to the unsafe condition.</p> <p>Findings on April 3, 2018:</p> <p>a. East Wing Tub Room - the GFCI outlet at the sink was loose. This item was repaired at the time of survey.</p> <p>6. Observations revealed that the plumbing equipment was not maintained in a safe, operating condition. Loose toilets that shift could cause a resident to fall.</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>Findings on April 3, 2018:</p> <p>a. Shower Room #1 - the toilet fixture is loose.</p> <p>7. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if the domestic water supply became contaminated.</p> <p>Findings on April 3, 2018:</p> <p>a. Kitchen - the drain line for the icemaker was laying directly on the ground and was not installed to go to the drain nor did it have a minimum 2" air gap between the drain line and the floor drain. The floor under the icemaker was very wet.</p> <p>8. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on April 3, 2018:</p> <p>a. TV Room - one of the door leaves was propped open with a chair. The chair was occupied by a resident.</p> <p>9. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could effect all occupants of the facility if the absence of the plumbing safety devices or equipment caused the domestic water supply to become contaminated.</p>	C 189		

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C 189	Continued From page 6  Findings on April 3, 2018: a. Salon - the hair washing sink did not appear to have a vacuum breaker installed.	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: 1. Observations revealed that the facility did not maintain exhaust ventilation in required areas.  Findings on April 3, 2018: a. Shower Room #2 - the exhaust fan is not working. b. Housekeeping - the exhaust fan does not appear to be working. c. Back employee bathroom - the combination light/fan unit is not working. d. Resident back bathroom - the exhaust fan is not working and there was a strong unpleasant odor.	C 199		

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