

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL099018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
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NAME OF PROVIDER OR SUPPLIER PATRIOT LIVING OF YADKINVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 HARRISON AVENUE YADKINVILLE, NC 27055
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(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 Construction Section Biennial Survey by Dennis Harrell on 4-11-2018.</p> <p>Records indicate this 50 bed HA was first licensed on 10-6-1983. The facility is required to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1978 NC State Building Code and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies were cited.</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 Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to meet the NC State Building Code in effect at the time of modification by not having all of the required</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 components for doors with Special Locking System. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Finding includes: There was no wiring diagram or systems components location map posted under glass at the fire alarm panel.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on a review of documents, the most recent Fire Marshal building safety inspection report could not be located. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. 2. Based on a review of documents, the required annual sprinkler system inspection report could not be located. Sprinkler systems that are not inspected and approved as required could result in the system not operating properly in the event of an actual fire.	C 111		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		

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C 166	<p>Continued From page 2</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 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 (4) portable medical oxygen cylinders were stored in no container at all in the oxygen room.</p>	C 166		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on a review of documents, there were</p>	C 185		

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C 185	<p>Continued From page 3</p> <p>records available onsite for the fire plan rehearsals only for January and March of this year. At least 12 months of records must be maintained and available for review.</p> <p>2. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include; The only records available onsite were for rehearsals done during the 1st shift.</p> <p>3. Based on a review of documents, the records available onsite included no description of what the rehearsal involved.</p> <p>4. Based on a review of documents, the records available onsite did not include the time of the rehearsal.</p> <p>5. Based on a review of documents, the records available onsite did not include a list of staff members present.</p>	C 185		
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>	C 189		

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C 189	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, the warning devices, "screamers," protecting the emergency release switches were not working at some of the exits. Malfunctioning warning devices could allow resident elopement. Exits with malfunctioning warning devices include; <ol style="list-style-type: none"> a. Exit near room 29, b. Exit near the Activity room, c. Exit near the kitchen. <p>Note; These deficiencies were corrected during the survey.</p> 2. 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; <ol style="list-style-type: none"> a. The door to bedroom 23 was propped open. b. There were holes through the door to the RCC office. c. The door to the Activity room does not fit the opening properly to be resistant to the passage of smoke. d. The door to bedroom 2 does not fit the opening properly to be resistant to the passage of smoke. e. The door to bedroom 3 does not fit the opening properly to be resistant to the passage of smoke. f. The door to bedroom 4 does not fit the opening properly to be resistant to the passage of smoke. 3. Based on observation the required one-hour fire rated ceiling was compromised in a locations 	C 189		

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C 189	<p>Continued From page 5</p> <p>Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Finding includes: The smoke detector was hanging from the ceiling by the wires in the women's bathroom across from room 24.</p> <p>Note; This deficiency was corrected during the survey.</p>	C 189		
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