

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL076027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2018
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NAME OF PROVIDER OR SUPPLIER NORTH POINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1195 PINEVIEW ROAD RANDLEMAN, NC 27317
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Dennis Harrell and Suzanna Fay on 2-22-2018.</p> <p>This facility was first licensed as a Home for the Aged serving 67 residents on January 01, 1997. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code Group I-2.</p> <p>Deficiencies were cited that will require a plan of correction.</p>	C 000		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</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: 1. Based on observation, the exit paths were not maintained uncluttered and free of obstructions. Findings include: a. The inside of the exterior exit from the dining room was obstructed with a chair. b. The exterior side of the same exit from the dining room was obstructed from opening easily with a mop bucket.</p> <p>2. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This</p>	C 166	<p>A-B Moved chair and mop bucket and explain to staff the importance of keeping the exit paths clear.</p>	2/22/18

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

TITLE

(X6) DATE

Mitchell Moran
Mitchell Moran

Maintenance Director

4/4/18

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C 166	Continued From page 1 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 an unapproved container in room 43. 3. 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; Items had been stacked to within 3 inches of the ceiling in the storage room off D Hall. 4. Based on observation, the facility was not maintained in a safe condition because of too much combustible storage in a single space. Excess combustible storage increases the fuel load beyond the room's and the door's capacity to contain a fire. Findings include; a. The room labled "Office", which is approximately 7 ft. by 8 ft., is now being used for file storage with boxes of files occupying about 60% of the volume of the room. b. There are so many boxes of files stored in the same space that the door will only open about 1/3 of the way. 5. Based on observation, there was no documentation of a monthly in-house/owner's inspection for January of this year provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.	C 166 2 3 A-B 5	Oxygen was picked-up and all oxygen is and will be stored in approved containers items has be removed and everything is 18 inches or more below the fire sprinkler Room will be cleaned up and shelves will be add to store files on Maintenance has checked and put on his schedule to check and documented on tags monthly	2/23/18 4/3/18 4/26/18 2/22/18

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C 166	Continued From page 2 6. Based on observation, there was no documentation of the required monthly inspections in December and January for the fire extinguisher in the mechanical room off D Hall. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher. 7. Based on observation, an extension cord was being used in place of permanent wiring in the Administrator's office. Extension cords are intended for temporary use only. 8. Based on observation, the ice machine drain line was laying directly on the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 166 6 7 8	Fire extinguishers have been checked and documented on tags and put on maintenance schedule for monthly checkes Extension cord has been removed cut drain so it is at least 2 inches above floor drain	2/23/18 2/26/18 2/26/18
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. (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. (f) This Rule shall apply to new and existing facilities.	C 185		

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C 185	Continued From page 3 This Rule is not met as evidenced by: Based on a review of documents, the records available onsite included no description of what the rehearsal involved.	C 185	Description of what the rehearsal involved has been add to fire drill rehearsal	4/5/18
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, many 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. The door to room 31 has a deadbolt only and cannot automatically latch when closed. b. The door to room 3 does not latch when closed. c. The door from the corridor to the main dining room does not latch when closed. d. One door to the small dining room was propped open with a chair. e. The other door to the small dining room was propped open with a plant. f. A wedge was found at the 3/4 hour door to the	C 189	Deadbolt was removed Door 3 was adjusted and now will latch Door in main dining room was adjusted and now latches Chair, Plant and wedge was removed and staff told not put anything to hold door open	2/23/18 3/28/18 2/26/18 2/23/18

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C 189	<p>Continued From page 4</p> <p>janitor's closet.</p> <p>g. The door to the kitchen was propped open with a can.</p> <p>h. The door to the parlor was obstructed from closing by a chair.</p> <p>i. The door to room 37 was wedged open. Note: This deficiency was corrected during the survey.</p> <p>j. The door room 14 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>k. The door room 40 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>2. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons not tightly fitted to the ceiling. Sprinkler escutcheons that 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 escutcheons were found in:</p> <p>a. Activity room off C Hall (2),</p> <p>b. Corridor at room 31,</p> <p>c. "Old gift shop".</p> <p>3. Based on observation, battery powered emergency lights 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. Mal-functioning lights include the following areas:</p> <p>a. Corridor at room 1,</p> <p>b. Medroom.</p> <p>4. Based on observation the required one-hour fire rated walls and/or ceilings was compromised in a location. 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>C 189</p> <p>G&H</p> <p>I</p> <p>J&K</p> <p>A</p> <p>B&C</p> <p>A&B</p>	<p>can and Chair was removed and staff told not put anything to hold door open corrected during survey</p> <p>door will be repaired to keep smoke from passing</p> <p>New escutcheons was ordered</p> <p>Escutcheons was pushed up so to fit tightly to ceiling</p> <p>replaced battery in emergency lights</p>	<p>2/23/18</p> <p>2/22/18</p> <p>4/13/18</p> <p>4/13/18</p> <p>2/28/17</p> <p>2/28/18</p>

