

PRINTED: 03/28/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/22/2018
NAME OF PROVIDER OR SUPPLIER WILSON ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 SENIOR VILLAGE LANE WILSON, NC 27896	
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C 000	Initial Comments Report of a Biennial Construction Survey by Suzanna Fay and Ed Miller conducted on March 22, 2018. Records indicate this facility was first licensed on April 1, 1985 as a HA. The facility is currently licensed for 88 with a 28 Bed Special Care Unit. 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, and applicable portions of the 1978 (Revision 5) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1984 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Physical plant deficiencies were noted which require a plan of correction.	C 000	Daily, weekly and monthly Rounds to be done by Maintenance, Administrator Or Administrator's designee To ensure compliance and Necessary repairs are done In a safe and timely manner.
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	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

0K1F21

If continuation sheet 1 of 10

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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. Observations revealed that the facility failed to meet the building code requirements at the time of licensure, renovation or alteration. Facilities with electromagnetic locking systems are required to be fully protected. Findings on March 22, 2018: a. There was no fire protection coverage in the residents' closets. b. There was no fire protection coverage in the resident bathrooms. 2. Based on observation and interview with SCU Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components or procedures to properly operate locked egress doors. Findings on March 22, 2018: a. SCU -The special locking system for the SCU unit did not have a system components location map provided under glass at the fire alarm panel.	C 101	1a. County Building Inspector referred Me to the Fire Marshal. Fire Marshal Came to our building on 4/6/18. Based On his visit, we are compliant. He will Be sending his determination letter by 4/10/18. 1b. County Building Inspector referred Me to the Fire Marshal. Fire Marshal Came to our building on 4/6/18. Based On his visit, we are compliant. He will Be sending his determination letter by 4/10/18. 2a. Map for special locking system on SCU completed by 4/25/18.	4/10/18 4/10/18
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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	C 164		

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C 164	<p>Continued From page 2</p> <p>facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the furnishings were not maintained in good repair.</p> <p>Findings on March 22, 2018:</p> <p>a. Room 312 - one of the towel bars was broken in the bathroom.</p> <p>b. Room 312 - the bracket for the hand held shower head was damaged and falling off of the wall.</p> <p>c. 300 Hall - the corridor handrails were not supportive in several locations. Damaged or broken brackets were being replaced with L-shaped metal brackets that flexed easily under pressure. The bracket at the end of the rail between Rooms 310 and 312 was broken.</p> <p>d. The handrail outside of Clean Linen is loose.</p> <p>e. SCU - Rooms 202 and 210 had drawer fronts missing or damaged at the built-in cabinets.</p> <p>f. SCU - the door hardware was loose at Rooms 204, 208 and 214.</p> <p>g. 100 Hall - the handrail outside of Room 107 is loose.</p> <p>2. Observations revealed that the floors were not maintained in good repair.</p> <p>Findings on March 22, 2018:</p> <p>a. Room 308 - the carpet at the doorway has worn through and is torn. The carpet is loose and bunching in the middle of the room. Interview with staff revealed that they were in the process of removing the carpet.</p> <p>3. Observations revealed that the walls were not maintained clean and in good repair.</p> <p>Findings on March 22, 2018:</p>	C 164	<p>1a. Rm 312 towel bar replaced.</p> <p>1b. Rm 312 shower bracket Completed by 4/25/18.</p> <p>1c.-d. handrail supports to be Supported by proper brackets Completed by 4/30/18.</p> <p>1e. drawer fronts to be Repaired/replaced by 4/30/18.</p> <p>1f. Door hardware to be Repaired/replaced by 4/30/18</p> <p>1g. handrail to be repaired by Proper brackets by 4/30/18.</p> <p>2a. Carpet is set to be removed by 5/1/18.</p>	<p>4/2/18</p> <p>4/25/18</p>

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C 164	Continued From page 3 a. Activity room - the last 2 inches of the metal door frame of the exterior door has rusted out leaving hard, metal edges that could cause injury or harm. b. The emergency light outside of the small dining room was mounted on an old panel cut into the gypsum wall finish. The panel has open holes where the switches or controls were housed. c. SCU - there is a small hole in the wall below the emergency light outside of Room 214.	C 164	3a. Activity room is being repaired Completed by 4/30/18 3b. Open holes at emergency Light will be repaired by 4/30/18 3c. Hole to be repaired by 4/15/18	
C 165	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 was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on March 22, 2018: a. Storage across from 301 - two oxygen tanks were on the floor and unsecured. The bottles were removed at the time of survey. b. Oxygen Storage/Med Room - the two oxygen bottles removed from the 300 storage were moved to this room, but were placed on the floor	C 165	1.a. Oxygen bottles are to be stored in front medication room only in Racks. 1b. Medical supply company to remove Extra bottles of oxygen exceeding The 12 allotted for by rack.	3/22/18 4/11/18

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C 166	Continued From page 4 unsecured. Two other unsecured bottles were found in the room. 2. Based on observation, the facility was not maintained in a safe manner. Hasp locks with padlocks on freezers could allow for a person to get locked in the freezer unit. Findings on March 22, 2018: a. Kitchen - there was a hasp lock with a padlock on the freezer unit. 3. Observations revealed that the facility was not maintained in a safe manner. Loose flooring may cause injury from slips or falls. Findings on March 22, 2018: a. Room 112 - a section of the carpet, approximately 6" wide by 24" long, had become unglued at the threshold, creating a trip hazard.	C 166	2a. Hasp lock has been Removed and lock replaced to Fit handle of the walk in Cooler. 3a. Carpet has been secured.	3/28/18 3/28/18
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0300 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 5 This Rule is not met as evidenced by: 1. Review of records revealed that the facility had not conducted fire rehearsals on each shift per quarter. Findings on March 22, 2018: a. Records showed that no fire drills had been conducted in 2017. Interview with the administrator revealed that she began working at the facility in January of 2018. She did not find any records of monthly fire drills. She was aware that the fire drills should be conducted on each shift each quarter. She had conducted two drills in February on the 1st and 2nd shifts and was scheduled to conduct a fire drill on the 3rd shift for March.	C 185	1a. It is the policy of this facility To perform quarterly fire drills On each shift per NC Rules And Regulations. We perform 3 fire drills per quarter, Or 1 fire drill per month rotating shifts.	2/2018
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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.	C 189		

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C 189	Continued From page 6 Findings on March 22, 2018: a. 300 Hall - the doors to Rooms 302, 304 and 311 did not latch when closed. b. SCU - the double doors at the Dining/Activity room do not close and latch. c. SCU - the shower room door is catching on the frame and does not close and latch. 2. 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. Findings on March 22, 2018: a. 300 Hall Shower room - there is an unsealed water heater pipe penetration. b. Storage across from 301 - there are two small holes in the rated ceiling assembly to the left of the HVAC unit. c. Storage across from 301 - there are four conduit sleeves that are not sealed. d. Exit by 300 - there is a hole in the ceiling at the exit sign. e. Corridor outside Therapy room - there is a small hole in the ceiling at the mount for the exit sign. f. Activity Room - there is an open cable penetration in the ceiling over the tv. g. Eye wash - there is a hole in the ceiling at the back corner. h. Clean linen - there is a gap in the ceiling around the heat detector. i. Mechanical room beside vending - the ceiling over the water heater has heavy damage from a previous leak. The mechanical tape is peeling off. There are dark stains on the ceiling and holes in the ceiling at the sheetrock joints and	C 189	1a. Adjustments to door frames, doors And hardware are being made to latch Properly. 1b. Adjustments to door frames, doors And hardware are being made to latch Properly. 1c. Adjustments to door frames, doors And hardware are being made to latch Properly. 2a. closed with fire block. 2b. closed with fire block. 2c. closed with fire block. 2d. closed with fire block. 2e. closed with fire block. 2f. to be closed with fire block. 2g. to be closed with fire block. 2h. to be closed with fire block. 2i. Ceiling to be repaired/replaced	5/4/18 5/4/18 5/4/18 4/2/18 4/2/18 4/2/18 4/2/18 4/3/18 4/20/18 4/20/18 4/20/18 5/4/18

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C 189	Continued From page 7 around the perimeter. j. Kitchen - there are two conduit penetrations in the ceiling over the coffee service area. k. Oxygen Storage/Med Room - there is a 1" diameter hole in the ceiling at the light fixture and there is a conduit penetration along the left wall. l. There is a small hole in the ceiling at the exit sign by Room 100. 3. Based on observation there is a failure to maintain the facility in a safe manner. Emergency means of egress/pathways must not be blocked or obstructed. This could delay the occupants' evacuation from the facility in an emergency. Findings on March 22, 2018: a. Activity room - the exterior door required excessive force to open which could hinder the residents' and staff's ability to safely exit in a fire or other emergency. b. Gate at SCU - due to thick grass and mud, the gate could only be opened approximately 25 degrees which is not wide enough for the passage of wheelchairs, walkers or residents needing assistance. The mud and ponding water do not allow for safe exiting through the gate. 4. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on March 22, 2018: a. The kitchen hood suppression system is not being checked in house on a monthly basis.	C 180	2j. closed with fireblock 2k. closed with fire block 2l. to be closed with fire block 3a. door has been repaired To open and shut safely As required. 3b. Gate to have new hinges Dig out and concrete for Safe entry and exit. 4a. Maintenance person Has been made aware this is part of the monthly Extinguisher Checks	4/5/18 4/2/18 4/13/18 4/5/18 4/20/18 3/30/18

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C 189	Continued From page 8 5. Observations revealed that the plumbing fixtures were not maintained in a safe, operating condition. Findings on March 22, 2018: Room 203 bathroom - the toilet fixture is very loose. 6. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on March 22, 2018: a. The exterior GFCI outlet outside of the 100 hall exit did not trip when tested.	C 189	5. Toilet fixture is secured. 6a. GFCI replaced.	3/27/18 4/2/18
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the hot water temperature was not maintained between 100	C 195	1. Monitoring of hot water Will be maintained on a Weekly basis and Adjusted as needed.	3/22/18

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C 195	Continued From page 9 and 116 degrees Fahrenheit at all fixtures used by residents. Findings on March 22, 2018: a. The water temperature taken at Room 308 was 122 degrees Fahrenheit. Interview with staff revealed that the water heater on the 300 hall had recently been repaired. The thermostat was adjusted at the time of survey.	C 195	Daily, weekly and monthly Rounds to be done by Maintenance, Administrator Or Administrator's designee To ensure compliance and Necessary repairs are done In a safe and timely manner.	5/4/18

Wilson Fire/Rescue Services

307 Hixes Street West / Wilson, NC 27893

**Albert L. Alston, Fire Chief**

Telephone: 252.399.2891 / Fax: 252.399.2893

Fran Etters
Wilson Assisted Living
3501 Senior Village Lane NW

Ms. Etters,

Thank you for reaching out to the Wilson Fire/Rescue Services Fire Prevention Bureau concerning the fire alarm requirements in your facility. Based on the existing conditions of the facility, the fire alarm devices in the resident's rooms provide an approved amount of coverage for the facility. The resident's bathrooms and closet are of a square footage that meets exemptions for providing additional coverage by the fire alarm system. These rooms are also in close proximity to the resident's room which is provided with fire protection by way of a smoke detector that is linked to the facility's fire alarm system.

Should the building's fire alarm system become damaged, upgraded, or the coverage area undergo a renovation, the building's fire alarm system will then require further assessment as to meeting the current code requirements for fire alarm systems.

If you have any further questions or need any further assistance from our office, please do not hesitate to let me know.

Sincerely,

Blake Holloman, Fire Marshal
Wilson Fire/Rescue Services
252-399-2880



Internationally Accredited Agency