

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL001002</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>04/19/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BURLINGTON CARE CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2201 BURCH BRIDGE ROAD<br/>BURLINGTON, NC 27217</b> |
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| {C 000}            | Initial Comments<br><br>Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on April 19, 2018.<br><br>The following deficiencies from the Biennial Construction Survey remain to be corrected.  | {C 000}       |   |                    |
| {C 101}            | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building does not meet the requirements of the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm because the usage of 'basement' areas for storage is not allowed without a 1 hour fire-resistant rated ceiling and fire sprinkler protection.<br><br>Findings on April 19, 2018: | {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<br><br>a. The report from the 02/09/2018 Biennial survey revealed the crawl space below kitchen had clothing items, a cabinet section and a wicker basket stored in the crawl space. On April 19, 2018 this space was locked and on site staff did not have a key to access the area to verify corrections.<br><br>b. The report from the 02/09/2018 Biennial survey revealed Crawl space below kitchen stairs had a car seat, a dog bed and numerous boxes of adult diapers stored in the space. On April 19, 2018 this space was locked and on site staff did not have a key to access the area to verify corrections.   | {C 101}       |   |                    |
| {C 111}            | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(<br>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.<br><br>This Rule is not met as evidenced by:<br>1. Review of records revealed that the facility did not maintain building safety inspection reports in the home and available for review.<br><br>Findings on April 19, 2018:<br>a. The report from the 02/09/2018 Biennial survey revealed The facility did not have an annual sprinkler inspection report indicating that the system was functional and operating per code. Staff on site did not have access to this report. The administrator did not respond to attempts from the staff to contact her.<br>b. The report from the 02/09/2018 Biennial | {C 111}       |   |                    |

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| {C 111}   | Continued From page 2<br><br>survey revealed The facility did not have an annual fire alarm inspection report. Staff on site did not have access to this report. The administrator did not respond to attempts from the staff to contact her. An inspection tag on the equipment indicates that the last inspection was conducted on November 3, 2015.<br>c. The report from the 02/09/2018 Biennial survey revealed The Fire Official's inspection report dated November 10, 2017 noted that the facility did not have current sprinkler and fire alarm inspection reports. On April 19, 2018 Staff on site did not have access to this report. The administrator did not respond to attempts from the staff to contact her.                       | {C 111}   |   |                    |
| {C 160}   | Outside Premises-Clean, Safe<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(m) The requirements for outside premises are:<br>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the outside premises were not maintained in a clean and safe condition.<br><br>Findings on April 19, 2018:<br>a. The exterior kitchen steps were blocked with garbage cans and cooking pots.<br>b. The crawl space door under the kitchen was heavily rotted and damaged along the bottom edge. The veneer was buckling and there were green mildew stains along the rotted edges of the | {C 160}   |   |                    |

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| {C 160}            | Continued From page 3<br><br>door. The holes were large enough for pests to enter the crawl space.<br>New Deficiencies:<br>c. An old mattress was observed leaning against the back of the facility.<br>d. The door to the basement apartment was delaminating at the edges and there was a hole at the bottom of the door.   | {C 160}       |   |                    |
| {C 164}            | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the walls, ceilings and floor or floor coverings were not kept clean and in good repair.<br><br>Findings on April 19, 2018:<br>a. Basement- The report from the 02/09/2018 Biennial survey revealed there is a moisture problem in the basement apartment. The living room carpet was soaking wet along the outside wall from the ground level exit to the stair wall. There was a substantial amount of mold or mildew along the lower portion of the wall above the wet floor. The wall finish was deteriorating due to heavy moisture. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections. | {C 164}       |   |                    |

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| {C 164}   | Continued From page 4<br><br>b. Basement - The report from the 02/09/2018 Biennial survey revealed the A/C ducts are generating moisture problems in the basement apartment. The sheetrock boxing around the A/C ducts in the three bedrooms has mildew stains along the sides and bottoms of the boxing. The ceiling finish is flaking and peeling in the bedrooms along the boxing. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections.<br>c. Crawl space below bathrooms - The report from the 02/09/2018 Biennial survey revealed The perimeter of the opening has black mildew stains. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections.<br>d. Crawl space below bathrooms - The report from the 04/19/2018 Biennial survey revealed the wood joists and sub-flooring observed from below have a substantial amount of water damage. Some of the wood is splintering and showing signs of decay. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections.<br>e. Office - The report from the 02/09/2018 Biennial survey revealed the trim is missing around the door to the basement. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections.<br>f. Room 2 - the vinyl tile at the threshold is cracked and the floor is giving under foot. This has not been corrected.<br>g. Room 2 - the bottom hinge is damaged on the right closet door. At the follow up survey the door is off of the hinges and the screws are left exposed which could cause injury.<br>h. Kitchen - the wall behind the stove was splattered with grease and food particles. Neither | {C 164}   |   |                    |

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| {C 164}            | Continued From page 5<br><br>the filter nor the wall have been cleaned.<br>i. Janitor's closet - the vinyl tile at the threshold is cracked and broken. This has not been repaired.<br>j. Kitchen, Room 3 and Room 4 - the vinyl tile has gray stains in front of the kitchen sink and between the beds in the two bedrooms. Interview with staff revealed that one of the residents attempted to clean the floors with a spray cleaner which caused the gray stains. The stains are still highly visible.<br>k. Bathrooms - the ceiling finish in both bathrooms is cracked and flaking off. This has not been corrected.<br>l. Room 4 - the vinyl tile at the threshold is cracked and soft underfoot along the left side of the doorway. This has not been corrected.  | {C 164}       |   |                    |
| {C 185}            | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR EVACUATION<br>(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.<br>(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.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Review of records revealed that the facility did not have records of the quarterly fire rehearsals at the facility for review. | {C 185}       |   |                    |

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| {C 185}            | Continued From page 6<br><br>Findings on April 19, 2018:<br>a. The report from the 02/09/2018 Biennial survey revealed The records of the fire rehearsals were not in the facility.<br>On April 19, 2018 Interview with staff revealed that the owner had taken the log book out of the facility to update. Staff on site did not have access to this report. The administrator did not respond to attempts from the staff to contact her.   | {C 185}       |   |                    |
| {C 189}            | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. 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.<br><br>Findings on April 19, 2018:<br>a. Basement - The report from the 02/09/2018 Biennial survey revealed there is a large hole around the duct penetration in the third bedroom of the basement apartment. On April 19, 2018 This space was locked and on site staff did not | {C 189}       |   |                    |

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| {C 189}            | <p>Continued From page 7</p> <p>have a key to access the area to verify corrections.</p> <p>b. Room 4 - The report from the 02/09/2018 Biennial survey revealed the escutcheon plate is missing from the sprinkler head leaving a gap in the fire resistant ceiling. This has not been corrected.</p> <p>c. Based on a previous survey, the facility has replaced missing escutcheon plates to the sprinkler heads throughout the facility. At the time of this survey, several of the plates had dropped down leaving gaps in the ceiling. Some of the plates cannot be tight to the ceiling due to a build up of paint and caulking that had been previously applied.</p> <p>2. Based on observation there is a failure to maintain plumbing piping, plumbing devices and equipment in a safe manner or in operating condition. Failure to maintain or install piping, plumbing devices and equipment in a safe manner or in operating condition could effect occupants of the facility if the plumbing system does not operate as required.</p> <p>Findings on April 19, 2018:</p> <p>a. Crawl space with water heaters - The report from the 02/09/2018 Biennial survey revealed a steady dripping leak was observed coming from above. Ceiling material was on the ground below the opening. Further observation revealed a heavily corroded 2" copper waterline running across the opening. The pipe has a 1" gash in the side and droplets of water were observed along the pipe. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections.</p> <p>b. Guest bathroom - the control valve on the tub has broken off. The valve is still missing.</p> | {C 189}       |   |                    |



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| {C 189}            | <p>Continued From page 8</p> <p>3. Based on observation the mechanical equipment is not maintained in a safe manner. Failure to maintain the equipment could possibly create an unsafe or hazardous condition that would effect occupants of the facility.</p> <p>Findings on April 19, 2018:</p> <p>a. Crawl space below bathrooms - The report from the 02/09/2018 Biennial survey revealed there is a metal duct which appears to be a dryer duct coming through the floor and dangling loose in the crawl space. Dryer ducts should be vented to an exterior location. There is a vent on the wall outside the crawl space. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections.</p> <p>b. Laundry - the exhaust fan vent has a heavy accumulation of lint and dust. The vent does not appear to have been cleaned since the last survey.</p> <p>c. Kitchen - the grease filter in the kitchen exhaust hood was completely clogged with grease and debris. The grease filter does not appear to have been cleaned since the last survey.</p> <p>4. 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.</p> <p>Findings on April 19, 2018:</p> <p>a. Corridor to dining and kitchen - the existing emergency light consisting of a battery pack and headlights did not work. This has not been repaired or removed.</p> <p>b. The emergency light by the dining room did not illuminate when tested. The emergency light still does not work.</p> | {C 189}       |   |                    |

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| {C 189}            | Continued From page 9<br><br>5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not operate during a fire or other emergency.<br><br>Findings on April 19, 2018:<br>a. Janitor's closet - the heat detector is dangling from the ceiling by its wires. The detector has not been repaired.<br>b. Guest bathroom - the ring on the heat detector is bent and may no longer be serviceable. The detector has not been repaired or replaced. | {C 189}       |   |                    |