

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER THE STRATFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 405 SMITH LEVEL ROAD CHAPEL HILL, NC 27516		
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Frank Strickland, conducted on April 5, 2018. Records indicate this facility was first licensed on 08/06/1996. The facility is currently licensed for 77 Beds with a 33 Beds 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 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited that require a Plan of Correction. Deficiencies were cited that require a Plan of Correction.	C 000		
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",	C 101	C101 1) The facility will have a contracted fire alarm vendor connect the fire alarm detection in the library to the fire alarm system. 2) There were no other corridors found without fire alarm detection. 3) The fire alarm vendor will check on annual inspection to ensure all corridors remain with fire alarm detection. 4) The Quality Assurance Committee will review the finding of the fire alarm inspection reports and correct any noted deficiencies.	5/10/18

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

TITLE

(X6) DATE

STATE FORM

5899

6U9321

If continuation sheet 1 of 10

Den Smith

Executive Director (AIT)

5/10/18

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C 101	Continued From page 1 copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the Building did not meet the NC State Building Code at the time of initial Licensing, because there was no fire alarm detection in all of the corridors. Findings on April 5, 2018: a. Library - there is no fire alarm detection connected to the fire alarm system, in this area and it is open to the corridor.	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 record review, and interview with Executive Director, the facility has unresolved deficiencies cited on their current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on April 5, 2018: a. The Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report, in accordance with NFPA 25, performed on February 1, 2018 listed several deficiencies that have not been addressed. Deficiencies listed below. i. 3c The sprinkler heads near the air vents are getting loaded with dust and need to be clean.	C 111	<p>C111</p> <ol style="list-style-type: none"> 1) The facility will have the contracted sprinkler system vendor correct all deficiencies noted in the February 1, 2018 report including cleaning/repairing the sprinkler heads/accelerator, sampler test the outside dry drop sprinkler heads, and replacing the 1and a half inch check valve. 2) There were no other above items found deficient on the Annual Fire Sprinkler System Inspection or during the survey. 3) The Fire/Sprinkler system vendor will continue to check the above areas on annual inspection to ensure all deficiencies are reported. 4) The Executive Director will complete work orders for all needed repairs identified on the annual inspection and will follow up as needed until repairs are completed. The Quality Assurance Committee will review the finding of the Fire/Sprinkler inspection reports and unsure deficiencies have been corrected. 	5/16/18

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C 111	Continued From page 2 ii. 3c There are (3) painted (Reliable, F1R, 155, QR, White, Pendant) sprinkler heads. Two are in the child day care and one is in the activity room next to the dining room. iii. 6c The trim valve for the accelerator off upon arrival. iv. 12e The accelerator was out of service upon arrival. Before the trip test on the dry system it was put into service but after the trip test on the dry vale the accelerator would not set back up. The Accelerator needs to be repaired or replaced. v. Note The outside dry drop sprinkler heads are 10 years old and should be sample tested. vi. Note The 1 1/2" check vale on the drip cup drain does not hold and needs to be replaced so you can do a full main drain test without flooding the Riser Room.	C 111	
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by:	C 154	<p><u>C154</u></p> <p>5/16/18</p> <ol style="list-style-type: none"> 1) The facility will have the contracted fire alarm system vendor repair the toggle switch on the protective covers at the SCU entrance near bedroom 207 and at the Lobby Nurse Station so that they alarm as required. 2) There were no other toggle switches found that did not alarm. 3) The Fire alarm system vendor will continue to check the above areas on annual inspection to ensure all toggle switches alarm as required. 4) The Executive Director will complete work orders for all needed repairs identified on the annual inspection and will follow up as needed until repairs are completed. The Quality Assurance Committee will review the finding of the Fire alarm inspection reports and ensure deficiencies have been corrected.

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C 154	Continued From page 3 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on April 5, 2018: a. SCU /Entrance near Bedroom 207 - this "Special Locking System" exit has a protective cover over the emergency release toggle switch that does not alarm. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device. <input checked="" type="checkbox"/> b. Lobby Nurse Station - the central emergency override switch for the "Special Locking System" has a protective cover over the emergency release toggle switch that did not alarm. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154		
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. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on April 5, 2018: a. Resident Care Coordinator Office - a HVAC	C 164	C164 1) The facility has completed work order requests for the identified grills to be cleaned/repaired. 2) There were no other ventilation grills found in need of repair or cleaning. 3) Facility staff will be educated on the proper procedure to report areas found in need of repair/cleaning to the management team and/or the Executive Director (ED). 4) The Executive Director will complete work orders for all needed repairs identified and will follow up as needed until repairs are completed. The Quality Assurance Committee will review the work order process quarterly to ensure it is functioning as needed.	5/6/18

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C 164	Continued From page 4 grille is falling out of the ceiling. b. Laundry Anteroom - the ventilation grill with its radiation damper has an excessive accumulation of dust/lint.	C 164	<u>C166</u>	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (b) 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 Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on April 5, 2018: a. Bedroom 113 - there are two portable medical oxygen cylinders stored standing up and one laying on its side that not secured. b. Oxygen Room - there is a crate full of haphazardly stored portable medical oxygen cylinders. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff, and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on April 5, 2018: a. Bath near Nurse Station - the connection of the commode to the floor is loose.	C 166	1) The oxygen cylinders in room 113 are now secured. The oxygen room has been cleaned and all cylinders properly stored in oxygen cylinder racks. A work order has been completed to repair the loose commodes in the bath near the nurse's station and in the women public restroom. 2) There were no other cylinders found to be stored haphazardly and no other commodes found loose at the base. 3) Facility staff will be educated on the proper procedure for oxygen storage. Facility staff will be educated on the proper procedure to report areas found in need of repair to the management team and/or the ED. 4) The Executive Director will complete work orders for all needed repairs identified and will follow up as needed until repairs are completed. The Quality Assurance Committee will review the work order process quarterly to ensure it is functioning as needed. The facility Safety Committee will monitor the oxygen storage area monthly to ensure proper storage of tanks.	5/6/18

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C 166	Continued From page 5 b. Women Public Restroom - the connection of the commode to the floor is loose.	C 166	<u>C188</u>	<i>5/6/18</i>
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on April 5, 2018: a. Front Porch left of the Door - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester.	C 188	1) A work order has been completed to repair the ground fault circuit interrupter (GFCI) receptacle. 2) There were no other (GFCI) receptacles found to be defective. 3) Facility staff will be educated on the proper procedure to report areas found in need of repair to the management team and/or the ED. 4) The Executive Director will complete work orders for all needed repairs identified and will follow up as needed until repairs are completed. The Quality Assurance Committee will review the work order process quarterly to ensure it is functioning as needed.	
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.	C 189		

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C 189	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system.</p> <p>Findings on April 5, 2018:</p> <p>a. Library Mech Room - the sample tubes for the HVAC duct mounted smoke detector are dirty, and my not detect the existence of smoke in the air stream.</p> <p>b. Both Exterior Patio Mech Rooms - the sample tubes for the HVAC duct mounted smoke detector are dirty, and my not detect the existence of smoke in the air stream.</p> <p>2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on April 5, 2018:</p> <p>a. Left Exit near Bedroom 109 - the exit sign did not illuminate on backup power when tested.</p> <p>b. Smoke Barrier near Bedroom 119 - the exit sign did not illuminate on backup power when tested.</p> <p>c. Front Lobby - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.</p> <p>d. Admin Corridor - there is no emergency lighting provided for this corridor..</p> <p>e. Exit near Bedroom 216 - the exit sign did not illuminate on backup power when tested.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to</p>	C 189	<p><u>C189</u></p> <p>1) A work order has been completed and the Fire Alarm/Sprinkler contracted vendor has been notified to come and clean the identified sample tubes. A work order has been completed for the contracted maintenance vendor to repair the identified exit signs back up power illumination and add emergency lighting to the Admin Corridor. A work order has been completed and the contractor has been notified to come and perform the semi-annual kitchen hood maintenance. A work order has been completed for the contracted maintenance vendor to firestop the identified gaps around the cables in those areas. The box was removed that was obstructing the sprinkler head in the freezer. A work order has been completed and contractor notified to replace the missing escutcheon plate in laundry. A work order has been completed for contract maintenance to repair the kitchen corridor door so that it closes and latches properly. The wedges were removed from all other doors and facility staff will be educated to not wedge doors open. There are now keys available for the Business and Activity office to allow for inspection of these areas.</p> <p>2) There were no other areas found to be defective as noted above.</p> <p>3) Facility staff will be educated on the proper procedure to report areas</p>	5/16/18
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C 189	<p>Continued From page 7</p> <p>ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on April 5, 2018:</p> <p>a. Kitchen - per the attached maintenance tag, the commercial kitchen hood's fire suppression system had its last semi-annual maintenance performed in May of 2017.</p> <p>4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on April 5, 2018:</p> <p>a. Med Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Library Mech Room - there are gaps around two cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. c. Both Exterior Patio Mech Rooms - there are gaps around cables not firestopped as they penetrate the fire-resistance-rated ceiling assemblies.</p> <p>5. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room. Findings on April 5, 2018:</p> <p>a. Freezer - the sidewall fire sprinkler head is obstructed with a box directly in front of the deflector.</p> <p>6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not</p>	C 189	<p>found in need of repair to the management team and/or the ED. The Fire/Sprinkler system vendor will continue to check the above areas during annual inspections.</p> <p>4) The Executive Director will complete work orders for all needed repairs identified and will follow up as needed until repairs are completed. The Quality Assurance Committee will review the work order process quarterly to ensure it is functioning as needed. The Quality Assurance Committee will review the findings of the Fire alarm inspection reports and ensure deficiencies have been corrected.</p>	

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C 189	<p>Continued From page 8</p> <p>contained in the Room or compartment of origin. Findings on April 5, 2018:</p> <p>a. Laundry - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on April 5, 2018:</p> <p>a. Kitchen - the corridor door hits the floor preventing it from closing and latching. b. Dining - the pair of corridor doors have kick down devices and wedges holding the doors open. This prevents the rapid release of the doors with a light push or pull of the doors, to close and latch them. c. Basement Back Storage - the corridor door has a wedge holding the doors open. This prevents the rapid release of the doors with a light push or pull of the doors, to close and latch them. d. Basement Front Storage - the corridor door has a wedge holding the doors open. This prevents the rapid release of the doors with a light push or pull of the doors, to close and latch them. e. Basement Front Storage - the corridor door does not have a latch bolt to keep the door closed.</p> <p>8. Based on Observation and interview with Administrator, the Building was not maintained accessible for inspection. This will prevent any deficiency that may be discovered with regular inspections from being corrected. Findings on April 5, 2018:</p> <p>a. Business and Activity Office - there are no keys onsite to allow access into these areas,</p>	C 189		
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