

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2018
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NAME OF PROVIDER OR SUPPLIER WELLINGTON PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 329 COOPER STREET KENANSVILLE, NC 28349
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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 6-12-2018. Records indicate this facility was first licensed as a Home for the Aged serving 80 residents on 11-1-1967. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes, and the 1967 North Carolina State Building Code Section 407- for Group "D"-Institutional Occupancy.	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", 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 facility failed to meet the Building Code when constructed or altered. Building Code requires fire alarm systems to have pull stations at each required exit.	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 Findings on 6-12-2018; a. In the Men's Day room, the pull station is 27 feet from the exit. b. In the Women's Day room, the pull station is 32 feet from the exit. c. There is no pull station provided at the marked exit from the kitchen. 2. Based on observation, a new courtyard fence had been built outside a required and marked exit from the dining room that did not meet the Building Code for exiting. The Building Code requires doors and gates from spaces that can hold more than 50 people to swing outward. Finding on 6-12-2018; The courtyard could hold more than 50 people and the exit gate swings to the inside which could delay or obstruct evacuation in an emergency.	C 101		
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: Based on observation, the door on the corridor bathroom between rooms 43 and 45 would not latch for privacy.	C 132		

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C 166	Continued From page 2	C 166		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, an exit sign in the corridor points to a 16 foot long side corridor and a former exit door that is marked by an exit sign. The corridor and former exit door are not required to be an exit but are marked as one. The former exit door is now a locked door to an office that is cluttered with furniture and other items and in no longer acceptable as an exit.</p> <p>2. Based on a review of documents, the last semi-annual vendor inspection on the range hood fire suppression system was conducted in August of 2017. Range hood fire suppression systems must be inspected every 6 months by a certified inspection company and the inspection must be documented somewhere such as on the tag provided at the system pull.</p> <p>3. Based on observation, the facility failed to be maintained free of hazards because of exits signs directing exiting in the wrong directions. Exit signs that lead in the wrong direction could delay an evacuation in an emergency. Findings 6-12-2018: a. The required exit sign in the Women's day room has both the exit arrows pointing in the wrong directions for exiting.</p>	C 166		

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C 166	Continued From page 3 b. The required exit sign near room 50 has the left arrow pointing in the wrong direction for exiting. 4. Based on observation, the ice machine drain line was in direct contact with 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. 5. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 6. Based on observation, there was a hose attached to the faucet at the mop sink in the bathroom near room 16, extending into the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 7. Based on observation, the drain grate was not attached to the shower drain in the bathroom by room 29. The loose grate presented a trip and fall hazard.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	<p>Continued From page 4</p> <p>REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on observation the magnetic hold open devices on the cross-corridor fire and smoke partition doors released the doors on fire alarm activation but then re-energized when the fire alarm system was silenced. Magnetic hold open devices that re-energize before the fire alarm system is fully reset could allow smoke and fire to travel freely through the facility. 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: <ol style="list-style-type: none"> Corridor at Men's day room, Corridor near room 24, Note; This deficiency was corrected during the survey. The light was very weak in the Women's day room, The light was very weak in the Men's day room. Based on observation, the facility failed to be maintained in a safe condition because of an exit sign not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Findings include: 	C 189		

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C 189	<p>Continued From page 5</p> <p>The exit sign in the dining room did not work on battery when tested.</p> <p>4. 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.</p> <p>Findings include;</p> <ul style="list-style-type: none"> a. The fire wall doors near room 37 do not close completely and latch when activated by the fire alarm system. b. The door to room 2 will not latch when closed. c. The door to the Men's bathroom near room 10 will not latch when closed. d. The door to room 50 will not latch when closed. e. The exit door near room 50 will not latch closed. f. The strike is missing at the exit door near room 50. g. The double doors to the dining room do not latch when closed. h. The double doors to the dining room drag and and very hard to close. i. There was a hole through the door to the linen closet near room 2. j. The door to the linen closet near room 2 was damaged at the latchset. k. The door to the Men's bathroom near room 10 does not fit the opening properly to be resistant to the passage of smoke. l. The door to room 17 does not fit the opening properly to be resistant to the passage of smoke. m. The door to room 25 does not fit the opening properly to be resistant to the passage of smoke. n. The door to room 8 was propped open. 	C 189		

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C 189	<p>Continued From page 6</p> <p>5. Based on observation, the corridor door to the RCC office is cut in 2 pieces like a "Dutch" door and is not provided with the proper hardware to allow it to close quickly and latch 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 on 6-12-2018; a. The top half of the door does not automatically latch when closed. b. There is a gap of about 7/16 inch between the doors that is sealed with combustible rubber gasket.</p> <p>6. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in several locations. 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. Findings include: a. Plywood patch, 30 inches wide by 60 inches high, on the wall in bedroom 40, b. Plywood patch, 48 inches wide by 60 inches high, on the wall in main laundry, Hole in the ceiling of the nurse station, c. Plywood patch, 30 inches wide by 60 inches high, on the wall in the beauty parlor, d. Unrated sliding glass window, 24 inches by 24 inches, separating the Administrator's office from the corridor. e. Unsealed patch of 1/2 inch gypsum board to ceiling in main electrical room. f. Hole in ceiling at water line in main electrical room. g. Unsealed penetrations (2) in the ceiling of the closet in the Administrator's office,</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>h. Damaged ceiling in small laundry near Men's day room,</p> <p>i. Unsealed penetration in ceiling in small laundry near Men's day room,</p> <p>j. The smoke detector in room 31 was not tightly fitted to the ceiling.</p> <p>7. Based on observation, an electrical outlet and conduit was hanging off the wall in the RCC office.</p> <p>8. Based on observation, the globe was missing on an exterior light in the new courtyard. Missing globes could cause the bulb to break and expose electrified parts.</p>	C 189		
C 195	<p>Hot Water System</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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).</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation, the hot water temperature was checked and found to be 122 degrees F. in the bathroom near room 10. Hot water temperature in excess of 116 degrees F. present</p>	C 195		

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C 195	Continued From page 8 the possibility of burning residents.	C 195		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <p>(1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 6-12-2018;</p> <p>a. The exhaust provided was not working in the bathroom near room 10. b. The exhaust provided was not working in the bathroom near room 20. c. The exhaust provided was not working in the bathroom near room 21. d. There was no exhaust provided in the small laundry near Men's day room.</p>	C 199		
C 202	<p>Existing Fac. Housing Non-ambs-Hand Bells</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER</p>	C 202		

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C 202	<p>Continued From page 9</p> <p>REQUIREMENTS</p> <p>(j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility has an electrical call system provided with switches located at each bed. The several switches tested failed to activate the call system. A malfunctioning call system can delay staff response to an emergency.</p>	C 202		