

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/20/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217</b>
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{C 000}	Initial Comments  Report of a Biennial Follow Up Construction Survey by Ed Miller conducted on June 20, 2018.  The following deficiencies from the Biennial Construction Survey remain to be corrected.	{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 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.  Findings on June 20, 2018: a. The report from the 02/09/2018 Biennial	{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  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. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call. 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. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call.	{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. Review of records revealed that the facility did not maintain building safety inspection reports in the home and available for review.	{C 111}		

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{C 111}	Continued From page 2  Findings on June 20, 2018: 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. 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. On June 20, 2018, Staff on site did not have access to this report. b. The report from the 02/09/2018 Biennial survey revealed The facility did not have an annual fire alarm inspection report. 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. An inspection tag on the equipment indicates that the last inspection was conducted on November 3, 2015. On June 20, 2018, Staff on site did not have access to this report. 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. On June 20, 2018, Staff on site did not have access to this report.	{C 111}		
{C 160}	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;	{C 160}		

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{C 160}	Continued From page 3  This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.  Findings on June 20, 2018: a. The exterior kitchen steps were blocked with garbage cans, cooking pots and furniture. Stair width was 20 inches wide. 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 door. The holes were large enough for pests to enter the crawl space. c. An old mattress was observed leaning against the back of the facility. d. The door to the basement apartment was delaminating at the edges and there was a hole at the bottom of the door. The top edge of the door has been pulled away and now rain is possibly entering the apartment.  New Finding e. An area very near the wooden step in the back appears to have been a trash pile that was burned. Small pieces of food remains with some trash. This site very close to the wooden step and the building. Smoke could have caused health concerns for the Residents and embers could set the steps and building on fire. f. The small pieces of food left after the trash burning is drawing unwanted flies and other vermin.	{C 160}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired	{C 164}		

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{C 164}	<p>Continued From page 4</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b> <b>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</b></p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the walls, ceilings and floor or floor coverings were not kept clean and in good repair.</p> <p>Findings on June 20, 2018:</p> <p>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. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call.</p> <p>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</p>	{C 164}		
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{C 164}	<p>Continued From page 5</p> <p>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. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call.</p> <p>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. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call.</p> <p>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. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call.</p> <p>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</p>	{C 164}		
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{C 164}	Continued From page 6  corrections. On June 20, 2018, the trim is off on the office side and you can see through the crack into the stairwell. f. Room 2 - the vinyl tile at the threshold is cracked and the floor is giving under foot. On June 20, 2018, this has not been corrected. 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. On June 20, 2018, there has been no change except a chair is propping un the door. h. Kitchen - the wall behind the stove was splattered with grease and food particles. Neither the filter nor the wall have been cleaned. On June 20, 2018, per the Staff on site the area and filter has been cleaned but it needs cleaning again. i. Janitor's closet - the vinyl tile at the threshold is cracked and broken. On June 20, 2018, this has not been repaired. 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. On June 20, 2018, this has not been repaired. k. Bathrooms - the ceiling finish in both bathrooms is cracked and flaking off. On June 20, 2018, this has not been corrected. l. Room 4 - the vinyl tile at the threshold is cracked and soft underfoot along the left side of the doorway. On June 20, 2018, this has not been repaired.	{C 164}		
{C 185}	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT	{C 185}		

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{C 185}	<p>Continued From page 7</p> <p>10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Review of records revealed that the facility did not have records of the quarterly fire rehearsals at the facility for review.</p> <p>Findings on April 19, 2018:</p> <p>a. The report from the 02/09/2018 Biennial survey revealed The records of the fire rehearsals were not in the facility.</p> <p>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. On June 20, 2018, Log book has not returned.</p>	{C 185}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>10A NCAC 13F .0311 OTHER 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</p>	{C 189}		



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{C 189}	<p>Continued From page 8</p> <p>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> <p>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.</p> <p>Findings on April 19, 2018:</p> <p>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 have a key to access the area to verify corrections. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call.</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. On June 20, 2018, 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. On June 20, 2018, this has</p>	{C 189}		
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{C 189}	<p>Continued From page 9</p> <p>not been corrected.</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. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call.</p> <p>b. Guest bathroom - the control valve on the tub has broken off. The valve is still missing. On June 20, 2018, this has not been corrected.</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>	{C 189}		

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{C 189}	<p>Continued From page 10</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. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call.</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. On June 20, 2018, this has not been corrected.</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. On June 20, 2018, per the Staff on site the filter has been cleaned but it needs cleaning again.</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. On June 20, 2018, this has not been corrected.</p>	{C 189}		
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{C 189}	<p>Continued From page 11</p> <p>b. The emergency light by the dining room did not illuminate when tested. The emergency light still does not work. On June 20, 2018, this has not been corrected.</p> <p>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.</p> <p>Findings on April 19, 2018:</p> <p>a. Janitor's closet - the heat detector is dangling from the ceiling by its wires. The detector has not been repaired. On June 20, 2018, this has not been corrected.</p> <p>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. On June 20, 2018, this has not been corrected.</p> <p>New Finding</p> <p>6. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order.</p> <p>Findings on June 20, 2018:</p> <p>a. Basement under Dining - the documentation of this portable fire extinguisher's monthly inspections stopped in February 2018.</p> <p>7. Based on observation, the facility failed to maintain in a properly operating manner the general illumination of the building. This would affect all residents, staff and visitors if light levels</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/20/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURLINGTON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2201 BURCH BRIDGE ROAD</b> <b>BURLINGTON, NC 27217</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 12  were lower than required, as traversing the space become more difficult and tripping/falling could increase. Findings on June 20, 2018: a. Dining - the lights in this room do not illuminate the room. When the switch is turned on, the lights flicker off.	{C 189}		