

AH Dennes N.

PRINTED: 10/02/2018
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/19/2018
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NAME OF PROVIDER OR SUPPLIER BURLINGTON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 BURCH BRIDGE ROAD BURLINGTON, NC 27217
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{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on September 19, 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 September 19, 2018:	{C 101}		

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

Leland O...

10/31/18

TITLE
Owner

(X6) DATE

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{C 101}	Continued From page 1 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. 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. On September 19, 2018, the Biennial Follow-up survey revealed that the crawl space below kitchen has the following combustible material being stored: two bed covers, a tall cabinet, wooden ladder, and two large framed wall hangings. 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. On September 19, 2018, the Biennial Follow-up survey revealed the Crawl space below kitchen stairs has the following combustible material being stored: lawn equipment with about 1/2 gallon of gasoline in a can, fertilizer, a large shopping cart full of clothing, bedding materials and several collapsed boxes.	{C 101}	<i>All items will be removed</i>	<i>11/30/18</i>
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{C 111}	Continued From page 2	{C 111}		
{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. 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. On September 19, 2018, Staff had most of the report for the inspection performed on 9/18/2017. Provide DHSR the letter referenced in the report so we can review the comments. In addition provide a new annual sprinkler inspection report as it is now over a year since the last inspection was performed. b. The 09/02/2018 Fire Official Report revealed: The facility did not have an annual fire alarm inspection report, or the an annual fire sprinkler inspection report. The report also revealed that there is an emergency light out near the Dining Room. (The fire sprinkler inspection report was on site and available with the exception on the comment letter.)	{C 111}	<i>Inspection will be provided</i>	<i>11/30/18</i>

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{C 160}	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(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;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition.</p> <p>Findings on September 19, 2018: 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. 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.</p>	{C 160}		
{C 164}	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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</p>	{C 164}	<i>Doors will be replaced</i>	<i>11/30/18</i>

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{C 164}	Continued From page 4 facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floor or floor coverings were not kept clean and in good repair. Findings on September 19, 2018: 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. On September 19, 2018, The follow-up 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. 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	{C 164}	<i>All areas will be repaired</i>	11/30/18

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{C 164}	Continued From page 5 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. On September 19, 2018 The follow-up survey revealed 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. 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. On Spetember 19, 2018 The Follow-up survey revealed the slab has black mildew stains along with som black mildew stains on the ceiling. 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	{C 164}			

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{C 164}	Continued From page 6 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. On Spetember 19, 2018 The Follow-up 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. There is an active plumbing leak. 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. On June 20, 2018, the trim is off on the office side and you can see through the crack into the stairwell. On Spetember 19, 2018 The Follow-up survey revealed the trim is missing around the door to the basement on both sides and could not stop a fire from spreading . 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. On September 19, 2018, this has not been corrected. h. Kitchen - the wall behind the stove was splattered with grease and food particles. Nelther 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. On September 19, 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. On September 19, 2018, this has not been corrected. 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	{C 164}			

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{C 164}	Continued From page 7 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. On September 19, 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. On September 19, 2018, this has not been corrected.	{C 164}		
{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. This Rule is not met as evidenced by: Findings on September 19, 2018: 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	{C 189}	<i>All areas will be repaired & cleaned</i>	<i>11/30/18</i>

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{C 189}	Continued From page 8 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. On September 19, 2018, this has not been corrected. 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. On September 19, 2018, this has not been corrected. 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 not been corrected. On September 19, 2018, this has not been corrected. 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. Findings on September 19, 2018: 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. On September 19, 2018, this has not been corrected.. 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	{C 189}		

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{C 189}	Continued From page 9 the filter has been cleaned but it needs cleaning again. On September 19, 2018, per Staff on site, the filter has been cleaned but it needs cleaning again.. 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. Findings on September 19, 2018: 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. On September 19, 2018, this has not been corrected. 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. Findings on September 19, 2018: 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. On September 19, 2018, Deficiency corrected before Construction Surveyor departed site 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,	{C 189}		

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{C 189}	Continued From page 10 and visitors by not identifying emergency equipment not in proper working order. Findings on September 19, 2018: a. Basement under Dining - the documentation of this portable fire extinguisher's monthly inspections stopped in February 2018. On September 19, 2018, this has not been corrected.	{C 189}		