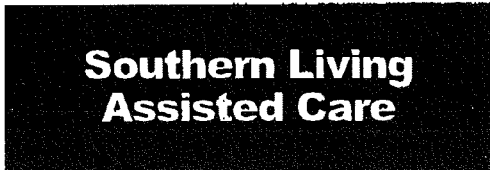


2060 West 5th Street
Greenville, NC 27834
Phone: 252-752-3402
Fax: 252-754-2367
southernlivingpaula@yahoo.com



Fax

To: Mr. Miller/Ms. Suzanna Fay/DHHSR/Construction Section	From: Paula Meekins, Administrator
Fax: 1-919-733-6592	Pages: 8 pages including cover
Phone:	Date: 12/31/2018
Re: Construction Survey POC	cc:
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input checked="" type="checkbox"/> Please Comment Please Reply <input type="checkbox"/> Please Recycle	

RECEIVED

DEC 31 2018

CONSTRUCTION SECTION

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/07/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING ASSISTED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
--	---

(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 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on December 7, 2018. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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 facility has not kept the facility in a clean and orderly manner by allowing pests in the facility to go unmanaged. Findings on December 7, 2018: a. Pantry - one live roach was observed on the floor.	{C 164}	Precision Pest continues to spray the facility weekly on Wednesdays with Arlon to prevent pests such as cockroaches and other rodents. Housekeepers notify the Housekeeping Manager of problem areas noted during their daily housekeeping duties. These problem areas are reported to Precision Pest personnel by the Housekeeping Manager on Wednesdays therefore, pest control personnel can concentrate on these areas of concern. The Precision Pest personnel also, alternate areas of the facility during their weekly visits to Southern Living to maintain the pests within the facility. All meals and snacks are served in the dining room and all residents are encouraged to finish all meals/snacks in that location to prevent pests. Staff also encourage and monitor residents' consumption of food and drinks in their rooms on a daily basis. Food left unprotected by residents is discarded by the Housekeepers. Immediately and on-going Housekeepers/personal care staff monitor resident' consumption of food daily and discard, as needed. Precision Pest In weekly on Wednesdays.	
{C 166}	Housekeeping-Maintained Free of Hazards 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			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Paula L. Muburn

Administrative

(X6) DATE

12-31-18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/07/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING ASSISTED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
--	---

(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}	<p>Continued From page 2</p> <p>and visitors by not containing smoke/fire in the fire compartment of origin.</p> <p>Findings on December 7, 2018:</p> <p>a. Firewall near Bedroom 109 - the left leaf of the cross-corridor double-egress doors did not latch when the fire alarm hold open devices released. This has not been repaired. Interview with staff revealed that due to the age of the doors, they have been unable to obtain the necessary parts to make the repairs.</p> <p>b. Firewall near Bedroom 128 - the left leaf of the cross-corridor double-egress doors did not latch when the fire alarm hold open devices released. At the time of the follow up survey, the door did not close completely. It appears to be dragging along the frame at the top of the door.</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 December 7, 2018:</p> <p>a. Corridor near Bedroom 126 - the exit sign did not illuminate on backup power when tested. The exit sign did not illuminate on test. Staff revealed that repairs had been made but determined that the fixture would need to be replaced.</p> <p>b. Dining Room Right Exit - the exit sign did not illuminate on backup power when tested. The exit sign did not illuminate on test. Staff revealed that repairs had been made but determined that the fixture would need to be replaced.</p> <p>c. Corridor near Bedroom 307 - the exit sign did not illuminate on backup power when tested. The exit sign did not illuminate on test. Staff revealed that repairs had been made but determined that the fixture would need to be replaced.</p>		<p>Custom Overhead Doors of Greenville will be in sometime during the week of December 31, 2018-January 4, 2019 to assess the firewall near Bedroom 109 and the firewall near Bedroom 128. Repairs will be made as needed to ensure the firewall functions appropriately in the event of smoke/fire.</p> <p>Correction date January 7, 2019. Administrator will inform the Construction Section if additional time is needed for repairs.</p> <p>Beginning immediately, firewalls will be checked monthly during the fire rehearsals by Administrator /designee to ensure they remain in proper working order. The monitoring will be dictated on the Fire Rehearsal Report.</p>	
---------	--	--	--	--

			<p>Administrator observation on 12/31/2018 revealed that the exit sign near the Corridor near Bedroom 126, the exit sign near the dining room right exit and the exit sign near the Corridor near Bedroom 307 had been repaired/replaced and illuminated on test. The wall mounted self-contained emergency light has been replaced and illuminates on test.</p> <p>Beginning immediately, Maintenance staff will monitor the exit signs/emergency lighting weekly to ensure that the building's emergency equipment is maintained in a safe and operating condition. The Administrator or her designee will complete monthly monitorings of the building's emergency equipment to ensure safety of the residents and staff of the facility.</p> <p>The monthly monitoring will be dictated on the Emergency Lighting Checklist and will be maintained in the Administrator's Office in the Building Safety Log.</p>	
--	--	--	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/07/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING ASSISTED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835
--	---

(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}	<p>Continued From page 4</p> <p>when making corrections.</p> <p>f. Electrical Room near Bedroom 331 - there is a flush mounted gypsum patched above the electrical that does not have the required joint tape and joint compound. This has not been repaired. Interview with staff revealed he did not get into the Records Room to make repairs as he was unclear as to which room this was.</p> <p>g. Records Room - the joint compound and joint tape has deteriorated on the one-hour fire-resistance-rated gypsum ceiling assembly boards and cannot stop a fire. This has not been repaired. Interview with staff revealed he did not get into the Records Room to make repairs as he was unclear as to which room this was.</p> <p>h. Records Room - there is a gap around a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. This has not been repaired. Interview with staff revealed he did not get into the Records Room to make repairs as he was unclear as to which room this was.</p> <p>4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition.</p> <p>Findings on December 7, 2018:</p> <p>a. Bathroom 330 - the corridor door when closed has a 0-3/8 inch gap between the door leaf and the bottom of the header doorstop. There is still a gap at the top of the door. Interview with staff revealed that he had added weather stripping to the top of the door, but the weatherstripping had been removed by another contractor making repairs.</p> <p>5. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to</p>	{C 189}	<p>The corridor door near Bathroom 330 with a 0-3/8 gap between the door leaf and the bottom of the header doorstop will be repaired by Newsome Construction prior to January 7, 2019. Mr. Newsome had been in previously to adjust 92 doors within the facility, however, overlooked this one.</p> <p>Correction date-January 7, 2018 Beginning immediately, the smoke tight corridor doors within the facility will be monitored monthly by the Maintenance staff to ensure safety for all residents and staff.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/07/2018	
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING ASSISTED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835		
(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}	<p>Continued From page 5</p> <p>function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin.</p> <p>Findings on December 7, 2018:</p> <p>a. Firewall near Bedroom 226 - the front leaf's panic hardware is missing its cover, where the vertical rod attaches. This has not been repaired. Interview with staff revealed that due to the age of the doors, they have been unable to obtain the necessary parts to make the repairs.</p> <p>b. Firewall near Bedroom 308 - the left leaf's panic hardware is missing its cover, where the vertical rod attaches. This has not been repaired. Interview with staff revealed that due to the age of the doors, they have been unable to obtain the necessary parts to make the repairs.</p> <p>6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.</p> <p>Findings on December 7, 2018:</p> <p>a. Laundry - there is an electrical panel that had open slots where breakers had been removed or blanks fell out. This allows access to energized components that are not guarded against accidental contact. Interview with staff revealed that they had purchased the wrong type of blanks and still needed to repair this item.</p> <p>b. Bedroom 120 Restroom - 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. The outlet was tripped and would not reset. Interview with staff revealed that they had failed to note this item on the report but would make the necessary repairs.</p>	{C 189}	<p>Custom Overhead Doors of Greenville will be in sometime during the week of December 31, 2018-January 4, 2019 to assess the firewall near Bedroom 226 and the firewall near Bedroom 308. The missing panic hardware will be replaced/repared as needed, to ensure the firewall functions appropriately in the event of smoke/fire.</p> <p>Correction date January 7, 2019. Administrator will inform the Construction Section if additional time is needed for repairs. Beginning Immediately, firewalls will be checked monthly during the fire rehearsals by Administrator /designee to ensure they remain in proper working order. The monitoring will be dictated on the Fire Rehearsal Report.</p> <p>Observation by the Administrator on 12/26/2018 revealed that the Maintenance staff had replaced the open slots on the electrical panel in the Laundry room for the prevention of accidental contact to energized components. Monthly inspection of the electrical panels will be conducted by Maintenance staff beginning immediately to ensure the electrical system is maintained in a safe, operating condition. <u>12/26/2018/monthly</u></p> <p>Observation by Administrator on 12/27/2018 revealed that the ground fault circuit-interrupter (GFCI) electrical power receptacle in Bedroom 120 Restroom was replaced with a blank cover due to non-use and safety of the residents.</p>	

Division of Health Service Regulation
STATE FORM

12/27/2018

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 12/07/2018	
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING ASSISTED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2060 WEST FIFTH STREET GREENVILLE, NC 27835		
(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 6 c. Records Room - there is an electrical receptacle missing its cover plate. This has not been corrected. Interview with staff revealed he did not get into the Records Room to make repairs as he was unclear as to which room this was.	{C 189}	Administrator observation on 12/31/2018 revealed that the electrical receptacle in the Record's Room that was missing its cover plate has been corrected. Beginning immediately, weekly monitorings by the Maintenance workers will be conducted to ensure all electrical receptacles and electrical light switches will have proper coverings in place at all times to prevent injury to staff and residents. Monthly monitorings by the Administrator/designee will be conducted to ensure all electrical receptacles and electric light switches will have proper coverings in place at all times. Corrected 12/31/2018 Weekly monitoring by maintenance beginning immediately Monthly monitorings by Administrator/designee beginning immediately.	