

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/25/2018
NAME OF PROVIDER OR SUPPLIER PIEDMONT VILLAGE AT NEWTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1345 CHAPMAN LANE NEWTON, NC 28658		
(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 Construction Section Biennial Survey by Dennis Harrell on 10-25-2018. Records indicate this facility was first licensed on 5-12-1994, for 40 beds. Documentation provided by the facility owner indicates that this facility was built in 1985. Based on the this information, we are requiring that this facility to meet the 1984 Minimum Standards and Regulations for Homes for the Aged and Disabled, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1978 NC State Building Code-Section 409 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 magnetic	C 101		

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

Georgette Johnson

TITLE

Administrator

(X6) DATE

2/11/19

Division of Health Service Regulation

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C 101	Continued From page 1 hold-opens on the smoke barrier doors allowed the doors to close upon activation of the fire alarm system but then re-energized when the fire alarm system was silenced. Magnetic hold-opens that re-energize before the fire alarm system is fully reset could allow fire and/or smoke to travel freely throughout the facility. 2. Based on observation, the facility failed to meet the requirements of the NC State Electrical Code as relates to required access for electrical panels. The Electrical Code requires the area in front of an electrical panel to remain clear for at least 2.5 feet wide by 3 feet deep. Findings on 10-25-2018; a. A cabinet had been built in the utility room that extended over part of an electrical panel and obstructed the door from opening fully. b. There were many items stored directly in front of the same electrical panel.	C 101	C101- Fire Alarm panel contact re-program. Magnetic door holders now only re-energize when fire panel is reset. (A) Utility room cabinet removed (B) Items in front of electrical panel removed	10/30/18 10/29/18 10/29/18
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: Based on observation, the building walls and floors were not kept in good repair. Findings on 10-25-2018:	C 164		

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C 164	Continued From page 2 a. The wall finish is damaged in the Public Men's bathroom. b. There was an unfinished floor repair in the corridor men's bathroom.	C 164	C164 (A) All walls repaired & painted (B) New flooring installed in bathroom	11/07/18 11/8/18 11/9/18
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 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 in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding on 10-25-2018: Several (3) portable medical oxygen cylinders were stored in no container at all in the oxygen storage room. 2. Based on observation, an extension cord was being used in place of permanent wiring to provide power to the dishwasher. The cord extended from a receptacle in the dining room, through a doorway into the kitchen. Extension cords are intended for temporary use only and must never pass through a doorway. 3. Based on observation and interview, items	C 166	C166 (1) Portable Oxygen cylinders properly stored (2) Extension cord removed & new receptacle installed in kitchen for dish washer	10/30/18 10/26/18

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C 166	Continued From page 3 were stored in the mop sink and had been there for many months. Storage in a sink prevents the water from being turned on and will cause the waste trap to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility.	C 166	C166 (3) Mop sink items removed & waste trap is wet	10/26/18
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. (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. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Finding on 10-25-2018: In the 3rd quarter of this year, there was no rehearsal done during the 3rd shift.	C 185	C185 10/25/18 Fire Drill Performed on 3rd shift.Asst Admin will follow company policy and document all fire drill rehearsals and fax to Corp office.	10/25/18
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> <p>1. 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:</p> <p>a. Holes in the wall in the corridor near the laundry.</p> <p>b. Cover plate missing on an outlet box in the activity closet.</p> <p>c. Gypsum compound and tape falling off where the wall meets the ceiling in the laundry.</p> <p>d. Heat detector hanging by the wires in the clean linen room leaving an open outlet box.</p> <p>2. Based on observation, 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. Findings include:</p> <p>a. The door to bedroom 3 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>b. The door to bedroom 10 does not fit the</p>	C 189	<p>C189</p> <p>(A) Corridor holes properly sealed</p> <p>(B) Cover Plate installed on outlet</p> <p>(C) Sheetrock mud compound installed and crown molding installed</p> <p>(D) Fire Alarm heat detector properly secured</p> <p>2 (A) Bedroom door properly sealed aganist door stop</p> <p>2 (B) Bedroom door properly sealed aganist door stop</p>	<p>11/1/18</p> <p>11/1/18</p> <p>11/5/18</p> <p>11/1/18</p> <p>11/6/18</p> <p>11/6/18</p>
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C 189	Continued From page 5 opening properly to be resistant to the passage of smoke.	C 189		