(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL092182 02/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4230 WENDELL BOULEVARD OLIVER HOUSE** WENDELL, NC 27591 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) C 000 Initial Comments C 000 Construction Section Biennial Surevey report by Response to the sited deficiencies do not constitute an admission of agreement 4/5/19 Frank Strickland and Suzanna Fay conducted on by the facility of the truth of facts alleged or conclusions set forth in the Statement 02/21/2019: of Deficiency. The plan of correction is prepared soley as a matter of compliance with the state of law. This facility was licensed on 02/12/1987 as a Home for the Agedand is licensed for 100 Beds including a 31Bed Special Care Unit. This facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 8) North Carolina State Building Code(s), Section 409.1 - Minimum Standards and Regulations for Homes for the Aged (1984) in effect at time of initial licensure. Deficiencies have been cited and a Plan of Correction is required. C 148 Corridors-Handrails C 148 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** A continous handrail will be placed on the corridor (g) The requirements for corridors are: wall between room 404 and the memory care (2) Handrails shall be provided on both sides of dining room in the 400 hall way. corridors at 36 inches above the floor and be Estimated completion date: 4/28/2019 capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to provide handrails on both sides of the corridor wall. Findings on 02/21/2019: There is not a continous handrail on the corridor wall between Room 404 and Dining Room in the 400 HALL.

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

TITLE

4-5-2019

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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		HAL092182	B. WING		02/21/2019		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
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OLIVER	11000E	WENDELI	_, NC 27591				
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C 160	(1) The outside gro	PHYSICAL PLANT	C 160				
	This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain the exterior coverings in a safe condition. Findings on 02/21/2019: The PTAC grille cover on the exterior is not in place for Room 408/400 HALL.			A PTAC grille cover will be placed on the eunit for room 408 on 400 hall way. Estimated completion date: 4-28-19.	exterior PTA	с	
C 164	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair;	C 164				
	maintain the interior	ation, this facility has failed to r ceiling in good repair.		The 1" hole to the ceiling light will be repaired at a entrance. Estimated completion date: 4-28-19.	the front lobb	у	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED			
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
	4230 WENDELL BOLL EVARD					

I OLIVER HOUSE		WENDELL BOULEVARD DELL, NC 27591			
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C 164	Continued From page 2	C 164			
	the front entrace lobby.				
C 166	Housekeeping-Maintained Free of Hazards	C 166			
	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, this facility has not been maintained in a orderly manner, free of hazardous obstructions.				
	Findings on 02/21/2019: There are oxygen bottles in Oxygen Storage Room/100 HALL that are free standing on the floor and not stored in approved racks.		All oxygen will be secured by oxygen racks as required.	2-22-19	
	2-Based on observation, this facility has not been maintained in a orderly manner, free of hazardous obstructions.				
	Findings on 02/21/2019: The attic access panel was partially installed in the attic access opening that is located in the IT Room/100 HALL. The panel was resting halfway on the opening framing and not secured, leaving an opening not fire protected and hazardous.		The attic access panel will be in place as required.	2-22-19	
C 189	Building Equipment Maintained Safe, Operating	C 189			
	SECTION .0300 - PHYSICAL PLANT				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL092182 02/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4230 WENDELL BOULEVARD OLIVER HOUSE** WENDELL, NC 27591 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 Continued From page 3 C 189 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: 1-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 02/21/2019: Sprinkler head will be replaced in the left hand side of the closet A sprinkler head is not in place due to damage room 108. that is located in the left-hand side closet for Estimated completion date 4-15-19. Room 108/100 HALL. 2-Based on observation, this facility has failed to maintain the life-safety components in a safe and operating condition. Findings on 02/21/2019: The corridor emergency egress lights did not The emergency egress light will illuminate when tested in the 2-22-19 emergency mode that is located outside room 203. illuminate when tested in the emergency mode located outside Room 203/200 HALL. 3-Based on observation, this facility has failed to maintain the fire safety components to keep the facility in a safe condition. Findings on 02/21/2019: We will contract our HVAC vendor to inspect and resolve this There is a 12" flex duct which transitions to a 12" Estimated completion date: 4-10-19. x 12" duct and penetrates through the masonry wall in the attic. At the time of survey, staff did not know when the duct was installed. It was also not

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known if the masonry wall still is required to carry

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL092182 02/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4230 WENDELL BOULEVARD OLIVER HOUSE** WENDELL, NC 27591 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 Continued From page 4 C 189 a two-hour fire resistance rating since the installation of the sprinkler system. And it was not known if a damper was installed. Based on observation, this facility has failed to maintain the HVAC components in a safe and operating condition. Findings on 02/21/2019: The high air intake supply for the gas water heater has been 2-28-19 The high air intake supply for the gas water corrected heater is blocked off in the Mechnical Room/300 HALL. 5-Based on observation, this facility has failed to maintain fire saftey components in a safe and operating condition. Findings on 02/21/2019: The mechanical exhaust fans will be operational for the following The mechanical exhaust fans are not operational locations. at the following locations: Room 108 bathroom (a) Room 108 Bathroom/100 HALL Shower room adjacent to room 211/200 hall way. Room 304/ 300 Hall (b) Shower Room adjacent to Room 211/200 Shower room / 400 hall. HALL Estimated completion date 4/10/2019. (c) Room 304/300 HALL (d) Shower Room/400 HALL 6-Based on observation, this facility has failed to maintain plumbing components in a safe and operating condition. Findings on 02/21/2019: The piping is not rated for high temperation for the pressure relief valve for the water heater located in the Spa Mechnical Closet in the 300 HALL. 7-Based on observation, this facility has not maintained the interior door in a safe and operating condition.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	SURVEY PLETED	
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NAME OF	PROVIDER OR SUPPLIER	4230 WEN	DDRESS, CITY, STATE, ZIP CODE NDELL BOULEVARD LL, NC 27591				
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C 189	Findings on 02/21/2 The following doors not latch: (a) Mechanical Clos (b) Room 404/400 H (c) Room 114/100 H 8-Based on observamaintained the interpretating condition. Findings on 02/21/2	2019: are out of adjustment and do set/Spa Room/300 HALL HALL ation, this facility has not rior door in a safe and 2019: or wood doors are damaged to be seenent is needed: HALL	C 189	The following doors will be adjusted so they an Mechanical Closet/Spa Room / 300 Hall. Room 404/400 Hall. Estimated completion date 4-15-19. The following doors will be replaced: Room 105/100 Hall. Room 108/ 100 Hall. Estimated completion date 4-28-19.	e able to latch		

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