Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 03/06/2019 HAL007014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1218 PAMLICO STREET **CLARA MANOR** WASHINGTON, NC 27889 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay conducted on March 6, 2019... Records indicate this facility was first licensed on September 1, 1962, as a Home for the Aged (HA). The facility is currently licensed for 20 beds. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes and the 1967 North Carolina State Building Code(s) for Group D Institutional... C 101 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 KITCHEN DOOR WILL BE CHANGED TO SWING IN THE CONFOR DIRECTION 30 THAT HAMBRAILS CAN BE IN STALLED. 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 interview and observation, the facility does not meet the licensure and code requirements in effect at the time of construction or alteration as relates to 'Use and Occupancy'.

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

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: 01 03/06/2019 B. WING HAL007014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1218 PAMLICO STREET **CLARA MANOR WASHINGTON, NC 27889** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 101 Continued From page 1 C 101 Findings on March 6, 2019: Interview with facility staff revealed a non-Adult Care Resident (tenant) living in the private apartment. Observations revealed clothing and other belongings in the apartment and staff acknowledged that this space was rented out. The occupant was not a resident of the facility, a staff member or an owner. Review of DHSR Construction records revealed this facility was designed and built in accordance with the 1967 NC State Building Code as Group D Institutional Occupancy. In order to be considered Institutional Occupancy, the 'private apartment' would have been approved for use only by live in staff, owner or other staff associated with the facility and responsible for the safety of residents. C 152 C 152 Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (h) The requirements for outside entrances and (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails: This Rule is not met as evidenced by: 1. Observations revealed that all steps, porches and stoops were not provided with handrails and guardrails. Findings on March 6, 2019: a. The kitchen exit has a stoop and two steps to grade. There are no handrails or guardrails. The

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C 152	current configuration	on of the door does not allow	C 152		
	for rails and it is dif the door swings op	ficult to maneuver the exit as			
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164		
	FURNISHINGS (a) Adult care hom (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture (e) This Rule shall	06 HOUSEKEEPING AND			
	facilities. This Rule is not many that many tha	et as evidenced by: evealed that the walls and naintained in good repair. 6, 2019: eiling finish in the closet is ling away from the structure. aint in the exterior comer has ed from the ceiling down to the closet doors have been and are propped up against nical Room - there is a hole lamaged at the floor to the left inical Room - there is an I at ground level between the		A. REPAR AND PAINT 8. REPARE ROUTES AND FEIT 0. REPLACE WAY - 5/8" 5. SHEATPOCK AND PAIN E. FINE CANN ALL PENTERS AND PAINT	4/5/19 4/5/19 4/5/19 710NS

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C 164	Continued From pa	age 3	C 164			
	were not maintaine	d in good repair.			1	
	1000 1101 111011111111111	o in good ropain				,
	Findings on March	6, 2019:		1	ı l	4/5/19
	a. Kitchen - two of	the base cabinet doors have		REPAIR AND REINSTAG		1/10
	fallen off.			F- 7 F		
	3. Observations re maintained free of	evealed that the facility was not				
	maintaineu nee or	unpleasant odors.				
	Findings on March	6, 2019:		1 25-17-18-16-1	-50	3/28/19
		ere is a strong, unpleasant		HOUSE KGEPGES KETTENTIVED		דינישן ד
	urine smell in the b	pathroom	ļ	ma GADUENTLY		
				HOUSE KEEPEL RETURNED MOR PREDVENTLY		
C 166	Housekeeping-Mai	intained Free of Hazards	C 166	'		
		DUVOICAL DI ANT				
		PHYSICAL PLANT 306 HOUSEKEEPING AND				
	FURNISHINGS	300 TIOOGENEEL INGTHIS				
	(a) Adult care hom	es shall:	1			
	(5) be maintained	in an uncluttered, clean and				
	1	ee of all obstructions and				
	hazards;	I amakata masa and assisting	1			
	(e) This Rule shall facilities.	l apply to new and existing				
	idCfilles.					
[
	This Rule is not m	net as evidenced by:				
		evealed that the facility was not				
[maintained free of	hazards.				
	Findings on March	s 2019 [.]		THATTO OR REAGE IF	7	4/5/19
	a Bath 2 and I ad	lies Bath 15 - the handrails at		MAHON WE KEN		" / "
	the toilets were loc	ose which may not support the		Broken		
	weight of the resid	lents causing injury.				
		41 Ab P 1874 1				ļ
1	2. Based on obse	rvation the facility is not				
	maintained free fro	om hazards by not maintaining clearance of 36" in front of				
1	electrical breaker					1
İ	AICCRICAL DI CAVEI	pariore.				

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 R WING 03/06/2019 HAL007014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1218 PAMLICO STREET **CLARA MANOR** WASHINGTON, NC 27889 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 166 C 166 Continued From page 4 A. REMOVED TABLE AND RELOCATED 3/10/19 Findings on March 6, 2019: a. Laundry Room - a cart and table were stored directly in front of the electrical panel. C 185 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 This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not maintain records of the fire rehearsals. A. FIRE REHEASAL LOG HAS
SEEN ESTABLISHED 3/24/19 Findings on March 6, 2019: a. There was not a record of fire rehearsals conducted from July 2018 through December 2018. C 189 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

Division of Health Service Regulation STATE FORM

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C 189	Continued From pa	nge 5	C 189		
	operating condition (k) This Rule shall facilities with the ex	e maintained in a safe and l. apply to new and existing exception of Paragraph (e) bly to existing facilities.			
	Based on obser maintain the facility safe operating con smoke compartme resistant rated doo	et as evidenced by: rvation there is a failure to y's fire safety equipment in a dition. The occupants in the ent could be effected if the fire ers do not completely close and he spread of smoke and/or fire n.			
:	Findings on March a. The fire door no fire alarm was acti	6, 2019: ear Room 10 closed when the vated, but did not latch.	,	REPARE CATCH SO DAY &	000R 4/5/19
	has not been inspending maintained in a sa Occupants of the f	rvation fire safety equipment ected to assure it has been fe and operable condition. acility could be effected if fire did not operate when needed to tion.			
	extinguisher sitting that was last inspe	ter Shed - there is a fire g on top of the hot water heater ected in 2005.		A. REMINED OLD MAKE EXAMA DAD REPLACED / 1005 POLLE FACE OFFICIAL NOTH TO RECOUT IN SPECTION	15762 3/es/19 N.
	equipment is not no condition. Missing will not provide no	rvation the facility's fire safety naintained in operating or removed smoke detectors tification in the case of a fire.			
	Findings on March a. The smoke def been removed from	ector in the Laundry Room has		A. RE-WEADON IT ON BASE	

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C 189	Continued From pa	age 6	C 189		
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	A Observations re-	vealed that the mechanical		1	
	equipment was not	t maintained in a safe and	1		
	operating condition				
				A. Now YEARS BOWN WS	140/
	Findings on March	6, 2019:		A NAMER ROMA NOS	TAUED 41/19
	a. Laundry - the exterior dryer caps were missing		1	M. MONVANIS DO. 1.	
		austs at the back of the			
	building.				
	5 Reced on obse	rvation there is a failure to	ŀ		
	maintain the facility	y's fire safety equipment in a			
i	safe condition. In o	order to resist the passage of			
	smoke resident ro	om doors must not have gaps			
	between the door	and the door frame stops.			
		0.0040			
	Findings on March 6, 2019: a. Room 14 - there is a gap at the top left portion of the door between the door and frame. 6. Observations revealed that the plumbing equipment was not maintained in a safe			A PRODUCT DOOR AND RO	25/19
				H. NEARSON	
				A. READSUST DOOR AND R	
			1		
	condition.				_
	P	► € 2010·		A. THATENED POILET SE	3/11/19
1	Findings on March	ilet seat was not secure which		A. Mayour	J(11/16)
ļ	could cause a res	ident to slip and fall.			
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