

## Fax

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□ Urger :	☐ For Review	C Please Comment	☐ Please Reply	y ☐ Please Recycle
Re:	CC:			
Phone:	Date: 3-18-19			19
Fax: C	<u>119-733-</u>	U592 P	ages: U	
To: []	ennis Ha	rell F	rom: Holly Dav	/is

A.HM: Dennis HARRELL PCC For Sungside Retirement Division o Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN C CORRECTIO 1 A. BUILDING: 01 B. WING 02/13/2019 HAL081042 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PF OVIDER OR SUPPLIER 1600 U.S. HIGHWAY 221 S. SUNNYSILE RÉTIREN ENT HOME: FOREST CITY, NC 28043 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 nitial Comments teport of Construction Section Biennial Survey y Dennis Harrell on 2-13-2019. tecords inclicate this facility was first licensed on 1-1-1972, for 34 residents. Based on this nformation we are requiring the facility to meet ne 1967 North Carolina State Building Code, the 971 Minimum and Desired Standards and Regulations for Homes for the Aged and infirm ind the aprilicable portions of the 2005 Rules for he Licensing of Adult Care Homes of Seven or /lore Beds. C 153 C 153 Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLAN" IOA NCAC 13F .0305 PHYSICAL ENVIRONMENT h) The requirements for outside engrances and door knob was replaced with a single hand motion knob exits are: 2-18-19 3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times vithout keys; and This Rule is not met as evidenced by: Based on observation, the door to the front exit stairway from the second floor required 2 hand motions to open. C 166 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

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

TITLE

(X6) DATE

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If continuation sheet, 1 of 5

Division o Health Service Regulation (X1) PROVIDER/SUPF'LIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN O CORRECTIO 1 IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 02/13/2019 HAL081042 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PF IVIDER OR SUPPLIER 1600 U.S. HIGHWAY 221 S. SUNNYSII E RETIREN ENT HOME: FOREST CITY, NC 28043 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 166 C 166 | Continued From page 1 rderly manner, free of all obstructions and e) This Rule shall apply to new and existing icilities. oxygen cylinders were returned to compant (30) his Rule in not met as evidenced by: . Based on observation, the building was not naintained in a safe manner by not properly andling portable medical oxygen cylinders. This ould affect all residents, staff and visitors if 0 8 large portable medical ylinders fall, breaking their valves, propelling the ylinder and turning it into a dangerous projectile. ovygen cylinders were stored in appraced metric findings on 2-13-2019: ı. Several (30) small portable medical oxygen wlinders were stored in cardboard boxes. . Several (8 large and 7 small) portable medical crate. 7 small ones xygen cylinders were stored in unapproved were returned to compant everage crates. One por able medical oxygen cylinder was stored free standing in no container at all. door know was 2-18-19 Based on observation there were sharp edges in the door knob to the bathroom across from oom 5. The sharp edges presented a laceration isk. C 185 C 185 Fire Safety Rehearsals on Each Shift Additional training and quidance given on description of fire drill rehearsals to include location of SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR **EVACUATION** 2-22-19 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 Fire and defailed cognition and copies furnished to the county department of social services annually. The records shall

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Division o Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPF LIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN O CORRECTIO 1 IDENTIFICATION NUMBER: A, BUILDING: 01 B. WING 02/13/2019 HAL081042 NAME OF PF OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1600 U.S. HIGHWAY 221 S. SUNNYSIL E RETIRENENT HOME: FOREST CITY, NC 28043 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID. (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 185 C 185 | Fontinued From page 2 iclude the late and time of the rehearsals, the hift, staff it embers present, and a short escription of what the rehearsal involved. This Rule shall apply to new and existing. acilities. his Rule is not met as evidenced by: lased on a review of documents, th∈ records vailable or site included little to no description of that the reliearsal involved. a latch has been replaced
b door know who replaced
c door sam corrected so that
door fits C 189 Juilding Equipment Maintained Safe, Operating C 189 2-18-19 ŀΔ SECTION . )300 - PHYSICAL PLANT 0A NCAC 13F .0311 OTHER REQUIREMENTS a) The building and all fire safety, electrical, nechanical, and plumbing equipment in an adult are home shall be maintained in a safe and sperating condition. k) This Rule shall apply to new and existing acilities with the exception of Paragraph (e) d door jam and strike replaced
e door laten replaced
g doorstrike replaced
h laten replaced
i laten replaced
i laten replaced
j door stop replaced vhich shall not apply to existing facilities. This Rule Is not met as evidenced by: Based on observation, many corridor doors are preven ed from closing quickly and latching to esist the passage of fire and smoke. Corridor toors 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 remain ter of the facility. Findings on 2-13-2019; a. The door to room 20 will not latch when closed. The door knob is very loose on the door to c. The door to room 20 does not fit the opening

Division o Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPFILIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN O CORRECTIO 1 IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 02/13/2019 HAL081042 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PF OVIDER OR SUPPLIER 1600 U.S. HIGHWAY 221 S. SUNNYSII E RETIREN ENT HOME: FOREST CITY, NC 28043 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES 1D (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 189 L dar opening was adjusted-down now C 189 continued From page 3 2-18-19 roperly to be resistant to the passage of smoke. . The door jamb is badly broken at room 18 and ne strike is missing. . The door to bedroom 18 will not latch when The latch set is damaged on the door to room 8. j. The strike is missing on the door to room 15. i. The door to room 15 will not latch when dosed. . The door to room 14 will not latch when closed. . Part of the door stop is missing on the door to pedroom 14. and hole in ceiling was repaired

b) heat detector re-attached to ceiling : The door to room 13 will not latch when :losed. . The door to room 6 does not fit the opening properly to be resistant to the passage of smoke. 2. Based on observation, the required one-hour ire rated walls and/or ceilings were compromised [ n 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 on 2-13-2019: a. Hole, about 3 inches in diameter in the ceiling of the furnace closet off room 3, 2-13-19 Notice position was corrected b. Heat detector not fitted tight to the ceiling in the kitcher. 3. Based on observation, one of the nozzles on the range hood fire suppression system was not properly positioned and maintained in a safe condition. With system nozzles miss-positioned, the range hood fire suppression system may not be capable of suppressing a range fire as designed. Finding on 2-13-2019; The adjus able nozzle over the griddle was

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Division o Health Service Regulation (X3) DATE SURVEY (XZ) MULTIPLE CONSTRUCTION STATEMENT )F DEFICIENCIES (X1) PROVIDER/SUPFILIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN O CORRECTION A. BUILDING: 01 B. WING 02/13/2019 HAL081042 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PF WIDER OR SUPPLIER 1600 U.S. HIGHWAY 221 S. SUNNYSILE RETIREMENT HOME: FOREST CITY, NC 28043 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 PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 | Continued From page 4 i ointed at the shelf over the griddle. Note; This eficiency was corrected during the survey. C 199 C 199 xhaust Ventilation JECTION J0300 - PHYSICAL PLANT 0A NCAC 13F .0311 OTHER REQUIREMENTS g) The spaces listed in this Paragraph shall be rovided with exhaust ventilation at the rate of wo cubic f∈et per minute per square foot. This equirement does not apply to facilities licensed efore April 1, 1984, with natural ventilation in hese specified spaces: soiled linen storage; 2) soil utility room: 3) bathrooms and toilet rooms; 4) housekeeping closets; and 5) laundry area. k) This Rule shall apply to new and existing acilities with the exception of Paragraph (e) vhich shall not apply to existing facilities. Exhaust Form This Rule is not met as evidenced by: Based on observation the facility failed to naintain required exhaust in a working condition. Finding on 2-13-2019: The exhaust provided was not working in the bathroom a cross from room 6. Start will continue to munital all Bldg maintenance issues and report any found to facility owner immediately

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