

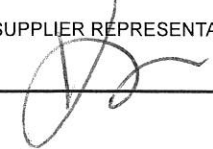
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL025035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2019
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NAME OF PROVIDER OR SUPPLIER THE GARDENS OF TRENT	STREET ADDRESS, CITY, STATE, ZIP CODE 2915 BRUNSWICK AVENUE NEW BERN, NC 28562
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Dennis Harrell, conducted on March 19, 2019. Records indicate this facility was Licensed as a Home for the Aged on 3-1-1980. The facility underwent an addition of two wings in 1983. Currently the facility is licensed for a total capacity of 60 beds. therefore the facility must meet the 1977 and the applicable components of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 (w/revisions) North Carolina State Building Code for Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	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;	C 101	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report; the plan of correction is solely prepared as a matter of compliance with State Law.	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 4.8.19
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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility conducted renovations of the shared toilet rooms which do not meet all applicable volumes of the North Carolina State Building Code. Findings on March 19, 2019: a. Direct observation revealed shower heads were installed over the toilets in each of the shared toilet rooms. FRP panels were placed over the sheetrock behind the toilet. [Note: At the time of survey, all of these shower heads were turned off.] b. The wall areas do not meet the requirement for non-absorbent waterproof materials. The walls are regular sheetrock and the doors are untreated wood. [2012 NC Plumbing Code 417.4.1] c. The bathrooms do not have floor drains. d. There is no evidence that the bathroom floor (shower floor) were provided with a liner and made water tight, the liner must turned up not less than 2 inches on all sides and sloped toward the drain. The floor is flat. [2012 NC Plumbing Code 417.5.2] [See Cross Reference at Tag C 116]	C 101	
C 116	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings	C 116	

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C 116	<p>Continued From page 2</p> <p>and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents.</p> <p>(b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained.</p> <p>(c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.</p> <p>(d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.</p> <p>(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder.</p> <p>(f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed remodeling occurred and construction documents were not submitted, approval was not obtained from the Division and all licensing requirements were not maintained. Findings on March 19, 2019:</p>	C 116	<p>Our Corpoate is currently reviewing the shower situation and is developing a program which we can either eliminate this or process through correct channels.</p>	<p>Estimated completion: 6/1/2019</p>
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C 116	Continued From page 3 a. Shower heads were installed in the wall over the toilets in most of the resident room's 1/2 baths. There is no evidence that copies of the plans and specifications were submitted to DHSR/Construction Section for review and approval. [See Cross Reference at Tag C 101]	C 116		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on March 19, 2019: a. East Hall Back Corridor Back Exit - there are chairs and moving cart, obstructing the required six feet width corridor to about 30 inches. Deficiency corrected before Construction Surveyors departed site	C 150	East Hall Back Corridor Back Exit has been corrected	3/19/2019
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;	C 166		

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C 166	<p>Continued From page 4</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on March 19, 2019: a. Bedroom 15 - seven portable medical oxygen cylinders are standing up on the floor not physically secured in racks, stands or chained to the structure. Deficiency corrected before Construction Surveyors departed site.</p>	C 166	Bedroom 15 has been corrected	3/19/2019
C 184	<p>Fire Safety-Evacuation plan</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to properly post and maintain the evacuation diagrams. This would affect all by not providing proper guidance during an emergency. Findings on March 19, 2019: a. Most of the Building - many of the mounted</p>	C 184	Has been corrected	3/19/2019

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C 184	Continued From page 5 evacuation diagrams are upside down or sideways. The diagrams must be properly oriented on the wall, with the routes shown on the right of the diagram actually to your right as you read. Deficiency corrected before Construction Surveyors departed site.	C 184		
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: 1. Based on Record review and interview with Executive Director the Facility failed to document the time of the rehearsals, and a short description of what the rehearsal involved. Findings on March 19, 2019: a. The rehearsal records had no description of what the rehearsal involved. b. The rehearsal records had no times listed.	C 185	The time of rehearsals and a short description will be documented on the fire drill report for every rehearsal.	Estimated completion date:5/1/2019
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 6</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 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 March 19, 2019:</p> <p>a. West Hall Back Firewall - the exit sign on the backside of the Firewall has one of the chevron punch-outs removed, indicating that you should turn right to exit, but the way out is straight through the doors where you see another exit sign that directs you right.</p> <p>b. Kitchen - the self-contained combination exit sign/emergency light unit has an emergency headlight that does not illuminate on backup power when the test button is pushed.</p> <p>2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin.</p> <p>Findings on March 19, 2019:</p> <p>a. West Hall Laundry - there are 4 holes in the wall where shelves were removed. The holes are not firestopped as they penetrate the fire-resistance-rated wall assembly.</p> <p>b. IT Room - there are gaps around cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p>	C 189	<p>We will change the exit sign to remove the chevron and will replace the exit light/emergency light in the kitchen. Estimated completion dae: 5/1/2019</p> <p>West hall Laundry, It Room., kitchen, and HK near room 58 have been corrected.</p>	4/1/2019

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C 189	Continued From page 7 c. Kitchen - a hood suppression conduit had its firestopped sealant pulled out of the penetration of the fire-resistance-rated ceiling, leaving an unprotected opening. d. .Housekeeping near Bedroom 58 - there are gaps around cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on March 19, 2019: a. Business Office - an extension cord is plugged into a power tap. Deficiency corrected before Construction Surveyors departed site. b. Employee Lounge -long extension cord is being used power a microwave. Deficiency corrected before Construction Surveyors departed site.	C 189	Business office and employee lounge were corrected.	3/19/2019
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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, the facility failed to	C 191		

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C 191	Continued From page 8 prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on March 19, 2019: a. Executive Director Office - a portable electric heater was found in this room. Deficiency corrected before Construction Surveyors departed site.	C 191	Executive Directors office was corrected.	3/19/2019
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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, the Facility failed to maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on March 19, 2019: a. Bedroom Bathrooms on the West Hall - the sinks have hot water temperatures between 94 & 96 degrees Fahrenheit.	C 195	Water temp was adjusted and rechecked to ensure proper readings.	4/1/2019

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C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <p>(1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</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 facility failed to provide ventilation in areas where required. This could affect all residents, staff and visitors by subjecting them to odors.</p> <p>Findings on March 19, 2019:</p> <p>a. East Hall Soiled Linen - there is no ventilation system in this room.</p>	C 199	<p>Exhaust fan has been ordered and will be installed. Estimated completion date: 5/1/2019</p>	