

4/14/19

att Ed Miller

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/21/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BURLINGTON CARE CENTER

**2201 BURCH BRIDGE ROAD
BURLINGTON, NC 27217**

(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 a Biennial Follow Up Construction Survey by Ed Miller, conducted on February 21, 2019. The following deficiencies from the Biennial Construction Survey remain to be corrected.	{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: New Deficiency identified on February 21, 2019 Based on interview and record review, 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'. Findings on February 21, 2019: a. On previous surveys, it had been cited that there was water infiltrating the basement	{C 101}	<p><i>All areas will be drained out and made available for entry by.</i></p> <p><i>Basement has been repaired</i></p> <p><i>Tenant is vacating apartment.</i></p> <p><i>All storage will be removed from crawl space</i></p> <p><i>4/1/19</i></p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Lawanda J.

Owner

3/25/19

STATE FORM

8899

QOKC25

If continuation sheet 1 of 13

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{C 101}	<p>Continued From page 1</p> <p>apartment. On February 21, 2019, interview with facility staff during the follow-up survey revealed a non-Adult Care Resident (tenant) living in the basement apartment. This space was locked and on site staff did not have a key to access the area to verify corrections. Together the SIC and Surveyor knocked on the door and SIC spoke with a women. The woman said she would let us in after she dressed. The women did not return to let Surveyor in, even after repeated knocking.</p> <p>b. Review of DHSR Construction records revealed this facility was designed and built in accordance with the 1978 NC State Building Code as Institutional Occupancy. In order to be considered Institutional Occupancy, the 'basement 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.</p> <p>1. Based on observation, the building does not meet the requirements of the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm because the usage of 'basement' areas for storage of combustibles is not allowed without a 1 hour fire-resistant rated ceiling and fire sprinkler protection.</p> <p>Findings on February 21, 2019:</p> <p>a. The report from the 02/09/2018 Biennial survey revealed the crawl space below kitchen had clothing items, a cabinet section and a wicker basket stored in the crawl space. On April 19, 2018 this space was locked and on site staff did not have a key to access the area to verify corrections. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though</p>	{C 101}	<p><i>Renters have moved out</i></p>	<p><i>4/1/19</i></p>

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{C 101}	<p>Continued From page 2</p> <p>three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call. On September 19, 2018, the Biennial Follow-up survey revealed that the crawl space below kitchen has the following combustible material being stored: two bed covers, a tall cabinet, wooden ladder, and two large framed wall hangings. On February 20, 2019, Surveyor call facility to inform staff of the upcoming follow-up survey, that would be conducted on February 21, 2019 and to enquire about keys for locked doors. Findings on February 21, 2019: the Biennial Follow-up survey revealed this area was locked and no key on site for entry. Per interview with SIC the new building owner changed the locks.</p> <p>b. The report from the 02/09/2018 Biennial survey revealed Crawl space below kitchen stairs had a car seat, a dog bed and numerous boxes of adult diapers stored in the space. On April 19, 2018 this space was locked and on site staff did not have a key to access the area to verify corrections. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call. On September 19, 2018, the Biennial Follow-up survey revealed the Crawl space below kitchen stairs has the following combustible material being stored: lawn equipment with about 1/2 gallon of gasoline in a can, fertilizer, a large shopping cart full of clothing, bedding materials and several collapsed boxes. Finding on February 21, 2019: the Biennial Follow-up survey revealed the Crawl space below kitchen stairs has the following combustible material being stored: 2 pieces of wood, 2 plastic stackable chairs, two</p>	{C 101}		

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{C 101}	Continued From page 3 piles of bedding materials on the floor, several collapsed cardboard boxes in a large cardboard box and a couch pillow.	{C 101}			
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not maintain building safety inspection reports in the home and available for review. Findings on June 20, 2018: a. The report from the 02/09/2018 Biennial survey revealed The facility did not have a current annual sprinkler inspection report indicating that the system was functional and operating per code. On April 19, 2018, Staff on site did not have access to this report. The administrator did not respond to attempts from the staff to contact her. On June 20, 2018, Staff on site did not have access to this report. On September 19, 2018, Staff had the report for the inspection preformed on 9/18/2017. On February 21, 2019, the Biennial Follow-up survey revealed that there was not a current (within the same year) Annual Fire Sprinkler Inspection.	{C 111}			
{C 160}	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	{C 160}			

*Report emailed to
Ed Miller*

4/1/19

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{C 160}	Continued From page 4 ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on February 21, 2019: b. The crawl space door under the kitchen was heavily rotted and damaged along the bottom edge. The veneer was buckling and there were green mildew stains along the rotted edges of the door. The holes were large enough for pests, including small rodents, to enter the crawl space.	{C 130}	<i>Door was replaced</i>	<i>4/1/19</i>
{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: 1. Observations revealed that the walls, ceilings and floor or floor coverings were not kept clean and in good repair.	{C 164}		

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{C 164}	Continued From page 5 Findings on September 19, 2018: a. Basement- The report from the 02/09/2018 Biennial survey revealed there is a moisture problem in the basement apartment. The living room carpet was soaking wet along the outside wall from the ground level exit to the stair wall. There was a substantial amount of mold or mildew along the lower portion of the wall above the wet floor. The wall finish was deteriorating due to heavy moisture. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call. On September 19, 2018, The follow-up survey revealed there is a moisture problem in the basement apartment. The living room carpet was soaking wet along the outside wall from the ground level exit to the stair wall. There was a substantial amount of mold or mildew along the lower portion of the wall above the wet floor. The wall finish was deteriorating due to heavy moisture. On February 20, 2019, Surveyor call facility to inform staff of the upcoming follow-up survey, that would be conducted on February 21, 2019 and to enquire about keys for locked doors. Findings on February 21, 2019: the follow-up survey revealed a non-Adult Care Resident (tenant) living in the basement apartment. This space was locked and on site staff did not have a key to access the area to verify corrections. Together the SIC and Surveyor knocked on the door and SIC spoke with a women. The woman said she would let us in after she dressed. The women did not returned to let Surveyor in, even after repeated knocking. b. Basement - The report from the 02/09/2018	{C 164}	Basement was repaired Renters moved out	4/1/19

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{C 164}	Continued From page 6 Biennial survey revealed the A/C ducts are generating moisture problems in the basement apartment. The sheetrock boxing around the A/C ducts in the three bedrooms has mildew stains along the sides and bottoms of the boxing. The ceiling finish is flaking and peeling in the bedrooms along the boxing. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call. On September 19, 2018 The follow-up survey revealed the sheetrock boxing around the A/C ducts in the three bedrooms has mildew stains along the sides and bottoms of the boxing. The ceiling finish is flaking and peeling in the bedrooms along the boxing. On February 20, 2019, Surveyor call facility to inform staff of the upcoming follow-up survey, that would be conducted on February 21, 2019 and to enquire about keys for locked doors. Findings on February 21, 2019: the follow-up survey revealed a non-Adult Care Resident (tenant) living in the basement apartment. This space was locked and on site staff did not have a key to access the area to verify corrections. Together the SIC and Surveyor knocked on the door and SIC spoke with a women. The woman said she would let us in after she dressed. The women did not returned to let Surveyor in, even after repeated knocking. c. Crawl space below bathrooms - The report from the 02/09/2018 Biennial survey revealed The perimeter of the opening has black mildew stains. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections. On June 20, 2018, this space	{C 164}			

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{C 164}	<p>Continued From page 7</p> <p>was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call. On Spetember 19, 2018 The Follow-up survey revealed the slab has black mildew stains along with som black mildew stains on the ceiling. On February 20, 2019, Surveyor call facility to inform staff of the upcoming follow-up survey, that would be conducted on February 21, 2019 and to enquire about keys for locked doors. Findings on February 21, 2019: the Biennial Follow-up survey revealed this area was locked and no key on site for entry. Per interview with SIC the new building owner changed the locks.</p> <p>d. Crawl space below bathrooms - The report from the 04/19/2018 Biennial survey revealed the wood joists and sub-flooring observed from below have a substantial amount of water damage. Some of the wood is splintering and showing signs of decay. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call. On Spetember 19, 2018 The Follow-up survey revealed the wood joists and sub-flooring observed from below have a substantial amount of water damage. Some of the wood is splintering and showing signs of decay. There is an active plumbing leak. On February 20, 2019, Surveyor call facility to inform staff of the upcoming follow-up survey, that would be conducted on February 21, 2019 and to enquire about keys for locked doors. Findings on February 21, 2019: the Biennial Follow-up survey</p>	{C 164}		

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STATE FORM

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{C 189}	Continued From page 9	{C 189}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER 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: Findings on September 19, 2018: a. Basement - The report from the 02/09/2018 Biennial survey revealed there is a large hole around the duct penetration in the third bedroom of the basement apartment. On April 19, 2018 This space was locked and on site staff did not have a key to access the area to verify corrections. On June 20, 2018, this space was locked and on site staff did not have a key to access the area to verify correction, even though three request were made to have keys on site for this announced inspection. Two separate email address were used and a telephone call. On September 19, 2018, this has not been corrected. On February 20, 2019, Surveyor call facility to inform staff of the upcoming follow-up survey, that would be conducted on February 21, 2019 and to enquire about keys for locked doors. Findings on February 21, 2019: the follow-up survey revealed a non-Adult Care Resident (tenant) living in the manager's quarters. This space was locked and on site staff did not have a key to access the area to verify corrections. Together the SIC and Surveyor knocked on the door and SIC spoke with a women. The woman</p>	{C 189}	will be repaired	4/1/19

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{C 189}	<p>Continued From page 10</p> <p>said she would let us in after she dressed. The women did not returned to let Surveyor in, even after repeated knocking.</p> <p>b. Room 4 - The report from the 02/09/2018 Biennial survey revealed the escutcheon plate is missing from the sprinkler head leaving a gap in the fire resistant ceiling. On June 20, 2018, this has not been corrected. On September 19, 2018, this has not been corrected. Findings on February 21, 2019: this has not been corrected.</p> <p>c. Based on a previous survey, the facility has replaced missing escutcheon plates to the sprinkler heads throughout the facility. At the time of this survey, several of the plates had dropped down leaving gaps in the ceiling. Some of the plates cannot be tight to the ceiling due to a build up of paint and caulking that had been previously applied. On June 20, 2018, this has not been corrected. On September 19, 2018, this has not been corrected. Findings on February 21, 2019: this has not been corrected.</p> <p>3. Based on observation the mechanical equipment is not maintained in a safe manner. Failure to maintain the equipment could possibly create an unsafe or hazardous condition that would effect occupants of the facility.</p> <p>Findings on September 19, 2018:</p> <p>b. Laundry - the exhaust fan vent has a heavy accumulation of lint and dust. The vent does not appear to have been cleaned since the last survey. On June 20, 2018, this has not been corrected. On September 19, 2018, this has not been corrected. Findings on February 21, 2019: this has not been corrected.</p> <p>c. Kitchen - the grease filter in the kitchen exhaust hood was completely clogged with grease and debris. The grease filter does not appear to have been cleaned since the last</p>	{C 189}	<p><i>Report attached from fire Marshal. No violations with escutcheon plates</i></p> <p><i>Vents cleaned</i></p> <p><i>better cleaned</i></p>	<p><i>4/1/19</i></p> <p><i>4/1/19</i></p>	

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{C 189}	<p>Continued From page 11</p> <p>survey. On June 20, 2018, per the Staff on site the filter has been cleaned but it needs cleaning again. On September 19, 2018, per Staff on site, the filter has been cleaned but it needs cleaning again. Findings on February 21, 2019: this has not been corrected.</p> <p>4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on September 19, 2018: a. Corridor to dining and kitchen - the existing emergency light consisting of a battery pack and headlights did not work. This has not been repaired or removed. On June 20, 2018, this has not been corrected. On September 19, 2018, this has not been corrected. Findings on February 21, 2019: this has not been corrected.</p> <p>5. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not operate during a fire or other emergency.</p> <p>New Findings on February 21, 2019: aa. Office - the heat detector is dangling from the ceiling by its wires. bb. Shower Room beside Tub Room - the heat detector is dangling from the ceiling by its wires. cc. Fire Alarm System - the fire alarm system is reporting trouble. The trouble code is 974, dialer 1 com failure. The Burlington City Fire Marshal was contacted. He arrived and the faculty initiated a fire watch to continue until the trouble is</p>	{C 189}	<p><i>old old equipment removed</i></p> <p><i>heat detectors fixed + fire alarm repaired</i></p>	<p><i>4/1/19</i></p> <p><i>4/1/19</i></p>	

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{C 189}	Continued From page 12 cleared. 6. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on September 19, 2018: a. Basement under Dining - the documentation of this portable fire extinguisher's monthly inspections stopped in February 2018. On September 19, 2018, this has not been corrected. On February 20, 2019, Surveyor call facility to inform staff of the upcoming follow-up survey, that would be conducted on February 21, 2019 and to enquire about keys for locked doors. Findings on February 21, 2019: the Biennial Follow-up survey revealed this area was locked and no key on site for entry. Per interview with SIC the new building owner changed the locks.	{C 189}	Fire Extinguishers inspected monthly	4/1/19