Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNSON BETTER CARE FACILITY, INC.	HWY 301 NORTH DUNN, NC 28335

(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 Suzanna Fay conducted on May 22, 2019. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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: 3. Observations revealed that the walls and ceilings were not kept clean and in good repair. Findings on May 22, 2019: g. Outside Laundry - a large section of the ceiling collapsed during the hurricane in September. Interview with facility staff revealed the ceiling repair has not been completed because there was extensive damage to the facilities' ceilings and this area is away from the Residents. The work in this area was pushed out to complete the other rooms directly affecting the residents.	{C 164}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   TITLE   (X6) DATE

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{C 189}	Continued From page 1

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:
3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.

Findings on May 22, 2019:
c. Room 11 - the latch is jammed and the does not release so the door does not latch when closed. TInterview with facility staff revealed the door hardware was replaced and they thought the issue had been resolved.

9. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.

Findings on May 22, 2019:
b. Fire doors at Men's Hall - there is a 1/4" gap between the door panels when the doors are closed which will allow for the passage of fire and smoke through the doors. Weatherstripping was | {C 189} | | |

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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
	HAL043003	B. WING _____	**R** **05/22/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNSON BETTER CARE FACILITY, INC.	**HWY 301 NORTH** **DUNN, NC 28335**

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{C 189}	Continued From page 2 applied to close the gap, but prevented the doors from closing. They are looking at alternative solutions. c. Fire doors at Women's Hall - there is a 1/2" gap between the door panels when the doors are closed which will allow for the passage of fire and smoke through the doors. Weatherstripping was applied to close the gap, but prevented the doors from closing. They are looking at alternative solutions.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) 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 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide working exhaust ventilation in required areas. Findings on May 22, 2019: d. Room 16 Toilet - the exhaust fan is not working. A contractor discovered that the wiring	{C 199}		

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{C 199}	Continued From page 3 for the fans is not properly connected in the attic. There are a number of fans on this wing in the same condition. The repairs could be costly and they are determining the best solution.	{C 199}		

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STATE FORM

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