

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL012042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURKE LONG TERM CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>125 CAMELLIA GARDEN STREET MORGANTON, NC 28655</b>
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C 000	<p>Initial Comments</p> <p>Report of Construction Section Biennial Survey by Dennis Harrell on 6-19-2019.</p> <p>Records indicate this facility was first licensed on 2-1-1980. The facility is currently licensed for 24 residents. Based on this information, we are requiring the facility to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Regulations for Adult Care Homes, and the 1978 Edition of the North Carolina State Building Code-Section 409.1(c) Institutional Occupancy.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows:</p> <p>(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;</p> <p>This Rule is not met as evidenced by: Based on observation the facility failed to meet the provisions of Section 409.3 (7.) A. of the 1978</p>	C 101		

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

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C 101	Continued From page 1  NC State Building Code. Section 409.3 (7.) A. required sprinkler systems OR fire detecting devices be installed in all spaces in accordance with Pamphlets 71, 72, and 74 of the National Fire Protection Association. The Pamphlets stated that fire detecting equipment shall be installed throughout all parts of the protected premises including all rooms, halls, storage areas, etc... Finding on 6-19-2019: There was no fire detecting device (a heat or smoke detector connected to the existing fire alarm system) provided in the staff bathroom located off the corridor.	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: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet	C 133		

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C 133	Continued From page 2  rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;  This Rule is not met as evidenced by: 1. Based on observation, there was no hand grip provided at the shower in the corridor bathroom on B Hall.  2. Based on observation, the hand grip was loosely mounted to the wall at the toilet in the corridor bathroom on B Hall.	C 133		
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; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding on 6-19-2019: Several (3) portable medical oxygen cylinders were stored in no container or rack in the Linen Room.	C 166		

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C 185	Continued From page 3	C 185		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 6-19-2019: The most recent fire drill rehearsal was done on 3-14-2019. The next rehearsal done before that was dated 4-24-2018. That is only 2 fire drill rehearsals in 14 months!</li> <li>Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.</li> <li>Based on a review of documents, the records available onsite did not include a list of staff participating in the rehearsal.</li> </ol>	C 185		

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C 189	Continued From page 4	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:</p> <ol style="list-style-type: none"> <li>1. Based on observation, the fire alarm system dialer worked but was showing 2 "Trouble" conditions, "Line Fault" and "Silenced".</li> <li>2. Based on observation, the battery powered emergency light in the corridor on B Hall would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</li> <li>3. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors 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 remainder of the facility.</li> </ol> <p>Findings on 6-19-2019;</p> <ol style="list-style-type: none"> <li>a. The door to bedroom "PL" on A Hall could not close and latch because it was blocked by a bed.</li> <li>b. The latchset strike was missing on the door to bedroom "CG".</li> <li>c. The door to bedroom "CG" would not latch when closed.</li> </ol>	C 189		

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C 189	<p>Continued From page 5</p> <p>4. Based on observation, the required one-hour fire rated walls and/or ceilings were compromised in 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 6-19-2019:</p> <ul style="list-style-type: none"> <li>a. Unsealed penetration in the ceiling of the office,</li> <li>b. Holes (7) in the ceiling of the dining room at pipes supporting the tables,</li> <li>c. Holes (2) at a smoke detector in the ceiling of the corridor near the laundry.</li> </ul> <p>5. Based on observation, there was no piping provided on the relief valve on the water heater in the laundry. A relief valve that is not piped to the outside or to within 6 inches of the floor, with the proper type and size of piping, could cause serious if it ever releases steam.</p> <p>6. Based on observation, there was no documentation of the required in house/owner's monthly inspections since December for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere such as on the tag provided on the extinguisher.</p> <p>7. Based on observation, there was no documentation of the required in house/owner's monthly inspections since December provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.</p>	C 189		

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