



**NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 10, 2019
Patty Ostapowicz (via e-mail only)
550 Bailey Road
Lumberton, NC 28359

RE: Lumberton Assisted Living - HA Biennial Survey
550 Bailey Road
Lumberton Robeson County
FID #921195 Hal078084

Dear Ms. Ostapowicz:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on May 30, 2019. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
 1. Corrective action must begin immediately.
 2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

SIGN, DATE AND RETURN the Plan of Correction to DHSR-Construction by June 25, 2019. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by June 25, 2019. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by June 25, 2019. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <http://www.ncdhhs.gov/dhsr/acls/idr.html>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Ed Miller

Ed Miller
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Robeson County DSS - with attachment-(via e-mail only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2019
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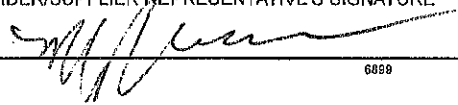
NAME OF PROVIDER OR SUPPLIER LUMBERTON ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 550 BAILEY ROAD LUMBERTON, NC 28359
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller, conducted on May 30, 2019.</p> <p>Record indicate that is Facility was first licensed on June 21, 1986. A 26 bed addition was licensed on 04/05/1994. The facility is currently licensed for One Hundred and Four (104) Beds that includes a 39 bed Special Care Unit. Based on the above information, the facility is required to meet the 1984 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code Section 409- Institutional Occupancy I(U). Th addition is required to meet the 1992 Rules and the 1991 NC State Building Code, Institutional Occupancy I(U).</p> <p>Deficiencies were cited that require a Plan of Correction.</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 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</p>	C 101		

Division of Health Service Regulation

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

Mitchell Moran



TITLE

Director of Maintenance

(X6) DATE

6/25/19

Division of Health Service Regulation

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C 101	Continued From page 1 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: 1. Based on observation the facility failed to meet the provisions of the 1978 NC State Building Code which required sprinkler systems or fire detecting devices be installed in all spaces. Findings on May 30, 2019: a. Corridor between SCU wing and Dogwood Wing; Documentation Room Restroom - there is no fire alarm detection installed in this space. b. Corridor between SCU wing and Dogwood Wing; Business Office - there is no fire alarm detection installed in this space. c. Corridor between SCU wing and Dogwood Wing; Administrator Office Closet - there is no fire alarm detection installed in this space.	C 101 A-C	Alarm company installed fire detecting devices in Documentation Room, Business Office and Administrator Office Coset	5/31/19
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the	C 154		

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C 154	Continued From page 2 administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on May 30, 2019: a. SCU Wing Front Cross-Corridor Entrance Interior Location - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device. b. SCU Wing Corridor Front Entrance - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device. c. SCU Wing Courtyard Gate - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154 A-C	Alarmed Protective covers batteries was replaced Alarmed Protective covers was put on maintenance check list to be checked monthly to insure covers are working properly	7/3/19
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	C 164		

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C 164	Continued From page 3 facilities. This Rule is not met as evidenced by: 1. Based on observation, the building walls are not kept clean and in good repair. Findings on May 30, 2019: a. Corridor between Dogwood Wing and Cardinal Wing, the Right most Exterior Exit - there is a hole above the hose bib. b. SCU Wing Bedroom 9 Bathroom - there are sharp edges in the middle of the door handle.	C 164 A B	Filled hole around hose bib with concrete Door handle was repaired so there is no sharp edges	7/6/19 7/11/19
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: 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 May 30, 2019: a. Cardinal Wing Mechanical Room - seven portable medical oxygen cylinders are standing up on the floor in an unapproved plastic crate not physically secured in racks, stands or chained to the structure.	C 166 A	All Oxygen and plastic crate was removed. When Oxygen company brings oxygen back in the building they will bring a approved rack for oxygen cylinders	7/11/19

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C 188	Continued From page 5 protection to these devices. Findings on May 30, 2019: a. Cardinal Wing Bedroom 9 - a electrical power receptacle, left of the sink, is within six feet of the sink and does not provide ground fault protection. The following receptacles properly interrupted power when tested, but the location where the circuits or receptacles could be reset was not located during the survey. b. Dogwood Wing Bedroom 1 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the test button is pushed. c. Corridor between SCU wing and Dogwood Wing Documentation Room Restroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the test button is pushed. d. SCU Wing Employee Restroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the test button is pushed.	C 188 A B-D	It was in the Med-room that need a GFCI outlet add A GFCI outlet was add to Med-room to the left of sink that was within 6 feet of the sink GFCI outlets that would not rest in bed room 1 on dogwood, restroom off documentation room and employee restroom on SCU wing	6/5/19 6/5/19
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 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.	C 189		

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C 189	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by:</p> <p>2. Based on observation, the facility was not maintained in a safe manner by having fire rated doors automatic close to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire room of origin. Findings on May 30, 2019: a. Corridor between SCU wing and Dogwood Wing Documentation Room Restroom - the door to this room penetrates the Firewall and the door closer is removed.</p> <p>3. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on May 30, 2019: a. Corridor between SCU wing and Dogwood Wing; Conference Room - the fire alarm system's heat detector is dangling from the ceiling by its power/operational wires.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on May 30, 2019: a. SCU Wing Smoke Barrier - the left leaf, of the double-egress cross-corridor doors, did not automatically close when the fire alarm system released the doors. b. Cardinal Wing - the cross-corridor double-egress doors do not have astragals to provide a smoke tight seal between the meeting</p>	C 189 A A A B	<p>Spring loaded hinges was put on door so door would close and latch</p> <p>Reattached heat detector to ceiling</p> <p>Door was adjusted to close automatically when fire alarm system releases door</p> <p>Astragal has been ordered and will be installed</p>	6/11/19 5/30/19 5/30/19 6/28/19

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C 189	<p>Continued From page 7</p> <p>edges of the doors when the fire alarm system released the doors</p> <p>6. 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. Findings on May 30, 2019:</p> <p>a. Cardinal Wing Storage near Bedroom 32 - there is a small gap at the base of the heat detector not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>b. Cardinal Wing Water Heater Room in Mechanical Room - there is a 3/8 inch hole not firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>d. Kitchen Exterior Door - there are small gaps at the base of the exit signs not firestopped as they penetrate the fire-resistance-rated ceiling assembly.</p> <p>e. SCU Wing Bedroom 1 - there is a tiny gap at the base of the heat detector not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>f. SCU Wing Housekeeping - there is a hole with conduit not firestopped as it penetrates the fire-resistance-rated wall assembly.</p> <p>g. SCU Wing Smoke Barrier Back Side - there is a small gap at the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>7. Based on observation, the Facility failed to maintain the electrical system. Findings on May 30, 2019:</p> <p>a. Kitchen - The cooler and freezer light switch junction box is loose.</p>	<p>C 189</p> <p>A, B, D-G</p> <p>A</p>	<p>Fire calk was put in all holes of fire-resistance-rated ceiling and wall</p> <p>Light switch junction box was reworked to be secured to the wall</p>	<p>6/3/19</p> <p>6/11/19</p>

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C 189	Continued From page 8 8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively/automatically latch into their frame under normal closing force. This could affect all residents, staff, and visitors if the doors did not latch to contain smoke/fire in the room of origin. Findings on May 30, 2019: a. Dogwood Wing Deaton Suite - the corridor door's latch bolt is installed backwards, and the door cannot close and latch unless the latch bolt is retracted with the handle. b. Dogwood Wing Bedroom 8 - the corridor door does not latch into its frame when closed. c. SCU Wing Bedroom 21 - the corridor door does not latch into its frame when closed. d. SCU Wing Medication Prep - the corridor door does not latch into its frame when closed. e. SCU Wing Bedroom 19 - the corridor door's latch bolt is installed backwards, and the door cannot close and latch unless the latch bolt is retracted with the handle. f. SCU Wing Bedroom 17 - the corridor door does not latch into its frame when closed.	C 189 A-F	latch's was reinstalled properly so they will latch and doors was adjusted so they will latch	5/30/19
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;	C 199		

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C 199	Continued From page 9 (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. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on May 30, 2019: a. Cardinal Wing Bedroom 42 Bathroom - the required exhaust ventilation system is running but did not remove the required amount of air to dissipate the odors. b. Dogwood Wing Employee Restroom - the required exhaust ventilation system is running but did not remove the required amount of air to dissipate the odors. c. Corridor between SCU wing and Dogwood Wing Documentation Room Restroom Guest Restroom Men - the required exhaust ventilation system did not work, and there is odor. d. SCU Wing Soiled Linen - the required exhaust ventilation system is running but did not remove the required amount of air to dissipate the odors.	C 199 A-D	Fans was repaired or replaced in the following room 42 bathroom employee restroom on dogwood restroom off documentation room soiled linen room on SCU	6/24/19
C 201	Newly Licensed Facilities-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom and	C 201		

