

BURKE LONG TERM CARE
125 CAMELIA GARDEN STREET
MORGANTON, NC 28655
828-433-5875
828-433-7022 (FAX)

FAX

TO: DHSR Construction Section From: Grace Robertson
FO: 919-733-6592
PHONE: [REDACTED]
DATE: 7/8/19
SUBJECT: Plan of Correction
COMMENTS:

On page 5 of 7, I am requesting that the completion date be moved back due to the difficulty I have had in getting AT AT to

correctly address the problem. I have called

Alarm South & had them come out a couple times & I have had AT AT come out to address the yellow lights on the fire alarm panel. Even today,

I had them come out for the 2nd time & they are telling me that someone else will call either tomorrow 7/9 or the day after 7/10 to set up a 3rd visit to get the lights to turn off.

Apparently, it has something to do with AT AT incorrectly connecting our fax line to VOIP when it should be analog.

In summary, I am requesting a little more time so that this issue can be resolved.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	HAL012042
(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	B. WING:		
(X3) DATE SURVEY COMPLETED	06/19/2019		

NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
BURKE LONG TERM CARE		125 CAMELLIA GARDEN STREET	
MORGANTON, NC 28655			

(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)
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C 000	Initial Comments	C 000	
C 101	Existing Licensed Fac- No less than 71 Rules	C 101	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
TITLE
(X6) DATE

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NAME OF PROVIDER OR SUPPLIER		BURKE LONG TERM CARE				
STREET ADDRESS, CITY, STATE, ZIP CODE		125 CAMELLIA GARDEN STREET MORGANTON, NC 28655				

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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	A work order has been placed 6/27/19 today to have a smoke detector installed in the staff bathroom on July 3, 2019.
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.	C 111	Requested copy of report from City of Morganton - Bldg Inspection Office 838-438-5366 Larry Saunders, Fire Inspector. Left my name, ph#, & e-mail so that he could send the report to me. Once obtained, the report will be placed in the office near other five-related documents - 7/10/19
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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE BURKE LONG TERM CARE 125 CAMELLIA GARDEN STREET MORGANTON, NC 28655		
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<p>C 133 Continued From page 2</p> <p>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.</p> <p>C 166 Housekeeping-Maintained Free of Hazards</p> <p>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.</p> <p>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.</p>	C 133 C 166	<p>Hand grip has been installed & is securely fixed at the shower. 6/20/19</p> <p>This hand grip has been tightened & is no longer loose. 6/20/19</p>	
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<p>At this time, there are no residents with an order for oxygen. Therefore, 6/25/19 oxygen tanks have been removed. In the future, if we have need for O₂ tanks, we will ensure that they are stored in a rack so that they do not fall & be a hazard.</p>			
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STREET ADDRESS, CITY, STATE, ZIP CODE 125 CAMELLIA GARDEN STREET MORGANTON, NC 28655			

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C 185 C 185	Continued From page 3 C 185 C 185	<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> <p>1. 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.</p> <p>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!</p> <p>2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.</p> <p>3. Based on a review of documents, the records available onsite did not include a list of staff participating in the rehearsal.</p>	<p>Records of rehearsals have been placed in a binder that is accessible to the SIC's and administration. Records can be recorded on a form that includes date, time of rehearsal, the shift, staff members present, & a short description of what the rehearsal involved. 6/20/19</p> <p>Supervisors-in-charge have been instructed on the importance of fire drills & on how to conduct them. Recently, 3 fire drills have been conducted - one for each shift, including a description of what the rehearsal involved.</p> <p>Staff involved/available was listed as well. 6/20/19</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL012042	NAME OF PROVIDER OR SUPPLIER BURKE LONG TERM CARE STREET ADDRESS, CITY, STATE, ZIP CODE 126 CAMELLIA GARDEN STREET MORGANTON, NC 28655
(X3) DATE SURVEY COMPLETED 06/19/2019	A. BUILDING: 01 B. WING:

(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	SUMMARY STATEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
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C 189 Continued From page 4	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	Building Equipment Maintained Safe, Operating
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C 189	This Rule is not met as evidenced by: 1. Based on observation, the fire alarm system dialer worked but was showing 2 "Trouble" conditions, "Line Fault" and "Silenced". 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. 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. Findings on 6-19-2019: a. The door to bedroom "PL" on A Hall could not close and latch because it was blocked by a bed. b. The latchset strike was missing on the door to bedroom "CG". c. The door to bedroom "CG" would not latch when closed.	C 189	Building Equipment Maintained Safe, Operating
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As of 7/8/19, AT AT has come again per administrators request, but will have to send another technician to undo something that should have not been touched with in the beginning. They will call again AT AT has been very difficult to setup an apt for more service repairs. Hopefully by 7/15/19

Alarm Smith has been notified a service tech will come on Monday, July 1. They (AT AT) came out to trouble shoot stating that the phone line was alarm ending in -7022 was not connected properly & that AT AT should be called. AT AT has been notified 6/28/19

New emergency light has been installed 6/20/19

Bed has been moved away from the door so that it closes easily. A latchset strike has been installed when the doors closed. 6/20/19

And they insisted that AT AT had to fix the problem. Hopefully, this will be resolved this week.

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
BURKE LONG TERM CARE		126 CAMELLIA GARDEN STREET MORGANTON, NC 28656	
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C 189	Continued From page 5	C 189	
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: a. Unsealed penetration in the ceiling of the office, b. Holes (7) in the ceiling of the dining room at pipes supporting the tables, c. Holes (2) at a smoke detector in the ceiling of the corridor near the laundry.	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. 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. 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>All holes in the ceiling of the office, dining room, and corridor near the laundry have been caulked with fire caulk.</p> <p>Piping has been attached to the relief valve off the water heater at 6" off the floor. 6/20/19</p> <p>Fire extinguisher monthly inspection - instruction has been given to the supervisors in charge on how often to inspect them & how to document this on the tag. A sign on the wall near the system pull has been posted to serve as a reminder. 6/20/19</p>

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Burke County Fire Marshal Emergency Management

P.O. Box 219
 200 Avery Avenue
 Morganton, NC 28680-0219
 Phone: 828-764-9320 Fax: 828-764-9339

Occupancy Inspections

Group I Occupancy

Emergency Management



Business Name: Burke Longterm Care
 Address: 125 Carmellian Garden St Morganton, North Carolina 28655
 Fire District: 62 - Oak Hill Fire Rescue Department
 Fire District: 62 - Oak Hill Fire Rescue Department
 Occupancy: Institutional
 Property Use: Assisted living facility
 Contact: Grace Robertson
 Permit Number: 18-I-Chadh-0004
 Permit Issue Date: 12/18/18
 Inspection Date: 12/18/18 09:01:57 AM
 Inspection Number: OI-12-Chadh-2018-0008
 Inspection Cause: Periodic
 Status: Pass

INSTITUTIONAL BUILDING DETAILS

HOME FOR THE AGED

aged and disabled

35-96

Type V

1

oil furnace

boiler room

5

EXTINGUISHERS:

PROPERLY LOCATED:

YES

PROPERLY MAINTAINED:

YES

PROPER TYPE FIRE EXTINGUISHERS:

YES

PERSONNEL FAMILIAR WITH USE:

YES

SMOKE DETECTION SYSTEM:

YES

U/L APPROVED:

YES

MAINTENANCE CONTRACT:

YES

MANUAL FIRE ALARM:

YES

TYPE OF FIRE ALARM:

manual pull

EVACUATION PLAN POSTED:

YES

HOW OFTEN:

monthly

NUMBER OF APPROVED TYPE FIRE

4

ESCAPES:

PROPERLY LIGHTED:

YES

SPRINKLER SYSTEM:

NO

FIRE RATING OF WALLS AND

1 hr

PARTITIONS:

2 hr

CEILING:

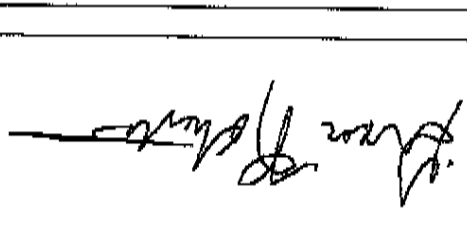
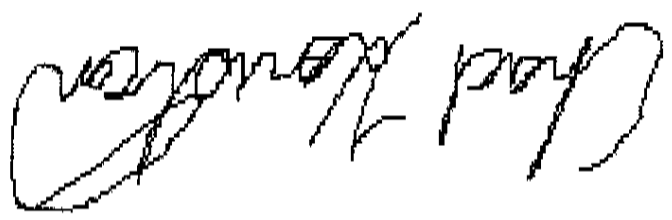
2 hr

FURNACE ROOM WALLS AND

2 hr

CEILING:

2 hr

Type	Date	Amount	Balance
Inspection	12/18/2018	\$100.00	\$0.00
Comments: - EM light out in hall at dining room - Kitchen Hood needs cleaned - email when things are fixed - fax or email a copy of fire alarm service The next "Group I Occupancy" is due on or before: 12/18/2019 Make checks payable to: BURKE COUNTY FIRE MARSHALS OFFICE.			
Default Signature Date: 12/18/2018 Signature: 			
Printed Name Grace Robertson Signature 			

Chad Houston
 Fire Inspector
 Burke County Fire Marshal Emergency Management
 P.O. Box 219
 200 Avery Avenue
 Morganton, North Carolina 28680-0219
 828-764-9323
 chad.houston@burkenc.org