

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/11/2019
NAME OF PROVIDER OR SUPPLIER ROYAL OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET SANFORD, NC 27350		
(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 September 11, 2019. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected. Therefore, a new Plan of Corrections is required.	{C 000}		
{C 110}	Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost. This Rule is not met as evidenced by: 1-Based on observation, interview and review of records, the facility was not in compliance with The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions". Specifically 15A NCAC 18A .1317 (a)	{C 110}		

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

TITLE

(X6) DATE

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{C 110}	Continued From page 1 [which requires that] Effective measures shall be taken to keep... vermin out of and to prevent their breeding and presence on the premises. The facility did not have effective measures to prevent bed bugs from being present on the premises. Findings on 09/11/2019: Interviews with staff revealed that they were not aware if a bed bug policy was in place to date. The ADM was away at a conference and was not available to interview. Staff stated that a exterminator has been to the facility and had treated both chemically and with heat. An inspection of the following rooms indicate the findings listed below: (a) Room 1-No live bed bugs were observed but there were substantial amounts of fecal stains at the intersection of the wall and ceiling around the first bed. There were also black spotty stains along the base of the wall behind the first bed. (b) Room 7-No live bed bugs were observed but there were substantial amounts of fecal stains at the intersection of the wall and ceiling around the first bed. The floor around the first bed had a large amount of trash and food particles.	{C 110}		
{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	{C 189}		

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{C 189}	<p>Continued From page 2</p> <p>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> <p>1-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition.</p> <p>Findings on 09/11/2019:</p> <p>b. The recent repair to the sprinkler piping has caused the removal of a fire damper assembly unit that provided the make-up air for a gas appliance. A fire damper not seen in the room.</p> <p>4-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition.</p> <p>Findings on 09/11/2019:</p> <p>The fire extinguishers are not being inspected in-house on a monthly basis. An inspection was recorded in June and no others were recorded.</p> <p>7-Based on observation, this facility has failed to maintain the building in a safe and operating condition. Failure to maintain auto closing on doors the Building Code requires to separate hazardous/incidental use areas could expose occupants to fire and smoke.</p> <p>Findings on 09/11/2019:</p> <p>The door leading into the Dining Hall from the Kitchen is a fire-rated door that recently has had the door closure bar removed that would allow the passage of fire and/or smoke.</p> <p>New Deficiency:</p> <p>8. Observations revealed that the sprinkler system was not maintained in a safe and</p>	{C 189}		

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{C 189}	Continued From page 3 operating condition. Loss of pressure on sprinkler lines may prevent the sprinkler system from activating during a fire. Findings on 09/11/2019: a. Riser Room - the Accelerator/quick opening device was showing zero pressure.	{C 189}		