

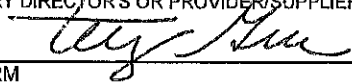
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL004003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2019
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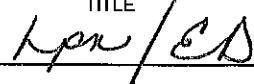
NAME OF PROVIDER OR SUPPLIER MEADOWVIEW TERRACE OF WADESBORO	STREET ADDRESS, CITY, STATE, ZIP CODE 123 ANSON HIGH SCHOOL ROAD WADESBORO, NC 28170
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C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on August 22, 2019. Records indicate that this facility was licensed on 02/05/2004 for Sixty (60) residents. Based on this information, we are requiring that this facility to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the 2005 Rules for Adult care Home of Seven or More Beds and the 2002 North Carolina State Building Code, Section 409- Institutional Occupancy- Group I-2. Deficiencies were cited that require a Plan of Correction.	C 000	Responses to cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiency or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State Law.	
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: 1. Based on record review, and interview with Executive Director and Maintenance Technician the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on August 21, 2019: a. The current Fire and Building safety Inspection (Fire Marshal) Report is not available for review by the Surveyor. b. The current National Fire Alarm and Signaling Code in accordance with NFPA 72, is not available for review by the Surveyor.	C 111	Fire Marshall report is current and was completed on 5/7/19. National Fire Alarm and Signaling Code is current was completed on 5/22/19. Documents are available for review in Executive Director (ED) office. ED will maintain up to date and accurate records in the Survey Readiness Notebook in ED office to ensure compliance. POC Date: 9/9/19	9/9/19

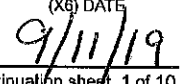
Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE



(X6) DATE



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C 111	Continued From page 1 c. The current Annual Fire Sprinkler System Inspection, Testing, and Maintenance Report in accordance with NFPA 25, is not available for review by the Surveyor.	C 111		
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: 1. Based on observation, the building walls are not kept clean and in good repair. Findings on August 22, 2019: a. Bedroom 114 - the walls and doors and door frames between the corridor door and the Bathroom are marred. 2. Based on observation, the building Floors are not kept clean and in good repair. Findings on August 22, 2019: a. Public Haft Bathroom - the floor tiles have glue oozing up between the tiles near the commode. b. Activity - the floor is dirty. c. Bedroom 201 - the carpet is stained in this room.	C 164	Agemark Technician (AT) will complete repairs to walls, doors and door frames in room 114 by 10/4/19. Floor tiles in public half bathroom were cleansed removing excessive glue from tiles around commode by Environmental Services (ES) on 9/3/19. Activity Room floor was cleansed, stripped and waxed on 9/7/19 by ED and ES. ES cleaned carpet in room 201 on 9/7/19. ED will conduct random, periodic rounds of community to monitor for needed repairs and cleaning. ED will ensure that required repairs and cleaning are completed to ensure compliance. POC: 10/4/19	10/4/19
C 166	Housekeeping-Maintained Free of Hazards	C 166		

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C 166	<p>Continued From page 2</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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: 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 August 22, 2019: a. Nurse Station - one portable medical oxygen cylinder, in a carrying case, is stored lying on top of the attached oxygen cylinder of the oxygen concentrator. b. Residents Storage - eight 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. Residents Storage - a portable medical oxygen cylinder with regulator extending beyond its collar guard is standing up on the floor not physically secured in racks, stands or chained to the structure.</p>	C 166	<p>Portable Oxygen Canister with carrying case removed, and properly stored by ED on 8/22/19. Portable oxygen canisters in resident storage area removed and returned to oxygen supplier, to include canister with extended regulator by ED on 8/26/19. Staff education initiated by ED to ensure staff aware of how to properly store oxygen canisters for safety. ED will conduct periodic, random rounds in community to ensure that oxygen is stored properly and to ensure compliance.</p> <p>POC Date: 9/9/19</p>	9/9/19
C 184	<p>Fire Safety-Evacuation plan</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(a) A written fire evacuation plan (including a diagrammed drawing) which has the written</p>	C 184		

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C 184	Continued From page 3 approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to properly post and maintain the evacuation maps. This would affect all by not providing proper guidance during an emergency. Findings on August 22, 2019: a. Most of the Building - the mounted evacuation maps represent locations found in other parts of the building. In addition, the wall mounted maps should be oriented to correspond to the actual floor layout.	C 184	All mounted evacuation maps were evaluated by ED on 8/23/19. ED noted are corrected locations of evacuation maps to reflect actual floor layout and correspond correctly with evacuation plan. ED to monitor and evaluate for accuracy during random, periodic rounds of community to ensure compliance. POC Date: 9/9/19	9/9/19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. (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. (f) This Rule shall apply to new and existing facilities.	C 185	Fire rehearsals were completed on August 29th on 1st shift, August 30th on 3rd shift and Sept 6th on 2nd shift. Fire rehearsals included date and time conducted, the shift conducted and description of what the rehearsal involved. ED will maintain fire rehearsals quarterly as required. Fire rehearsal records will be maintained in the ED office available for review. POC Date: 9/9/19	9/9/19

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C 185	Continued From page 4 This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director and Maintenance Technician, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on August 21, 2019: a. For the last 12 months, there is no documentation of the rehearsals available for review by the Surveyor.	C 185		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on August 22, 2019: a. Activity - an electrical power receptacle is within six feet of a sink and is not ground fault protected. b. Med Room - an electrical power receptacle is within six feet of a sink and is not ground fault protected.	C 188	Electrical outlets in Activity Room and Med Room that are within six feet of a sink will be replaced as required by Agemark Technician. ED completed observation of other outlets in community that are within six feet of a sink to ensure compliance. POC Date: 10/4/19	10/4/19
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	<p>Continued From page 5</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> <p>1. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the doors in the path of egress. This could affect all if a door does not release during a emergency.</p> <p>Findings on August 22, 2019:</p> <p>a. Cross-Corridor Doors to Admin Area- the push bar of the right-side panic bar does not release the door. Staff knows to pull up the vertical rod.</p> <p>2. Based on Observation, fire rated doors in the one-hour fire-resistance-rated enclosure of hazardous areas are not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous or Incidental Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin.</p> <p>Findings on August 22, 2019:</p> <p>a. Clean Linen part of the Bulk Laundry Fire-Rated Enclosure - the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power.</p> <p>b. Resident Laundry (100+ SF) - the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power.</p>	C 189	<p>Agemark Technician will make corrective repairs to the Cross-Corridor Doors to Admin Area. Doors will operate and release correctly 10/4/19. Fire rated doors will be maintained in safe and operating condition. Fire rated doors to include corridor door in the Clean Linen part of bulk laundry, Resident laundry room and room 112 will latch into its own frame, on its own power by 10/4/19. Penetrations in the fire-resistance-rated ceiling assemblies to include areas in corridor between bedrooms 122 & 124, Employee Lounge, Executive Director office, Exterior Mechanical Room with water heaters and 200 hall clean linen room will be firestopped to prevent exposure to fire/smoke and to contain fire/smoke in its room of origin by 10/4/19. PVC pipes in Exterior Mechanical Room with water heaters that are greater than 2 inches will be equipped with "fire collar", then firestopped by 10/4/19.</p> <p>Community electrical system will be maintained in a safe and operating condition. The exterior ground-fault circuit-interrupter on porch near bedroom 128 will be operative and be able to be tested for ground fault. Multiple plug adaptor without surge protection replaced with multiple plug adaptor that has integral overcurrent protection. Staff educated to maintain appropriate clear working space when storing Med Carts in proximity of electrical panels. Inspection of kitchen hood's suppression system was complete on 8/23/19. ED will maintain record in Survey Readiness Notebook.</p> <p>(Continued on page 7)</p>	10/4/19

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C 189	<p>Continued From page 6</p> <p>3. 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 August 22, 2019:</p> <ul style="list-style-type: none"> a. Corridor between Bedroom 122 & 124 - there are two holes and one cable not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Employee Lounge - there is a two-inch hole with cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Executive Director - there is a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Exterior Mechanical Room with Water Heaters - the one-hour fire fire-resistance-rated ceiling is penetrated by 4-three-inch PVC pipes which are not firestopped. NOTE: PVC pipes larger than 2 inches in diameter require a "fire collar" or similar system for firestopping. e. Exterior Mechanical Room with Water Heaters - there is a hole with cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. f. Exterior Mechanical Room with Water Heaters - there is a hole behind a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. g. 200 Wing Clean Linen - there is a conduit above electrical panel BM not firestopped as it penetrates the fire-resistance-rated ceiling assembly. <p>4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on August 22, 2019:</p> <ul style="list-style-type: none"> a. Porch near Bedroom 128 - the exterior ground-fault circuit-interrupter (GFCI) electrical 	C 189	<p>(Continued from page 6)</p> <p>ED and Environmental Services observed all resident storage areas, including bedroom closets to ensure 18 inch clearance area below the fire sprinkler deflectors. Ice Machine drain cleansed on 8/23/19. ED removed all unapproved devices and methods that doors could be blocked open on 8/23/19. Staff educated not to block doorways from being closed easily or closed rapidly in event of fire/smoke. ED will conduct random, periodic rounds of community to monitor for needed repairs and cleaning. ED will ensure that required inspections, repairs and cleaning are completed to ensure compliance.</p> <p>POC Date: 10/4/19</p>	

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C 189	Continued From page 7 power receptacle does not have electrical power, therefore it cannot be tested for ground fault. b. Med Room - a med cart is stored in front of the electrical panel, limiting the required 36-inches by 30-inches minimum clear working space. Note: Deficiency corrected before Construction Surveyors departed site. c. Nurse Station - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on August 22, 2019: a. Kitchen - per the attached maintenance tag, the commercial kitchen hood's fire suppression system had its last semi-annual maintenance performed in July of 2018, exceeding the requirement to have the fire extinguisher inspected and tested at least semi-annually. In addition, there is no documentation of the monthly in-house/owner inspections since that time. 6. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room. Findings on August 22, 2019: a. Bedroom 229 - items are stored within the minimum 18-inch clearance area below the fire	C 189		

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C 189	Continued From page 8 sprinkler deflector. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on August 22, 2019: a. Bedroom 112 - the corridor door does not latch into its frame when closed. 8. Based on observation, the ice machine drain line is developing a slimy, mold or fungus growth that is extending from the drain. This slime could eventually contaminate the ice machine. 9. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on August 22, 2019: a. Beauty Shop - the corridor door has a magazine holding the door open. b. Business Office - the corridor door has a large blocking the door open. Note: Deficiency corrected before Construction Surveyors departed site. c. 200 Wing Spa/Therapy - the corridor door has a wedge holding the door open. d. Bedroom 208 - the corridor door has folded carboard holding the door open.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

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C 199	Continued From page 9 (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. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on August 22, 2019: a. 100 Wing & Kitchen - only one of the required exhaust ventilation systems is working.	C 199	100 Wing and Kitchen will have required exhaust ventilation systems in working order by 10/4/19. Agemark Technician and ED will conduct periodic, random rounds to include observation of ventilation system to ensure its in working order. ED will ensure that any identified concerns with ventilation system are addressed promptly. POC Date: 10/4/19	10/4/19