

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED R 08/15/2023 |
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| NAME OF PROVIDER OR SUPPLIER TERRABELLA SALISBURY | STREET ADDRESS, CITY, STATE, ZIP CODE 1915 MOORESVILLE ROAD SALISBURY, NC 28147 |
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| {C 000} | Initial Comments Report of a Construction Section Biennial Survey Follow Up by Tod Hancock and Ryan Meyer conducted on August 15, 2023. All Deficiencies were not corrected. A Plan of Correction is required. | {C 000} | | |
| {C 101} | Existing Licensed Fac- No less than '71 Rules 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 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. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, renovation or alteration. Delayed egress doors are required to initiate an irreversible process which will unlock the door within 15 seconds whenever a force of not more than 15 lb (67 N) is applied to the door or releasing device. | {C 101} | | |

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

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| {C 101} | <p>Continued From page 1</p> <p>Findings on May 9, 2023:</p> <p>The AL portion of the facility had a system of delayed egress locking on the exit doors.</p> <p>a. Dining - the delayed egress doors to the exterior porch did not release when pressure was applied to the door for more than 15 seconds. Note: the door did release on the fire alarm.</p> <p>b. The delayed egress door by the Break Room (Time Clock Hall) did not release when pressure was applied to the door for more than 15 seconds. Note: the door did release on the fire alarm.</p> <p>Note: see citation under Tag 116.</p> <p>2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For electromagnetic locks, master release switch(es) shall be located and properly identified at each nurses station serving the locked unit.</p> <p>Findings on May 9, 2023:</p> <p>a. The front entry doors to the facility had a 'Special Locking' system of electromagnetic locks on the exit doors. There was not a central override switch for this door and it was not connected to the central override in the SCU.</p> <p>4. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For an electromagnetic locking system, a wiring diagram and system components location map shall be provided under glass adjacent to the fire alarm panel.</p> | {C 101} | | |

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| {C 101} | Continued From page 2 Findings on August 15, 2023: a. There was neither a wiring diagram nor a system components map provided under glass adjacent to the fire alarm panel. 5. Observations revealed that the facility is not in compliance with code requirements in effect at the time of renovation or alteration. The facility's exit doors are equipped with a system of magnetic locks, Special Locking. Special locking doors requires that the buildings be protected throughout by an automatic fire detection system or automatic sprinkler system. Findings on August 15, 2023: a. SCU Kitchen - a 24" x 24" broom closet was constructed and there is not any sprinkler protection in the closet. | {C 101} | | |
| {C 116} | Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a | {C 116} | | |

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| {C 116} | <p>Continued From page 3</p> <p>building permit for the construction has been obtained.</p> <p>(c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.</p> <p>(d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.</p> <p>(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder.</p> <p>(f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on record review, observation and interview with Staff, the facility did not submit plans of when construction or remodeling was performed at the facility. <p>Findings on August 15, 2023: Review of records from the 2017 Construction Section Biennial Survey indicated the Assisted Living (non-SCU) portion of the facility was not equipped with any form of egress controls. Observations on May 9, 2023 revealed that a system of Delayed Egress locking was added to</p> | {C 116} | | |

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| {C 116} | Continued From page 4 the exterior doors on the AL side. There is not a record of plans or specifications submitted to DHSR/Construction. | {C 116} | | |
| {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. This Rule is not met as evidenced by: 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function as intended during a fire. Findings on August 15, 2023: a. Kitchen - the sprinkler head is heavily rusted. | {C 189} | | |
| {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 | {C 199} | | |

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| {C 199} | <p>Continued From page 5</p> <p>before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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"> 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. <p>Findings on August 15, 2023:</p> <ul style="list-style-type: none"> b. B Hall, Housekeeping by B3- the exhaust fan is not working. c. B Hall, Half Bath - the exhaust fan is not working. | {C 199} | | |