

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2023
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NAME OF PROVIDER OR SUPPLIER THE ADDISON OF LINCOLNTON	STREET ADDRESS, CITY, STATE, ZIP CODE 440 SALEM CHURCH ROAD LINCOLNTON, NC 28092
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on September 14, 2023.</p> <p>Records indicate this facility was first licensed on March 31, 2008. The facility is currently licensed for 96 Beds including a 36 Bed Special Care Unit. Therefore the facility was surveyed for conformance to applicable portions of the 2006 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</p> <p>Deficiencies were cited and a Plan of Corrections is required.</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 Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p>	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>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses' station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door.</p> <p>Findings on September 14, 2023:</p> <p>a. C Hall - the central release switch for the electromagnetic locks located in the Nurses' Station did not release the doors.</p>	C 101		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are:</p> <p>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the outside premises are not maintained in a clean and safe condition.</p> <p>Findings on September 14, 2023:</p> <p>a. A Hall Exit - there is a raised section of sidewalk that is creating a trip hazard.</p>	C 160		

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C 160	Continued From page 2 b. B Hall Porch - there is an extensive amount of mildew on the ceiling of the enclosed porch.	C 160		
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. Observations revealed that the walls, ceilings and floors are not kept in good repair. Findings on September 14, 2023: a. Main Laundry - the wall to the left of the washing machine has water damage and is soft with cracks in the finish. b. A Hall - the corridor wall outside of Room A-12 has a 1" indentation from the attic access panel. c. Room A-11 - the ceiling along the wall at the door has a crack running parallel to the wall and the ceiling is sagging along the crack. d. Oxygen Storage - there was a leak in the back of the room leaving a 12" square area with mildew and water stains. e. Nurses' Office - the carpet is worn, frayed and bunching. f. B Hall - there is a 1" diameter hole in the wall outside of Room B-10 from the attic access panel hitting the wall. g. Staff Lounge - the ceiling and wall have some	C 164		

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C 164	Continued From page 3 damage along the corridor wall from a roof leak. h. C Hall Dining - several of the sections of vinyl plank flooring are separating at the joints. i. Room C-6 - the carpet is starting to unravel at the seam near the closets creating a trip hazard. j. Beauty Salon - the vinyl plank flooring is buckling and pulling loose around the station chair.	C 164		
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. This Rule is not met as evidenced by: 1. Review of records revealed that the facility was not conducting fire rehearsals on each shift of each quarter. Findings on September 14, 2023: a. There was not a record of a fire rehearsal being conducted on the first or third shift of the second quarter of 2023. b. There was not a record of a fire rehearsal being conducted yet on the first or third shift of the third quarter of 2023.	C 185		

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C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</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 and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire.</p> <p>Findings on September 14, 2023:</p> <p>a. The fire alarm panel was indicating trouble with faulty heads. Interview with staff revealed that the faulty heads had been replaced and they were waiting on the vendor to reset the panel.</p> <p>b. Exterior Water Heater Room - an orange protective cap was placed over the heat detector while conducting repairs and has not been removed.</p> <p>2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Use of materials that are not fire resistant rated could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on September 14, 2023:</p> <p>a. A Hall Data Closet - recent work was sealed using an orange foam product that does not meet</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>the fire resistant rating required for penetrations.</p> <p>3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on September 14, 2023:</p> <p>a. A Hall Data Closet - the fire caulk on one of the cable bundle penetrations has fallen off.</p> <p>b. B Hall Restroom by the Maintenance Office - the ceiling around the sprinkler head is damaged leaving gaps in the fire resistant rated ceiling.</p> <p>c. Dining - several sections of the sheetrock tape are pulling away from the ceiling in the back of the Dining Room compromising the fire resistant rated ceiling.</p> <p>d. C Hall Storage by the Nurses' Station - the escutcheon ring is missing on the sprinkler head.</p> <p>4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on September 14, 2023:</p> <p>a. One of the bulbs on the emergency light outside of Room B-3 is out.</p> <p>b. The emergency light outside of Room B-1 did not illuminate on test.</p> <p>c. The emergency light outside of Room C-9 did not illuminate on test.</p> <p>d. The emergency light outside of Room D-3 did not illuminate on test.</p> <p>5. Based on observation there is a failure to maintain the facility's fire safety equipment in a</p>	C 189		

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C 189	Continued From page 6 safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 14, 2023: a. Kitchen Pantry - the door does not close and latch completely. b. Room D-8 - the corridor door is tight in the frame and requires excessive force to open. c. Room D-7 - the door hardware was removed leaving a hole in the door and preventing the door from closing and latching. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 14, 2023: a. B Hall - the top plate on the right leaf of the cross corridor door was loose preventing the door from latching when released by the fire alarm. This was corrected at the time of survey. 7. Observations revealed that the building and all fire safety equipment was not maintained in a safe and operating condition. Findings on September 14, 2023: a. C Hall Courtyard - the screamer box for the override switch on the gate did not alarm when opened.	C 189		
C 193	Ovens, Ranges in Activity or Res. Rooms	C 193		

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C 193	Continued From page 7 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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. Observations revealed that ovens, ranges and cook tops in the resident activity or recreational areas were operational and not properly supervised. Findings on September 14, 2023: a. Country Kitchen - the oven was not locked and there were no staff in the area. This was corrected at the time of survey. b. D Hall Craft Room - the oven was not locked and there were no staff in the area. This was corrected at the time of survey.	C 193		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	<p>Continued From page 8</p> <p>REQUIREMENTS</p> <p>(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:</p> <ol 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 September 14, 2023:</p> <ol style="list-style-type: none"> a. Main Laundry - the exhaust fan is not working. b. A Hall Janitor's Closet - the exhaust fan is not working. c. A-16 Bath - the exhaust fan is not working. d. There is a general pattern of exhaust fans not working in the facility. 	C 199		