

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL039004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2015
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NAME OF PROVIDER OR SUPPLIER PINE GARDENS ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6016 PINE TOWN ROAD OXFORD, NC 27565
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller on February 18, 2015.</p> <p>Records Indicate the Facility was built and first licensed on or about 01/01/1965 for Thirty-Two (32) Beds. The facility was closed prior to September 1993 for a period extending more than 16 months. On or about September 16, 1993, a request for re-licensure of the closed facility was received and on or about March 29, 1995, the facility was licensed for Thirty-One (31) Beds. Based on the above information, the facility is required to meet the 1991 Rules for the Licensing of Domiciliary Homes and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1958 North Carolina Building Code for Institutional Buildings. Physical plant deficiencies were noted which require a plan of correction.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on Record review, and interview with Executive Director, the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any deficiency that may be</p>	C 111		

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

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C 111	Continued From page 1 discover with annual inspections. Findings on February 18, 2015: a. Executive Director did not provide the Annual Building Sanitation Report was not available for review, b. Executive Director did not provide the Annual Kitchen Sanitation Report was not available for review, c. Executive Director did not provide the Annual Fire Officials Report was not available for review, d. Executive Director did not provide the Annual Fire Alarm System Report was not available for review.	C 111		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings: on February 18, 2015: a. The handrail was in disrepair at the following locations to include but not limited to: i. Near Bedroom A16, Missing u-strap,	C 148		

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C 152	Continued From page 2	C 152		
C 152	<p>Entrances-Steps, Porches with Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(h) The requirements for outside entrances and exits are:</p> <p>(2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building was not maintained in a safe manner by not having stable handrails/guardrails at steps, porches, stoops and ramps. This would affect all residents, staff and visitors who use this unstable handrail/guardrails by not providing increasing safety, stability/balance, and maneuverability required of these devices.</p> <p>Findings on February 18, 2015:</p> <p>a. The guardrail was loose or broken, at the following locations to include but not limited to:</p> <p>i. Front Porch, panels directly in front of left front door.</p>	C 152		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to</p>	C 166		

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C 166	<p>Continued From page 3</p> <p>provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation grilles and their associated radiation damper. If the radiation damper is dirty it may not function properly. This could affect all residents, staff and visitors if in the event of a fire the dampers does not close completely to contain the fire within the room of origin.</p> <p>Findings: on February 18 2015:</p> <p>a. The return ventilation grilles, and their radiation dampers have an excessive accumulation of dust/lint in the following locations to include but not limited to:</p> <p>i. Bath A14</p> <p>2. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to unsanitary conditions and equipment in disrepair.</p> <p>Findings: on February 18 2015:</p> <p>a. The commode would not flush at the following locations to include but not limited to:</p> <p>i. Bath A14.</p> <p>b. The faucet handles turn without engaging the valve stems to supply water to the sink at the following locations to include but not limited to:</p> <p>i. Bath A14.</p>	C 166		
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 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</p>	C 184		

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C 184	Continued From page 4 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 building failed to maintain in a safe manner, the evacuation diagrams. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on February 18, 2015: a. The mounted evacuation diagram in the corridor was improperly oriented at the following locations to include but not limited to: i. Corridor between Bedrooms A15 and A17, ii. Corridor between Bedrooms B25 and B29.	C 184		
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. Based on Record review, and interview with	C 185		

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C 185	Continued From page 5 Executive Director, the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building. Findings on February 18, 2015: 1. Executive Director did not provided the fire rehearsal log for review.	C 185		
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: 1. Based on observation and interview, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on February 18, 2015: a. The exit near Bedroom A19 takes special knowledge or effort to open. Surveyor and Staff accompanying surveyor could not open door. Administer with some effort did open door. 2. Based on observations, the Building was not	C 189		

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C 189	<p>Continued From page 6</p> <p>maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on February 18, 2015:</p> <ol style="list-style-type: none"> a. The Laundry Chute door on the first floor did not latch into its strike plate. b. Gaps around cable through the fire-resistance-rated ceiling assembly at the following locations to include but not limited to: <ol style="list-style-type: none"> i. Living Room, ii. Basement c. The corridor wall above the door had a 3/4 inch hole through it at the following locations to include but not limited to: <ol style="list-style-type: none"> i. Medical Room B-22. d. Unprotected ceiling penetration around hood suppression system in Kitchen. e. The basement ceiling had lots of opening through the one-hour fire resistance rating ceiling <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm.</p> <p>Findings on February 18, 2015:</p> <ol style="list-style-type: none"> a. The fire alarm system's heat detector was dangling from the ceiling by its power/operational wire at the following locations to include but not limited to: <ol style="list-style-type: none"> i. Men Toilet Room B33. <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on February 18, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the following locations to include but not limited to:</p> <p>i. Medical Room B22,</p> <p>b. The wall-mounted self-contained emergency light did not have adequate light output when the test button was pushed to provide not less than one footcandle intensity at the floor level at the following locations to include but not limited to:</p> <p>i. Living Room.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during and emergency. Findings on February 18, 2015:</p> <p>a. The exit sign did not work on normal power or have backup power at the following locations to include but not limited to:</p> <p>i. Exit near Bedroom A19,</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on February 18, 2015:</p> <p>a. Bedroom B-34 the corridor door latches but</p>	C 189		

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C 189	Continued From page 8 releases with a light touch, b. Bedroom B-25 the corridor door does not latch. 7. Based on observation, the building was not maintained in accordance with NC Electrical Code because of improper wiring method. This would affect all residents, staff and visitors by exposing them to potential fire hazard. Findings on February 18, 2015: a. In Corridor near Bedroom B-25 a ceiling mounted light fixture was falling down from the ceiling and was not providing much light.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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, the facility failed to provide an environment in accordance with this Rule. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on February 18, 2015: a. A portable electric heater was found in the	C 191		

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C 191	Continued From page 9 Executive Director Office A-9	C 191		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER 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> <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. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. <p>Findings on February 18, 2015:</p> <ol style="list-style-type: none"> a. The was no ventilation to the following locations to include but not limited to: <ol style="list-style-type: none"> i. Linen Closet has Bio Hazard material being stored in the room behind the door and it smells, and the room has no ventilation or window. b. The spot exhaust fan was blowing air into the room instead of removing it, at the following locations to include but not limited to: <ol style="list-style-type: none"> i. Janitor Closet A-12. 	C 199		

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C 199	Continued From page 10 c. The Bath near Office A-9 was equipped with a window but still had a strong odor, possibly a malfunctioning air admittance valve on sink.	C 199		