

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD67023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/12/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER
ONSLOW HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**34 MCDANIEL DRIVE
JACKSONVILLE, NC 28546**

(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	<p>Initial Comments</p> <p>This is a Report of a Complaint Investigation conducted by Greg Cates and Billy Bryant on February 12, 2015.</p> <p>Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about September 18, 1986 for One-Hundred Sixty (160) Beds. Based on the above information, the facility is required to meet the 1984 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code (Revision 5) Section 409- Institutional Occupancy- Unrestrained.</p> <p>The Complaint alleges that the facility has a severe infestation of roaches in the kitchen.</p> <p>The Complaint is Substantiated.</p>	C 000	<p>CONSTRUCTION SECTION FEB 27 2015 RECEIVED</p> <p>Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies; the Plan of Correction is prepared solely as a matter of compliance with state law.</p>	
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1- Based on observations the day of the survey, and interviews with the local Sanitarian, Administrator, and Maintenance Manager, the</p>	C 164	<p>Pest Control Company will review, treat entire residential area of the building to include the attic, bedrooms, bathrooms and commons areas for ants and other pest by 3/3/2015.</p>	3/3/15

Please Sign & Date

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Justine M. Labrea

TITLE
Administrator

(X6) DATE
2/27/15

STATE FORM 400 E3L621 If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/12/2015
NAME OF PROVIDER OR SUPPLIER ON SLOW HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28546		
(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 164	Continued From page 1 facility has failed to maintain a clean environment due to an infestation of insects in several areas of the facility. Findings include: a- Ants and roaches have been observed in several rooms for several weeks. Although according to the Sanitarian, there has been a vast improvement regarding the presence of ants and roaches, there is still evidence of an infestation of both ants and roaches in many rooms. Many ant and roach carcasses were noted in several rooms; live ants and roaches were still observed and in at least two resident rooms; and an "ant highway" was observed leading to and from open containers of food in two rooms. Ants and/or roaches were observed in the following rooms, including but not limited to: 1- Resident Room 12 (Live ants) 2- Resident Room 14 (Live ants) 3- Resident Room 20 (Live roach) 4- Resident Room 38 (Ant highways) 5- Resident Room 80 (Ant highways) 6- Resident Vending Area (Ant and roach Carcasses) 7- Kitchen (live baby roach)	C 164	Kitchen Area: Phase I Pest Control Plan completed which included: -Removed all wood shelving in dry storage area and replaced with NSF approved shelving. -Sealed all cracks and crevices in area -Re-painted area -Mop closet walls repaired/painted and shelving replaced with non-absorbent shelving -Entire kitchen was pressure washed -Pest Control Company treated kitchen as allowed by manufacturers guidelines of chemical being applied. Phase II: Pest Control Company will coordinate and facilitate execution of Phase II which addresses the ware washing area in in coordination with the local health inspector as previously agreed.	Completed: 1/31/15 3/31/15
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (e) 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.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER ONSLow HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 34 MCDANIEL DRIVE JACKSONVILLE, NC 28546
--	--

(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 189	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations and interviews with the local Sanitarian, Administrator, and Maintenance Manager, the facility has failed to maintain the HVAC equipment in working condition resulting in no heat to several areas of the building.</p> <p>Findings include:</p> <p>a- The HVAC unit for the Central Rear Common Area has not worked in over 6 months.</p> <p>b- The HVAC unit for the Central Front Common Area has not worked in over 6 months.</p> <p>c- The HVAC unit for the Chapel has been having mechanical difficulties for over a month and has not worked in at least two days, leaving the ambient temperature in the Chapel at 60 degrees.</p> <p>2- Based on interviews with the local Sanitarian and the Maintenance Manager, the plumbing system is not being maintained in a safe and working condition due to a broken back-flow preventer.</p> <p>Findings include:</p> <p>a- The building back-flow preventer was "by-passed as a temporary measure over two years ago due to mechanical issues" and has not been repaired or replaced.</p>	C 189	<p>Permits obtained by HVAC Contractor</p> <p>-Furnaces ordered. 2/13/15</p> <p>-Payment for furnaces issued 2/16/15</p> <p>-Two furnaces delivered 2/18/15</p> <p>-Third furnace damaged in shipping and re-ordered 2/19/15</p> <p>-Old units removed to two units set in place 2/20/15</p> <p>-Code requires new venting/piping to withstand 1000F degrees, ordered 2/23/15</p> <p>-Venting & piping estimated arrival 3/2/15</p> <p>-Two units to be completed installed and operational 3/6/15</p> <p>-Third furnace to be installed upon delivery by (See attached supporting documents & pictures) 3/15/15</p> <p>Note:</p> <p>-Back flow preventer was "by-passed" with approval from the City of Jacksonville due to the facility water pressure being reduced by the back-flow preventer by 50% at that time.</p> <p>-Back Flow preventer will be returned to an operational status meeting the current code as required. See attached letter & email from the City of Jacksonville allowing an extended time frame to comply due to the possibility to lose water pressure and having to install additional equipment to maintain the desired water pressure. 4/10/15</p>	

Property Address - Code Invoice - Date
MD-Jacksonville Health Holdings, 4531 - 02/13/2015

Description
(3) Old Pyloruses

Amount
10,237.50
10,237.50

FID 9/20157

828-522-0536

WP-Jacksonville Health Holdings, LLC
c/o Onslow House
1300 Spring St., Suite 205
Silver Spring, MD 20910

The Private Bank
120 South La Salle Street
Chicago, IL 60603

749
2-648710

PAY
**** TEN THOUSAND TWO HUNDRED THIRTY SEVEN AND 50/100 DOLLARS

TO THE ORDER OF
AI's Service Company
146 Phillips Rd
Trenton, NC 28585

CE

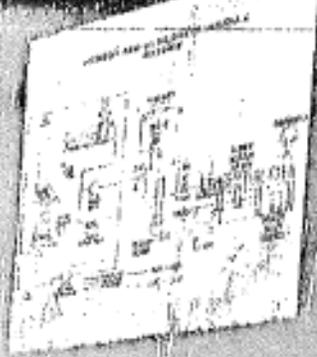
⑆000749⑆ ⑆0⑆1005485⑆ 2346435⑆

APPROVED SIGNATURE



Harley-Davidson
Motorcycles

040 units
FID
91087
Removed

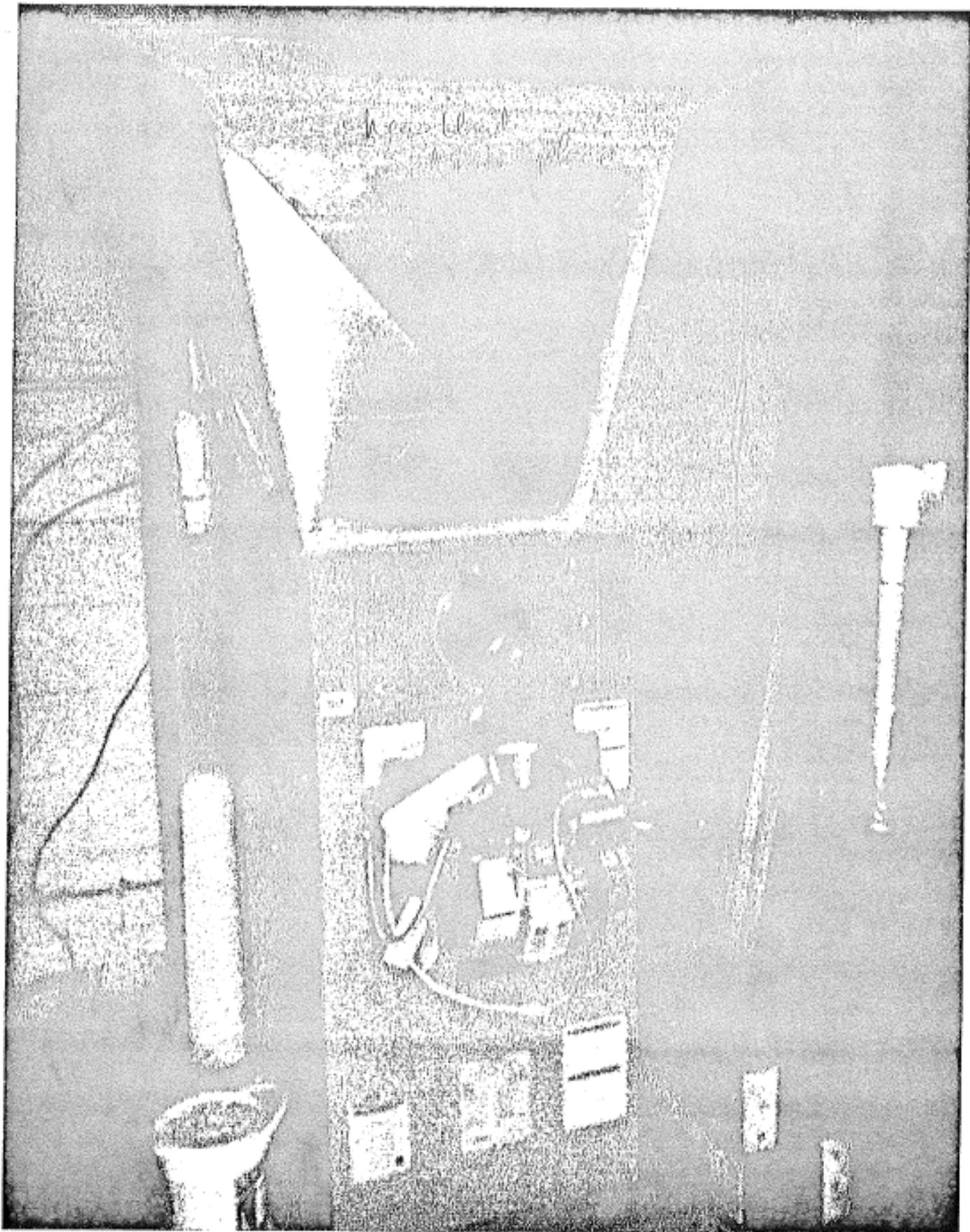


F100
#97057

old
list
Remainder

New Unit
Set in place
EID
H47057





New Unit Set into
place

FID # 970157

City of Jacksonville



Public Services Department

February 24, 2015

Jacksonville Health Holdings LLC
34 McDaniel Dr.
Jacksonville, NC 28546

Dear Water Customer:

In accordance with The City of Jacksonville's Water System Cross Connection Control Ordinance, it has been determined you will need to install an approved Reduced Pressure Principle Assembly (RP) on the domestic water service just behind the City water meter. Section 26-304 states; (a) The consumer for those facilities at which the degree of hazard if classified "severe" shall include "air gap separation" or a "reduced pressure principle assembly" device on their potable water system. This facility is a potential backflow hazard and in accordance with the code, is considered a "severe" risk.

The City's Water System Cross Connection Control Ordinance states: (Sec. 26-302), "Prevention and elimination of cross connections ~ (a) The consumer has the responsibility of preventing contaminants from entering his water system and the prevention of transfer to the public water system of any contaminants which may get into his water system. To accomplish this, the residential consumer at his own expense shall keep in service an approved backflow prevention device and all other consumers shall at their own expense install, operate, test and maintain an approved backflow prevention device."

Please make arrangements within fifteen (15) days from the date of this letter, to have a Reduced Pressure Principle Assembly (RPZ) installed by a certified plumber, and tested by a certified tester approved by this office. Also, please make arrangements within (15) days from the date of this letter to have all other backflow prevention devices on your property tested by a certified tester.

If you have any questions or concerns regarding this matter, please contact this office at (910) 938-5289 or (910) 938-5277.

Sincerely,

Percy J. Cephus
Backflow/Cross-Connection O.R.C.
City of Jacksonville
Public Services

See extensive notes
email dated 2/27/15

FID# 970157

Sandra Korzeniewski

From: Pete Deaver <pdeaver@ci.jacksonville.nc.us>
Sent: Friday, February 27, 2015 4:03 PM
To: Sandra Korzeniewski
Cc: Percy Cephus
Subject: 34 McDaniel Drive

Sandra,

By means of this email, I am authorizing a time extension of 45 days form the date of the letter you received on February 24th, please contact this office to make additional arrangements.

Pete Deaver

City of Jacksonville

FID #970157

Onslow House-Receipt of Letter_SOD FID # 970157

Sandra Korzeniewski

Sent: Tuesday, February 24, 2015 3:10 PM

To: greg.cates@dhhs.nc.gov

Cc: Denis Rainey; Vaughn Dagenhart; Onslow House, ADM - Cabrera, Justine

Attachments: Onslow House DHSR Construc~1.pdf (2 MB) ; Onslow Furnance Check and ~1.pdf (710 KB)

Greg,

We received a letter today via US Mail dated February 16, 2015 from a Complaint Survey conducted February 12, 2015. This letter indicates this it was faxed to 910-347-2011, which is incorrect. The correct fax number is 910-347-2111. Therefore, we did not receive the fax as indicated in your letter.

The attached letter also states that we were to submit documentation to Construction no later than February 22, 2015. Based on the delay in receiving this letter, we were not able to submit documentation by February 22, 2015. We have attached a copy of the envelope which indicates the letter was mailed on February 20, 2015.

The second attachment includes the invoice from the vendor and a copy of the check for the furnaces.

Below you will find an update on our progress. We are sorry to report the weather last weekend and today has caused a few delays with delivery of materials.

Update on Installation of Furnaces:

- Furnaces were ordered on 2/13/15
- Payment for furnaces issued 2/16/15
- Two furnaces delivered 2/19/15, Third one was damaged and re-ordered (Delivery expected anytime)
- Old units removed and Two new units set in place on 2/20/15
- Code requires new vent/piping to withstand 1000 degrees F, piping ordered 2/23/15 (Estimate 2-3 days to arrive)
- Upon receipt of piping, installation will be completed.
- Upon delivery of third unit, unit will be installed.
- Permits were handled by vendor (AJ's Service Center)

I will send you photos of the old furnaces that have been removed along with photos of the new furnaces which has been set into place.

We will submit the Plan of Correction as indicated by March 1, 2015.

Please call me at your earliest convenience to discuss our progress. My contact information is listed below.

Sandra Korzeniewski

Regional Director of Operations

Meridian Senior Living, LLC

Email: sandrak@meridiansenior.com

Cell: 252-521-2848

Confidentiality Notice: This email message, including any attachments is for the sole use of the intended recipients and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by replay email, delete this message, and destroy all copies thereof.