

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL014014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROCKFORD INN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630</b>
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C 000 Initial Comments

Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 2-5-2015.

Records indicate this facility was first submitted or licensed on 10-1-1977. The documents for the Special Care Unit were first submitted on 6-7-2008. Based on this information, we are requiring the older portion of the facility to meet the 1967 NC State Building Code, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. The Special Care Unit was surveyed using the 2006 NC State Building Code and the current Rules for Adult Care Homes of Seven or More Beds.

C 000

CONSTRUCTION SECTION  
MAR 17 2015  
RECEIVED

C 166 Housekeeping-Maintained Free of Hazards

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS

(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.

This Rule is not met as evidenced by:

1. Based on observation there was a hasp and padlock on the door to the small storage room off the laundry. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room.

2. Based on observation there are barrel bolt latches installed at the top on the inside of the

C 166

maintenance removed the hasp and barrel bolts latches.

1. The hasp and padlock removed from the small storage room off from laundry room on 2-6-15

2. The barrel bolt latches removed from exist doors near the entrance to the SCU on 2-5-15

3-16-15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Dennis Cobbley</i>	TITLE  <i>Admin. in charge / RCC</i>	(X6) DATE  <i>3-17-15</i>
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C 166	<p>Continued From page 1</p> <p>exit doors near the entrance into Special Care because the normal latching hardware has failed. Latching hardware that requires several hand motions to operate and that is installed almost 7 feet from the floor could delay or prevent an evacuation in an emergency.</p> <p>3. Based on observation there was a barrel bolt latch installed on the door to the linen room on Hall 3. Latching hardware that can only be operated from one side of the door, such as barrel bolt latches, present the possibility that someone could be trapped in the room.</p> <p>4. Based on observation the Special Care gate at the steps was difficult to open. A gate in an exit path that is difficult to open could delay or prevent an evacuation in an emergency.</p>	C 166	<p>3. Barrel bolt latch removed from linen room on Hall 3 on 2-6-15</p> <p>4. Maintenance shimed gate up at the Special Care Unit to be able to open / close easily on 2-6-15</p> <p>With QA monthly rounds will check all doors and gate to assure working properly and noted in minutes every three months</p>	<p>3-16-15</p> <p>3-16-15</p> <p>3-16-15</p>
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on interview, the staff in the Special Care</p>	C 185		



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C 189	<p>Continued From page 3</p> <p>c. Holes in the ceiling of the air handler room off the laundry.</p> <p>d. Holes in walls of janitor's closet off the dining room.</p> <p>e. Unsealed penetration in the ceiling of the pantry.</p> <p>f. Hole in the ceiling of the linen room near Hall 2 bath,</p> <p>g. Holes in the fire wall above room 201.</p> <p>h. Holes in the ceiling of the electric panel room on Hall 3.</p> <p>i. Holes by sprinkler pipe and a cable in the attic fire wall above Special Care.</p> <p>j. Hole in wall behind door in Hall 3 New bath.</p> <p>k. Holes in ceiling of janitor's closet on Hall 3.</p> <p>l. Holes in ceiling of diaper storage room on Hall 3.</p> <p>m. Hole in ceiling beside exit sign at 100 Hall.</p> <p>2. Based on observation, the facility was not maintained in a safe manner because of fire/smoke barrier doors not latching properly in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings include: The cross-corridor fire doors on the 200 Hall are equipped with latching hardware but failed to latch closed when released by the fire alarm system.</p> <p>3. Based on observation, the facility was not maintained in a safe condition because of holes cut in required draft stop walls in the attic. Holes in draft stops could cause a fire to grow and spread more rapidly. Findings include: This facility is sprinkler protected with the exception of the 200 Hall and a portion of the 100 Hall. The required draft stop walls above the 200</p>	C 189	<p>l.e.d.e.f.g.h.i.j.k.L All holes repaired with fire foam one hour by maintenance</p> <p>m. put place under sign</p> <p>2. Ordered door hardware will arrive and be corrected by 4-13-15</p> <p>3. Draft stop wall sealed with fire foam mortar by Sprinkler Company</p> <p>Maintenance will check all areas of C189 monthly to assure no holes. And QA will monitor monthly and quarterly in minutes.</p>	<p>3-16-15</p> <p>4-13-15</p> <p>3-16-15</p> <p>3-16-15</p>

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C 189	<p>Continued From page 4</p> <p>Hall have large holes cut through negating their ability to slow the spread of fire.</p> <p>4. Based on observation, the facility was not maintained in a safe condition because of an exit sign not working on battery back-up. Improperly working exit signs could delay an evacuation in an emergency. Findings include; The exit sign above the front door would not work on battery when tested.</p> <p>5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Pillows had been stacked all the way to the ceiling in New Hall 3 storage room.</p> <p>6. Based on observation, the facility was not maintained in a safe condition because of a corridor door are not closing well enough to resist the passage of fire and smoke. Corridor doors that do not fit the opening properly present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; The door to the med room in the Special Care Unit does not fit the door opening at the top.</p> <p>7. Based on observation, the hose on the shower wand in Hall 3 "old bath" was long enough to reach the shower basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning</p>	C 189	<p>4. Maintenance ordered battery and charged. Maintenance will check batteries monthly + exist signs monthly to assure working properly. QA makes rounds monthly will also check exist signs to monitor working properly + note in minutes quarterly</p> <p>5. Pillows removed from top shelf to assure 18" clearance from ceiling. Also with QA rounds will check all storage areas to assure 18" clearance monthly + note in minutes quarterly</p> <p>6. Ordered new door + hardware for scull corridor and medroom will arrive</p> <p>7. and be replaced by 4-13-15</p> <p>7. maintenance shortened all bathwands</p>	<p>3-16-15</p> <p>3-16-15</p> <p>4-13-15</p> <p>3-16-15</p>

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C 189	Continued From page 5 contaminated water into the water system unless a vacuum breaker is installed.	C 189	Quality Assurance includes department <sup>2</sup> department needs makes rounds together monthly and will check all doors and gates to assure properly working and fitting properly. QA will also check doors monthly to assure no pad locks or barrel bolts are attached & noted in minutes. The SCU coordinator will train all new staff on emergency release switches upon date of hire and sign checklist and upon each fire drill will reeducated staff on emergency switch release and note on fire drill training sheet. QA will check all other areas on concern monthly and address and correct any concerns at that time and note in minutes.	3/16/15