

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL015002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2015
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NAME OF PROVIDER OR SUPPLIER NEEDHAM ADULT CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 916A S SANDY HOOK ROAD SHILOH, NC 27974
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(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 report is of a biennial construction survey done by Bob Getchell on March 27, 2015.</p> <p>This facility was first licensed or submitted for licensure as a Home for the Aged serving 24 residents on March 4, 2009. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 2002 N.C. State Building Code section 409.1 Institutional Unrestrained Occupancy.</p> <p>Deficiencies were noted which will require a plan of correction.</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</p> <p>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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building was not</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	Continued From page 1 maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 03/27/2015: The Dining Room door to the front residential corridor has the following issues: a) Door is biswinging, has gaps around it and can not resist the passage of smoke. b) The door does not positively latch when released to resist the passage of smoke. c) The doors are being held open by hooks and eyelets.	C 101		
C 111	Must Have Current San. & Fire Safety Reports 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. This Rule is not met as evidenced by: 1. Based on observation, the current fire reports were not available at the time of the survey. Findings on 03/27/2015 The following reports were not available at the time of the survey: a) Fire Marshalls Report, b) Fire Alarm Panel Annual Test Report.	C 111		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 133		

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C 133	<p>Continued From page 2</p> <p>(e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner because a hand grip is coming loose from the wall. This would effect all residents using the hand grip by exposing them to fall hazards</p> <p>Findings on 03/27/2015: The room 119 bathroom has a hand grip coming loose from the wall.</p>	C 133		
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: (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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by improper storage of oxygen cylinders. This would effect all residents by potentially exposing them to hazards from a ruptured cylinder.</p> <p>Findings from 03/27/2015: The Dining Room has oxygen bottles that are loose, and not secured in a holder designed for</p>	C 166		

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C 166	Continued From page 3 that purpose.	C 166		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm.</p> <p>Findings on 03/27/2015: a. The sprinkler report dated 1-13-15 indicated the water gong alarm is not working. b. The sprinkler report dated 1-13-15 indicated the 155 degree dry pendant heads installed in 2005 are due for their 10 year inspection / replacement. c. The tags on the fire extinguishers indicate monthly checks are not being performed per NFPA 10. d. The tag on the Ansul fire suppression system indicate monthly checks are not being performed per NFPA 10.</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>e. The smoke detector in the kitchen is not hard wired to the fire alarm</p> <p>f. The sprinkler head on the back porch has an escutcheon that has slid down.</p> <p>2. Based on observation, the building emergency illumination was not maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency.</p> <p>Findings on 03/27/2015: Emergency light in the Managers Apartment is not working.</p> <p>3. Based on observation, the building was not maintained in a safe manner because a toilet is coming loose from the floor. This would effect all residents using the hall toilet by exposing them to leaks from a broken wax seal.</p> <p>Findings on 10/22/2014: a. The bathroom in room 103 has a toilet coming loose from the floor.</p>	C 189		