

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL023008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/19/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHELBY MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1176 WYKE ROAD SHELBY, NC 28150</b>
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C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 2-19-2015.</p> <p>Records indicate this facility was first licensed or submitted for licensure on or about 5-1-1992, for 64 beds. On or about 4-7-2000, a change of capacity was approved increasing the total to 74 beds. Based on the above information, the facility is required to meet the 1991 Minimum 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 1991 North Carolina State Building Code, Section 409.1 Group I- Unrestrained Occupancy</p>	C 000	<p>CONSTRUCTION SECTION</p> <p>APR 07 2015</p> <p>RECEIVED</p>	
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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by:</p>	C 101		

Division of Health Service Regulation  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Amy H. Black, Executive Director*  
 TITLE  
 EXECUTIVE DIRECTOR  
 DATE  
 4/7/15

Division of Health Service Regulation

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C 101	<p>Continued From page 1</p> <p>1. Based on observation the facility did not meet the 1991 NC State Building Code as relates to ducts penetrating smoke barrier walls. Ducts improperly penetrating a smoke barrier wall could endanger all residents and staff by allowing smoke from a facility fire to travel from one area of refuge to the next area of refuge.                      Findings include:                      There is a cross-corridor wall adjacent to the Administrator's office built with the characteristics of a smoke barrier wall. A duct of approximately 8 inches by 12 inches penetrates the wall in the attic and there is no smoke damper provided in the duct.</p> <p>2. Based on observation the facility did not meet the 1991 NC State Building Code as relates to storage and fire separations. Improper storage could allow a fire to grow beyond the sprinkler system's capacity to extinguish it.                      Findings include:                      There are rooms on the 2nd floor, much larger than 100 sq. feet, that were originally intended to be apartments for staff, that are now being used for combustible storage. The rooms are sprinkler protected but are separated from the corridor by only a 20 minute fire rated door and are not equipped with a self-closer.                      Section 409.1.6.1 of the 1991 NC State Building Code requires storage rooms larger than 100 sq. feet to be protected by sprinklers and to be separated from the remainder of the facility with one-hour fire rated construction and a ¾ hour fire rated self-closing or automatic closing door.</p> <p>3. Based on observation, the facility did not meet the 1991 NC State Building Code as relates to exit signs.                      Findings include:                      a. The exit access corridor with rooms 30</p>	C 101	<p>1. Toma fire is to install new smoke damper in duct. Complete date 5/1/15.</p> <p>2. Clean out all storage areas on 2nd floor and use for only minimum storage. Complete date 5/1/15</p>	<p>5/1/15</p> <p>5/1/15</p>

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C 101	<p>Continued From page 2</p> <p>through 35 and the corridor with rooms 41 through 46 have bends in them so you cannot see two separate means of egress when you exit most bedrooms on those corridors.</p> <p>b. The exit signs provided at 2 corridor junctions are turned in such a manner that one can see only one exit sign when you exit bedrooms 21 through 24 and bedrooms 50 through 53.</p> <p>c. There is only one exit sign visible when you exit bedrooms 12 through 18.</p> <p>d. There is only one exit sign visible when you exit bedrooms 10 and bedroom 11 when the cross-corridor fire doors are closed.</p> <p>e. There is no directional exit sign in the corridor near bedroom 10 to direct one to the nearest exit. Section 1118.2.1 of the 1991 NC State Building Code requires that exits shall be marked by an approved sign readily visible from any direction of exit access.</p>	C 101	<p>a.</p> <p>3. We are adding an Exit sign on each hall.</p> <p>b. Turned exit signs on both corridors in such a way so that one can see 2 exit signs when exiting rooms 21-24 &amp; 50-53</p> <p>c. Put exit face on exit <del>light</del> sign at room 18.</p>	<p>5/1/15</p> <p>4/7/15</p> <p>4/6/15</p>
C 111	<p>Must Have Current San. &amp; Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>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: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.</p>	C 111	<p>d. Putting new exit sign on each side of fire door</p> <p>Inspection was completed in March, will fax report once received.</p>	5/1/15

## Division of Health Service Regulation

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C 166	Continued From page 3	C 166		
C 168	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 is a fence built around the end of A Hall. There are 2 gates in this fence that must be opened to facilitate egress to a safe distance from the facility. Both gates are dragging and are difficult to open which could delay or prevent an evacuation from the end of A Hall in an emergency.  2. Based on observation some toilets were loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards. Findings include: The toilet was loosely mounted to the floor in the bathroom off room 35.	C 168	1. Removing fence and gates.  2. Repaired toilet in Room 35.	5/1/15  2/20/15
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	C 185		

Division of Health Service Regulation

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C 185	<p>Continued From page 4</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, there has been no rehearsal of the fire plan during the 1st shift since the 3rd quarter of 2014. Failure to rehearse the fire plan on each shift could leave staff untrained as to what procedures to follow in an actual fire.</p>	C 185	<p>Did 1st shift fire drill in March. Will follow schedule every month, in alternating shifts.</p>	
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:                      1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes, penetrations and sleeves that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.                      Findings include:</p>	C 189		



Division of Health Service Regulation

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C 189	<p>Continued From page 6</p> <p>t. Unsealed wire penetrations through the ceiling of the Administrator's office.</p> <p>u. PVC pipe (3 inch) penetrating a wall of the "TeePee Room" in a manner that is not a part of a firestop system that meets ASTM E-814.</p> <p>v. PVC conduits [2.5 inch (3) and 3 inch (1)] penetrating the ceiling of the 2nd floor electrical room, in a manner that is not a part of a firestop system that meets ASTM E-814.</p> <p>w. PVC pipe (4 inch) penetrating a 2 hour fire wall in a manner that is not a part of a firestop system that meets ASTM E-814.</p> <p>x. PVC conduits [2.5 inch (2)] penetrating the ceiling of the electrical room on E Hall, in a manner that is not a part of a firestop system that meets ASTM E-814.</p> <p>2. Based on observation, the battery powered emergency light in the corridor near rooms 31 and 53 and at the E Hall Living room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>3. Based on observation the exit sign located near room 14 was not working. Exit signs that are not working properly could delay an evacuation in an emergency.</p> <p>4. Based on observation the exit signs located near room 31 and on the 2nd floor would not work on battery back-up. Exit signs that are not working properly could delay an evacuation in an emergency.</p> <p>5. Based on observation, 2 new duct mounted smoke detectors are installed in the "TeePee Room" but no new access doors were provided within reach of the sampling tubes to allow inspection and maintenance. Sampling tubes</p>	C 189	<p>s. Repair hole &amp; seal</p> <p>t. Repair hole &amp; seal</p> <p>u. - X.</p> <p>Steve has called with questions regarding these points. Awaiting response.</p> <p>2. Repaired all emergency lights.</p> <p>3. Repaired exit light at room 14.</p> <p>4. Replaced exit light.</p> <p>5. Toma to reinstall to meet requirements.</p>	<p>5/1/15</p> <p>5/1/15</p> <p>2/27/15</p> <p>2/27/15</p> <p>5/1/15</p> <p>5/1/15</p>

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C 189	<p>Continued From page 7</p> <p>that are not periodically inspected and cleaned may cause the duct detector to not work properly in the event of a fire.</p> <p>6. Based on observation, 2 new duct mounted smoke detectors are installed in the "TeaPee Room" with the sampling tubes located all the way to one side of the return air duct. Sampling tubes that are not properly installed in the main airflow area of the duct may not be capable of sensing smoke in the duct.</p> <p>7. Based on observation, the cross-corridor doors near the Administrator's office are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>8. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings Include: Several portable medical oxygen cylinders were stored without an approved container in room 36 and in the Oxygen room.</p> <p>9. Based on observation there is an electrical connection in the attic near the fire wall above room 40 not made up in a junction box as required.</p>	C 189	<p>6. Toma fire to reinstall to meet requirements.</p> <p>7. Prepta Adjusted to latch as required.</p> <p>8. Placed all tanks in approved containers in Oxygen Room.</p> <p>9. Install junction box.</p>	<p>5/1/15</p> <p>4/7/15</p> <p>2/26/15</p> <p>5/1/15</p>