

PRINTED: 07/07/2015
FORM APPROVED

Division of Health Service Regulation

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|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED R 06/17/2015 |
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| NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697 |
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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 |
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| {C 000} | <p>Initial Comments</p> <p>Report of a Follow-Up Construction Survey by Ed Miller on June 17, 2015.</p> <p>The following deficiencies cited during the February 6, 2015, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.</p> | {C 000} | <p>CONSTRUCTION SECTION</p> <p>JUL 24 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</p> <p>The physical plant requirements for each adult care home shall be applied as follows:</p> <p>(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> <p>1. Based on observation, the building was not 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.</p> <p>Findings on 06/17/2015:</p> | {C 101} | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: *Operation Director* (X6) DATE: _____

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| {C 101} | <p>Continued From page 1</p> <p>a. The center attic between the firewalls is 9660 square feet. Unsprinklered attics are required to be subdivided into 3000 square foot draft compartments. Consult with the local building official for guidance, and to obtain any permits needed.</p> <p>b. The cross corridor door between 400 and 500 Hall is not closing completely</p> <p>2. 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 06/17/2015: a. The heat detector in the 100 Hall storage closet has been removed.</p> | {C 101} | <p>A) Facility pulled a permit to construct 2 draft stop walls. Walls have been constructed to limit the open space to remain in compliance and are awaiting approval from local building office. Operations Director will monitor progress.</p> <p>B) Maintenance Director Will adjust the door to close properly. OD will monitor to ensure compliance.</p> <p>Maintenance Director will install a new heat detector. OD will monitor to ensure compliance.</p> | <p>7/20/15</p> <p>7/20/15</p> <p>7/20/15</p> |
| {C 160} | <p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having a ramp with missing handrail. This would effect all residents by not allowing safe egress in an emergency.</p> <p>Findings on 06/17/2015: a. The back left exit door has a ramp that is</p> | {C 160} | | |

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| NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 178 REST HOME ROAD WILKESBORO, NC 28697 | | |
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| (C 180) | Continued From page 2 missing the handrail on the right. | (C 180) | Maintenance Director will replace the handrail. OD will monitor to ensure compliance. | 7/22/15 |
| (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, the building was not 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 06/17/2015: a. The two attic fire walls have been sealed with an unidentified sealant. Seal with an approved firestopping material that is part of a fire stop system that meets ASTM E-814. Seal with an approved firestopping material that is part of a fire stop system that meets ASTM E-814. 2. Based on observation, the building was not maintained in a safe manner because there are doors that are in disrepair. This would effect all residents by not resisting the passage of smoke. | (C 189) | Maintenance Director will remove all non-approved caulk and re-seal the penetration with approve fire rated caulking. OD will monitor to ensure compliance | 7/20/15 |

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| (C 189) | Continued From page 3 Findings on 06/17/2015: c. The kitchen door to the dining room will not latch. d. Room 101 door will not latch e. The small dining room door is missing the strike plate. f. The door to the dining room was wedged open. The door was not wedged open but a chair was propping the door open. 4. Based on observation, the building emergency equipment was not maintained in a safe manner. This would effect all residents by not providing illumination of the exits during a power outage. Findings on 06/17/2015: a. The Emergency light in the corridor at room 305 is not working. b. The Emergency light in the corridor at room 309 is not working. 5. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would effect all residents by potentially siphoning waste water into the potable water system. Findings on 06/17/2015: The spray hose on the Beauty Shop sink has no vacuum breaker. Install vacuum breaker on beauty shop sink spray hose. | (C 189) | Maintenance Director Will install a new strike plate to ensure door closes properly. OD will monitor to ensure compliance. Maintenance Director will adjust the door to ensure it closes properly. OD will monitor to ensure compliance. Maintenance Director will remove all obstructions from the door and monitor that the door in not propped open 3 time per week for a period of 3 months. OD Will monitor to ensure compliance. Maintenance Director will replace the batteries in both emergency light at room 305 and 309 to ensure both light function properly. OD will monitor To ensure compliance. Maintenance Director will install a new faucet that includes a vacuum breaker. OD will monitor to ensure compliance. | 7/20/15 7/20/15 7/20/15 7/20/15 7/20/15 |