

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL068021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2015
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NAME OF PROVIDER OR SUPPLIER CAROL WOODS RETIREMENT COMMUNITY - I	STREET ADDRESS, CITY, STATE, ZIP CODE 750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514
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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 is a Report of a Biennial Construction Survey done by Bob Getchell on September 11, 2015.</p> <p>This facility was first licensed as a Home for the Aged serving 12 residents on October 28, 2002. 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 North Carolina State Building Code Section 407- Institutional Occupancy, Group I-2.</p> <p>Deficiencies were noted which will require a new plan of correction.</p>	C 000		
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 delayed egress gate on the courtyard next to building 7 was not maintained operable.</p> <p>Findings include: a) The delayed egress gate in the courtyard next to building 7 did not initiate an uninterruptable 15 second timing sequence when the gate was pushed on to exit. NOTE: Maintenance immediately replaced a</p>	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 189	<p>Continued From page 1</p> <p>defective switch on the latch plate and restored the gate to proper operation.</p> <p>2. Based on observation, the main exit door does not have a working manual over ride switch for the magnetic lock.</p> <p>Findings include: The main exit door which is equipped with special locking has a keyed manual over ride switch to manually release the maglock that does not work.</p> <p>3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include: a. The attic smoke barrier wall over the cross corridor doors at room 7102 has i) unprotected penetrations by cable, and ii) a smoke damper that is not working. NOTE: Maintenance immediately repaired a loose wire and restored damper motor to proper operation. b. The exterior Hot Water/Mechanical room has unprotected ceiling penetrations. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>4. Based on observation, the building was not maintained in a safe manner by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder.</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>Findings include: Oxygen bottles are not secured in a holder in the following locations: a) Room 7103, b) Med Room</p> <p>5. Based on observation, the kitchen appliances were not maintained in a safe manner.</p> <p>Findings include: The stove was not being used in the kitchen, however the switch allowed the burner to be turned on. This was immediately brought to the attention of staff who got the key and locked out the equipment.</p>	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.</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 exhaust ventilation was not provided in required areas.</p>	C 199		

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C 199	Continued From page 3 Findings include: Exhaust ventilation to the outside of the building was not provided in the following areas: a) Housekeeping room near the Med Room (equipped with floor basin) has only a supply vent.. Verify that this supply vent is exhausting to the outside of the building, or, provide an exhaust fan in the room	C 199		