

PRINTED: 08/14/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/21/2015
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NAME OF PROVIDER OR SUPPLIER MEMORY CARE OF THE TRIAD	STREET ADDRESS, CITY, STATE, ZIP CODE 413 NORTH MAIN STREET KERNERSVILLE, NC 27284
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C 000	<p>Initial Comments</p> <p>This report is of a biennial construction survey done by Bob Getchell on July 21, 2015.</p> <p>This facility was first licensed or submitted as a Home for the Aged serving 59 residents on 8-1-1986. However, a tax document provided by the staff indicates the facility was built and operating in 1965. The facility is currently called Memory of the Triad and the licensed capacity was changed to 42 Special Care residents. Based on this information, the facility is required to meet the 2005 Rules for the Licensing of Adult Care Homes, and, the 1958 NC State Building Code, Institutional Unrestrained</p> <p>Deficiencies were noted which will require a new plan of correction.</p>	C 000		
C 101	<p>Existing Licensed-No Less than '71 Rules</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each family care home shall be applied as follows:</p> <p>(2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes 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 home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at</p>	C 101		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Gloria Feger Administrator

TITLE

DATE
8/26/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/21/2015
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C 101	Continued From page 1 no cost; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in accordance with the Codes and Rules in effect at the time the equipment was modified. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: a. The 1-hr Hour Fire Resistance Rated corridor wall was penetrated by a return air transfer opening over each bedroom door that was sealed with one layer of 5/8 gypsum on the corridor side. This is not in accordance with the typical 1 Hour Fire Resistance Rated wall.	C 101 A)	THE UNUSED RETURN WILL BE SEALED FROM THE BED Rm. SIDE OF THE WALL WITH THE APPROPRIATE RATED MATERIALS.	10/27/15 14
C 148	Outside Entrances/Exits-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. 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 doors that have hazards in the path of egress. This would affect all residents by not allowing safe egress in an emergency. Findings include: a. Outside the front right corridor exit the concrete pad is covered by algae and water creating a slip hazard.	C 148 A)	THE CONCRETE PAD HAS BEEN CLEAN AND THE WATER HAS BEEN DIVERTED. THE PAD WILL CHECKED AND CHECKS WILL BE RECORDED ONCE A MONTH. (LOG SHEET WILL BE INCLUDED IN THE FIRE EXTINGUISHER / EMERGENCY LIGHT AND EXIT SIGN PREVENTIVE MAINTENANCE LOG BOOK)	8/24/15

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C 152 C 152	Continued From page 2 Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation, the floors in the facility were not maintained in a safe manner. Findings include: a) In the corridor outside the Laundry Room / Beauty Shop there is a loose cover over a floor chase creating a tripping hazard	C 152 A) C 152	THE CHASE FLOOR COVER HAS BEEN ISOLATED BY THE PLACEMENT OF SMALL BOOK SHELF OVER THE COVER.	8/24/15
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (not charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents by not having fire protection equipment operable for use in an emergency.	C 168		

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C 168	Continued From page 3 Findings include: The inspection tag on the Ansul system in the kitchen indicates that required monthly checks are not being performed per NFPA 17.	C 168	THE KITCHEN ANSUL SYSTEM HAS BEEN ADDED TO OUR PREVENTITIVE MAINTENANCE PROGRAM.	8/24/15
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, staff did not know the location of emergency switches.</p> <p>Findings Include: The Nursing staff could not locate the magnetic lock override switch in the Med Room.</p> <p>2. Based on observation, the magnetic locking equipment was not maintained operable. This would affect all residents if the equipment failed to release an exit door and allow evacuation in an emergency.</p> <p>Findings Include: a. The exterior maglocked gate between the two wings has an emergency release switch that is not working</p> <p>3. Based on observation, the facility was not maintained in a safe manner by having fire rated</p>	C 174	<p>1) ALL PRESENT AND FUTURE STAFF WILL BE RE-TRAINED AND TRAINED WITH A FIRE SAFETY IN SERVICE.</p> <p>2) EXTERIOR MAGLOCK ON THE OUTSIDE GATE WE BE REPAIRED BY OUR FIRE ALARM COMPANY.</p>	<p>8/24/15</p> <p>8/27/15</p>

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C 174	<p>Continued From page 4</p> <p>doors that did not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment or room of origin.</p> <p>Findings include:</p> <p>a) The cross-corridor fire doors at the Dining Room on the left hall did not close completely when activated by the fire alarm system.</p> <p>b) The cross-corridor fire doors at the right front hallway did not close completely when activated by the fire alarm system.</p> <p>c) The double doors separating the right front resident hallway from the Dining Room did not close completely when activated by the fire alarm.</p> <p>4. Based on observation, the oxygen bottles were not maintained to keep the facility safe.</p> <p>Findings include: The oxygen bottles are being stored in a beverage crate that can not adequately prevent them from tipping over.</p> <p>5. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include: The following doors have issues: a) Room 16 bedroom door won't close and latch, b) Room 1A bedroom door will not close and latch,</p> <p>Based on observation, the building electrical system was not maintained in a safe manner.</p> <p>Findings include:</p>	<p>C 174 3A) 3B) 3C) 4) 5A) 5B)</p>	<p>C.C. FIRE DOORS HAVE BEEN ADJUSTED TO CLOSE PROPERLY.</p> <p>C.C. FIRE DOORS HAVE BEEN ADJUSTED TO CLOSE PROPERLY.</p> <p>DOUBLE DOORS HAVE BEEN ADJUSTED TO CLOSE PROPERLY.</p> <p>THE BEVERAGE CRATE HAS BEEN REMOVED FROM THE PROPERTY, AND THE OXYGEN CO. HAS BEEN NOTIFIED TO USE ONLY APPROVED STORAGE CONTAINERS ON OUR PROPERTIES.</p> <p>Room #16 - BED Rm. DOOR WILL BE REPAIRED.</p> <p>Room #1A - BED Rm. DOOR WILL BE REPAIRED.</p>	<p>8/14/15</p> <p>8/14/15</p> <p>8/14/15</p> <p>8/14/15</p> <p>10/27/15 14</p> <p>10/27/15 14</p>

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C 174	<p>Continued From page 5</p> <p>a) There are wire junctions above the drop ceiling that are not contained in a mounted junction box.</p> <p>6. Based on observation, the mechanical exhaust system was not maintained operating.</p> <p>Findings include:</p> <p>a) There is no exhaust fan in the Laundry Room, b) There is no exhaust fan in the front bathroom on the right corridor</p> <p>7. 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:</p> <p>a. The left wing has multiple unprotected penetrations in the rated walls above the drop ceiling</p> <p>b. The right wing has multiple unprotected penetrations in the rated walls above the drop ceiling</p> <p>c. The Dining Room / Boiler Room wall has multiple unprotected penetrations above the drop ceiling</p> <p>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>C 174 A)</p> <p>6A)</p> <p>6B)</p> <p>7A)</p> <p>7B)</p> <p>7C)</p>	<p>WIRE JUNCTIONS WILL RUN THRU AN APPROVED MOUNTED JUNCTION BOX</p> <p>WE WILL REPLACE THE UNUSED/EXISTING THRU THE WALL A.C. UNIT IN THE LAUNDRY RM WITH AN EXHAUST FAN.</p> <p>AN EXHAUST FAN WILL BE INSTALLED IN THE BATH RM</p> <p>ALL UNPROTECTED PENETRATIONS WILL BE SEALED WITH FIRE RATED MATERIALS.</p> <p>ALL UNPROTECTED PENETRATIONS WILL BE SEALED WITH FIRE RATED MATERIALS.</p> <p>ALL UNPROTECTED PENETRATION WILL BE SEALED WITH FIRE RATED MATERIALS.</p>	<p>10/14/15</p> <p>10/14/15</p> <p>10/14/15</p> <p>10/14/15</p> <p>10/14/15</p> <p>10/14/15</p>