

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL098029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/23/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARKWOOD VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1730 PARKWOOD BLVD WILSON, NC 27895</b>
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C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell and Billy S. Bryant on 9-23-2015.</p> <p>Records indicate this facility was first licensed on 8-19-1997, as a Home for the Aged. The facility is currently licensed for 70 Beds including a 20 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1996 (1997 Revision) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</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:</p>	C 101		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 101	Continued From page 1  Based on observation, the facility was not in compliance with the NC State Building Code as relates to Special (magnetic) Locking which requires an "on/off" type emergency release switch by each magnetically locked exit door. This could affect all building occupants if evacuation were delayed or prevented in an emergency. Finding includes: The emergency release switches provided adjacent to all the magnetically locked exit doors in the Special Care Unit were momentary push-button type that automatically re-locked the door when the button was released. A momentary switch is not an "on/off" type switch.	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: Based on review of documents, a current sanitation report for the building was not available in the home for review.	C 111		
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.	C 150		

Division of Health Service Regulation

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C 150	Continued From page 2  This Rule is not met as evidenced by: Based on observation, the corridor at the laundry was obstructed to only about 54 inches of clear space. Obstructed corridors could delay or prevent an evacuation in an emergency. Note: This deficiency was corrected during the survey.	C 150		
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 sampling tube for the duct mounted smoke detector in the attic above room 301 was very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly.  2. Based on observation, the facility was not maintained in a safe manner because of smoke barrier doors not fitting well enough when closed to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings include: a. There was a gap of about ½ inch between the	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 3</p> <p>smoke barrier doors to BTR.</p> <p>b. There was a gap of about 3/8 inch between the smoke barrier doors near room 303.</p> <p>3. Based on observation a required one-hour fire rated smoke barrier wall was compromised. Holes and penetrations 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: There were unsealed penetrations and unsealed sleeves through the smoke barrier wall in the attic above room 302.</p> <p>4. Based on observation, the facility was not maintained in a safe manner by blocking a fire rated door open, thereby preventing the door from closing rapidly in order to contain smoke and fire. Wedging this door open could affect all residents and staff by not containing smoke and fire in the room of origin. Finding includes: The ¾ fire rated door to the laundry was wedged open in violation of Section 409.1.5 which requires the door to be self-closing or automatic closing upon smoke detection.</p> <p>5. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. 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. Findings include; a. The doors to all the bedrooms in the Special Care Unit are equipped with spring hinges and all were propped open.</p>	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 4</p> <p>b. The door to room 205 would not latch when closed and was propped open.</p> <p>c. The door to room 213 was propped open.</p> <p>d. The door from the kitchen to the dining room was wedged open.</p> <p>6. 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: Two portable medical oxygen cylinders were stored in no container in room 204.</p> <p>7. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked to within 8 inches of the sprinkler head in the storage room in special Care.</p> <p>8. Based on observation, the main drain for the air conditioning unit in the attic above the door the BTR had clogged and was causing condensate to overflow into the emergency drain pan under the unit. Clogged drains on A/C units present the possibility of leaking onto and damage of the one-hour fire rated ceiling separating the area below from the attic.</p> <p>9. Based on observation, no vacuum breakers were provided on hoses that were long enough to reach into sink basins. Hoses on water fixtures that are long enough to reach the flood rim of the</p>	C 189		

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C 189	Continued From page 5  fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. Findings include: a. The hose on the hair wash wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. b. The hose at the exterior can wash area was long enough to reach the sink basin and there was no vacuum breaker provided.	C 189		
C 193	Ovens, Ranges in Activity or Res. Rooms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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: Based on observation, there was no switch provided to control the operation of the range in the Activities Kitchen. Findings include:	C 193		

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C 193	Continued From page 6  The range was accessible to residents and there was no staff present to supervise.	C 193		