

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301
---	---

(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>Report of a Biennial Construction Survey by Ed Miller on September 2, 2015.</p> <p>Records indicate that the Facility was converted from a Nursing Home to a Home for the Aged on or about September 13, 2000. The facility is currently licensed for Forty-Four (44) Beds. The facility was licensed as a Special Care Facility on March 18, 2010. Based on the above information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Institutional Occupancy.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000	<p style="text-align: center;">CONSTRUCTION SECTION OCT 16 2015 RECEIVED</p>	
C 111	<p>Must Have Current San. & 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:</p> <p>1. Based on record review, and interview with Maintenance Manager and Facility Manager, the facility failed to provide in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections.</p>	C 111		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: _____ DATE: *Oct. 16, 2015*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301
---	---

(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 111	Continued From page 1 Findings on September 2, 2015: a. The current annual Fire Marshal Inspection Report was not available for review, b. The current annual Fire Alarm System Inspection and Testing Report, in accordance with NFPA 72, was not available for review. c. The last annual Fire Sprinkler System Inspection, Testing, and Maintenance Report in accordance with NFPA 25, performed on April 16, 2015 listed the need for the dry sprinklers that have been in service for 10 years to be tested or replaced.	C 111	2. October Fire Insp. enclosed b. Fire Alarm System Test enclosed c. Contacted Carolina Fire Protection to schedule sprinkler testing as required. Will be completed by Nov. 6, 2015	
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that each tub or shower have a curtains or privacy is provide at toilets. Findings on September 2, 2015: a. Throughout the building most tubs or shower did not have shower curtains. b. Most group Bathrooms were missing curtains for the curtain track at the commodes.	C 132	2. We do not put curtains in rooms that are not used by clients. We have only 2 clients that can bathe themselves. All others have to be bathed or assisted by staff. B. Curtains have been installed in all required areas with back up curtains in storage.	
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
EASTOVER GARDENS SPECIAL CARE UNIT

STREET ADDRESS, CITY, STATE, ZIP CODE
**3017 DUNN ROAD
FAYETTEVILLE, NC 28301**

(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 184	<p>Continued From page 2</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observations, the facility failed to maintain the walls, ceilings, and floors kept clean and in good repair. Findings on August 20, 2015:</p> <p>a. Throughout the facility the floors were very dirty, and there was an excessive amount of wax and dirt build-up around the door frames, and where the floors meet the wall base.</p> <p>b. Commode was missing tank top in Bathroom near Bedroom 18</p> <p>c. Wall tiles were missing in Bathroom across from Bedroom 18 in the shower.</p> <p>2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to unpleasant environment. Findings on September 2, 2015:</p> <p>a. Bedroom 19 had a strong urine odor that persisted during the Construction Survey.</p>	C 184	<p>1. A I have looked over the entire building and there are areas that need attention but not as bad as indicated. This building was built in the late 1940's and the floors are not level. We are in the process of stripping the floors and build up around door frames & wall bases have to be hand stripped. All corner areas will be completed by 11-15-15</p> <p>B. Tank to replace.</p> <p>2 A. The client in Am. 19. is in end stages of Alz. and urinates on the floor thinking he is in the bathroom or outside. This room will be completely redone when he leaves. People with this disease do not know that what they are doing is inappropriate.</p>	
C 188	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p>	C 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL028055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EASTOVER GARDENS SPECIAL CARE UNIT

3017 DUNN ROAD
FAYETTEVILLE, NC 28301

(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 166	<p>Continued From page 3</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin.</p> <p>Findings on September 2, 2015:</p> <p>a. The return HVAC and ventilation grilles and their radiation dampers have an excessive accumulation of dust/lint throughout the Facility. Locations of specific examples include but are not limited to:</p> <p>i. Bedroom 1, HVAC return and ventilation in Bathroom,</p> <p>ii. Beauty Shop HVAC return.</p> <p>iii. Bathroom next to Bedroom 18 ventilation</p> <p>iv. Bedroom 10, ventilation in Bathroom.</p> <p>2. Based on Observation, the facility failed to provide necessary equipment to ensure clean potable water supply.</p> <p>Findings on September 2, 2015:</p> <p>a. The tub in the Bathroom near the Beauty shop had a hose long enough to reach gray water that was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p> <p>3. Based on observation, the facility has failed to provide resident rooms with the required furniture for the number of residents. This could</p>	C 166	<p><i>C.166</i></p> <p><i>1.2 All returns have been cleaned in this section.</i></p> <p><i>2.2 The hose in this tub will be replaced with a shorter hose or the sprayer may be disabled since this tub is never used.</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301
---	---

(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)	(X3) COMPLETE DATE
C 188	Continued From page 4 affect all residents, by providing an institutional setting instead of a home-like setting. Findings on September 2, 2015: a. Nearly all resident rooms lacked a sufficient quantity of armchairs for the number of residents in the room. 4. Based on observation, the facility failed to ensure that equipment provide are free of hazards. Findings on September 2, 2015: a. The commode had a loose grab bar in the Employee Toilet Room	C 186	<i>C 166</i> 3.2 Requirned chairs have been put in all rooms. 4.2 Grab bar has been repaired	
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 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. This Rule is not met as evidenced by: 1. Based on Record review and interview with Maintenance Manager and Facility Manager the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff residents when a there is a need to evacuate the	C 185	<i>C-185</i> 12. Recpt fine drills are inclosed for review. We have also scheduled fire drills for each shift on a monthly basis. Administrator will check fine drills monthly to insure the schedule is followed.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL028056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301
---	---

(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 185	Continued From page 5 building. Findings on September 2, 2015: a. There were no records available for review.	C 185		
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:</p> <p>1. Based on observation, the facility, which was equipped with Special Locking (magnetic locks) on the exit doors, failed to meet the requirements as defined by the NC State Building Code, which permits the installation of Special Locking on exit doors of buildings provided that the locks release upon activation of the fire alarm system.</p> <p>Findings on September 2, 2015:</p> <p>a. When the fire detection system was activated, the exit doors did not unlock, except for exit leading to left courtyard.</p> <p>b. The left courtyard Gate had both leafs block with cane bolts stuck into the ground eliminating egress. Back cane bolt was removed before Construction Surveyors departed Site.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff</p>	C 189	<p><i>C-189</i> <i>If you remember I told you on Sept 2, we had just installed a new door locking system. The company that installed the system were called after you left and she came out immediately to check the system. They discovered some wiring installed wrong and repairs were made. The system now operates as required. They left me no paperwork as they said it was their mistake and there were no charges. I requested documentation from them and it is enclosed.</i></p> <p><i>b. All cone bolts were removed from the building and staff was told not to bring any more.</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301
---	---

(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 189	<p>Continued From page 6</p> <p>and visitors by not detecting smoke and activating the fire alarm. Findings on September 2, 2015:</p> <p>a. The fire alarm system's heat detector was missing from the Utility Room next to Bedroom 25. This was also noted in the Annual Fire Alarm Inspection and Testing Report.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on September 2, 2015:</p> <p>a. The exit sign on the backside of the Firewall did not work normal or backup power when tested.</p> <p>b. The exit sign at the Corridor outside of Dining did not work on backup power when tested.</p> <p>4. Based on observation the required emergency shutdown switches for the HVAC air handlers were not labeled. Unlabeled emergency switches could cause an unnecessary delay in getting the units shutdown quickly to avoid spreading smoke. Findings on September 2, 2015:</p> <p>a. The emergency shutdown switch for the HVAC air handlers were not labeled throughout the building.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power</p>	C 189	<p>2a On Sept. 6, 2015 the fire alarm system failed during a flammable test. We worked with the Fire Dept. and posted an employee walking the check every 15 min until repairs could be made. Woods Electronic Sys. Co arrived on Monday morning and found a ball heat detector. We asked him not to replace it until we could insure the water leak was repaired. Mr. Wood called me Oct. 12 to remind me of this and he is scheduled to install a new detector by Oct. 21, 2015</p> <p>3a+b All Exit Signs and Emergency lights have been repaired or replaced.</p> <p>4.2 Emergency Shutdown switches are labeled</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL028055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	---	---	--

NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301
--	---

(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 189	<p>Continued From page 7</p> <p>outages and there was no other illumination. Findings on September 2, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> i. Med Prep, ii. Storage Room, iii. Lab Core Room. <p>b. The wall mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> i. Exit near Bedroom 1 ii. Dining Room <p>c. The location of the wall-mounted self-contained emergency lights did not appear to be adequate to illuminate "B" Hall. One light was located on the furred down head at the Nurse Station pointing to the lobby and the other was at the end of the corridor with one headlight pointing down the corridor.</p> <p>6. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on September 2, 2015:</p> <p>a. There were gaps around cables that penetrate through the fire-resistance-rated ceiling assembly. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> i. Living Room, cable that feeds TV, ii. Nurse Station cable penetration was falling out bringing with it the firestopping. iii. Bedroom 1 window Closet, cable penetration 	C 189	<p><i>5.2 b All Emergency Lights and Exit Signs have been repaired, replaced or adjusted as needed.</i></p> <p><i>6.2 All areas indicated plus an inspection of the entire building have been filled with fire rated caulking.</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301
---	---

(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 189	<p>Continued From page 8</p> <p>iv. Corridor outside Bedroom 2, there was two cable penetration.</p> <p>v. Soil Laundry the cable bundle was falling out bringing with it the firestopping.</p> <p>vi. Lab Core Room, cable penetration</p> <p>7. Based on observations and interview with Managers, the Building did not have adequate supply of spare fire sprinkler head as required by NFPA 13. Findings on September 2, 2015: a. There was two spare fire sprinkler heads in the fire sprinkler riser room.</p> <p>8. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. 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 on September 2, 2015: a. Five portable medical oxygen cylinders were stored standing up in beverage crates not secured to the structure in Bedroom 1</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on September 2, 2015: a. In the Laundry, a large portable cloths rack was blocking the electric panels, encroaching upon the required clear working space. b. Electrical panel EP4 had an open slot were a breaker was removed or a blank failed. c. The electrical box in Bedroom 1 window closet had its cover plate not secured.</p>	C 189	<p>7a There are two sprinkler heads beside the door frame in the control room. There is a red box attached to the inside of the door with 7 sprinkler heads and a tool change them. There are 9 spare heads in the room.</p> <p>8a Connections were made by the Oxygen provider the afternoon of Sept 2, 2015</p> <p>9a We have the floor marked to keep required areas clear. The new laundry worker will be trained better.</p> <p>b. The electrical boxes made by GE and no supplier carries the plastic cover. I have ordered ones and put a temp. cover over this spot.</p> <p>c. Cover plate has been secured.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL028066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301
---	---

(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 189	<p>Continued From page 9</p> <p>d. The shower light in Bedroom 1 was not illuminating.</p> <p>10. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on September 2, 2015: a. Corridor door to the Laundry had a wedge holding the door open, b. The corridor door to the Activity Room had a wedge holding the door open.</p> <p>11. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on September 2, 2015: a. The Pantry door was locked from the kitchen side with a hasp device and padlock,</p>	C 189	<p><i>d replaced bulb.</i></p> <p><i>10 a + b All wedges were removed and staff instructed not to use them any more.</i></p> <p><i>11.2 Lock and Hasp will be removed and replaced with a keyed door lock that can be unlocked from the inside. Will be completed by 10-30-15.</i></p>	
C 191	<p>Unvented & Portable Elec. Heaters Prohibited</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and</p>	C 191		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301
---	---

(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 191	<p>Continued From page 10</p> <p>portable electric heaters are prohibited. (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 facility failed to prevent the use of unvented & portable electrical heater in the facility. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near.</p> <p>Findings on September 2, 2015: a. Portable electric heaters were found in the following areas. Locations of specific examples include but are not limited to: i. Bedroom 5, ii. Bedroom 15.</p>	C 191	<p><i>L2 All portable heaters removed and families have been told not to bring any heaters not approved for use</i></p>	
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>	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

EASTOVER GARDENS SPECIAL CARE UNIT **3017 DUNN ROAD**
FAYETTEVILLE, NC 28301

(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 199	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on September 2, 2015:</p> <p>a. The exhaust ventilation was running but did not remove the required amount of air at the Bathroom near Beauty Shop.</p> <p>b. The exhaust ventilation was not working in the Employee Toilet room.</p>	C 199	<p><i>1, 2 + b</i></p> <p><i>Fan motor are not working and new motors on ball will be completed by 10-30-15</i></p>	



Wood Electronic Systems Company
 PO Box 58
 Benson, NC 27504

Invoice Date:	Invoice #:
8/7/2015	480

Bill To:
Eastover Gardens John Weeks 3017 Dunn Road Eastover, NC 28312

Project Address
Eastover Gardens John Weeks 3017 Dunn Road Eastover, NC 28312

P.O. Number:	Due Date:	Project:
	9/7/2015	

Description	Hours/Qty	Rate	Serviced	Amount
Annual Fire Alarm Inspection See inspection report dated 08/07/2015		500.00	8/7/2015	500.00
12V 7AMP Battery	2	49.99	8/7/2015	99.98
Sales Tax		6.75%		6.75

Thank you for your business.

Total	\$606.73
Payments/Credits	\$0.00
Balance Due	\$606.73

NFPA 72 STANDARDS FIRE ALARM SYSTEM INSPECTION REPORT Inspection: <u>ANNUAL</u>	WOOD ELECTRONIC SYSTEMS COMPANY 119 S. RAILROAD STREET, PO BOX 58 BENSON, NC 27504 (919) 207-1599	Date of Inspection: <u>09/07/2015</u>
		Inspected By: <u>Darvin Wood/Alex Wood</u>

NAME Eastover Gardens
 ADDRESS 3017 Dunn Road
 CITY & STATE Eastover, NC
 PROTECTED AREA Adult Care Facility



SYSTEM CONTROL PANEL				QUARTERLY				ANNUAL		REMARKS
MANUFACTURER	MODEL NO.	SYSTEM Primary Voltage	SYSTEM Secondary Voltage (Vc)	BATTERY TEST 1/2	BATTERY TEST 2/2	INITIALS	DATE	TEST RESULTS	NOTIFICATION	
FireLife	M5021RUC	110.0	24	96.8	0	X	X	X	X	All normal

INITIATING DEVICES					QUARTERLY		ANNUAL			REMARKS
MANUFACTURER/ LOCATION	TYPE	MODEL NO.	ZONE	NO. DEVICES IN ZONE	VISUAL	ALARM	SENS. TESTING/ TEMP. ALTIME	SUPPLEMENT	CLEARING	
FireLife	Full Stations			0	X	X		X		All normal
System Sensor	Smoke Detectors			26	X	X		X	X	All normal
	Duct Detectors									
System Sensor	Heat Detectors			4	X	X		X	X	See notes
Potter	Tamper Switches			3	X			X		All normal
Potter	Water Flow Sw.			1	X	X		X		All normal
Potter	Pressure			1	X			X		All normal

NOTIFICATION APPLIANCES					QUARTERLY		ANNUAL			REMARKS
MANUFACTURER/ LOCATION	TYPE	MODEL NO.	ZONE	NO. DEVICES IN ZONE	VISUAL	ALARM	SENS. TESTING/ TEMP. WATER	SUPPLEMENT	CLEARING	
	Horns									
SpecoAlert	Strobes			27	X	X		X		All normal
SpecoAlert	Horn/ Strobes			10	X	X		X		All normal
	Bells									
	Chimes									

INSPECTION RESULTS: See notes page for deficiencies.

Name of Owner or Rep: Dobble Herman, Manager Date: 09/07/2015 Time: 11 am

Signature of Acceptance: Dobble Herman



Wood Electronic Systems Company

119 S. Railroad Street • PO Box 58
Benson, NC 27504
919-207-1599

NFPA 72 Standards Fire Alarm System Inspection Information for:

Eastover Gardens Adult Care Facility, 3017 Dunn Road, Eastover, NC

<i>Location</i>	<i>Description</i>	<i>Supervisory/ Alarm</i>	<i>Remarks</i>
FACP	Smoke Detector	Alarm	All normal
Left Front Entrance	Pull Station	Alarm	All normal
Front Main Entrance	Pull Station	Alarm	All normal
Right Front Entrance	Pull Station	Alarm	All normal
Front Corridor Courtyard	Pull Station	Alarm	All normal
Rear Corridor Courtyard	Pull Station	Alarm	All normal
Kitchen	Pull Station	Alarm	All normal
Dining Hall	Pull Station	Alarm	All normal
Right Rear Hall	Pull Station	Alarm	All normal
Hall Between Units 1 and 2	Smoke Detector	Alarm	All normal
Hall at Unit 2	Smoke Detector	Alarm	All normal
Hall Between Units 4 and 5	Smoke Detector	Alarm	All normal
Manager's Office	Smoke Detector	Alarm	All normal
Hall Between Units 6 and 7	Smoke Detector	Alarm	All normal
Hall Left Side Entry Foyer	Smoke Detector	Alarm	All normal
Left Foyer Sitting Room	Smoke Detector	Alarm	All normal
Right Foyer Sitting Room	Smoke Detector	Alarm	All normal
Hall Right Side Entry Foyer	Smoke Detector	Alarm	All normal
Hall at Unit 8	Smoke Detector	Alarm	All normal
Front Snack Room	Smoke Detector	Alarm	All normal
Hall Between Units 10 and 11	Smoke Detector	Alarm	All normal
Hall at Unit 12	Smoke Detector	Alarm	All normal
Hall Between Units 14 and 16	Smoke Detector	Alarm	All normal
Hall Outside Kitchen	Smoke Detector	Alarm	All normal
Angle Hall Past Kitchen	Smoke Detector	Alarm	All normal
Angle Hall Before Fire Door	Smoke Detector	Alarm	All normal
Angle Hall Past Fire Door	Smoke Detector	Alarm	All normal
Right Side Dining Room	Smoke Detector	Alarm	All normal



Wood Electronic Systems Company

119 S. Railroad Street • PO Box 58
 Benson, NC 27504
 919-207-1599

NFPA 72 Standards Fire Alarm System Inspection Information for:

Eastover Gardens Adult Care Facility, 3017 Dunn Road, Eastover, NC

<i>Location</i>	<i>Description</i>	<i>Supervisory/ Alarm</i>	<i>Remarks</i>
Middle Dining Room	Smoke Detector	Alarm	All normal
Left Dining Room	Smoke Detector	Alarm	All normal
Outside Dining Room Hall	Smoke Detector	Alarm	All normal
Hall Between Units 18 and 19	Smoke Detector	Alarm	All normal
Hall at Unit 20	Smoke Detector	Alarm	All normal
Hall at Unit 25	Smoke Detector	Alarm	All normal
Left Kitchen	Heat Detector	Alarm	All normal
Middle Kitchen	Heat Detector	Alarm	All normal
Right Kitchen	Heat Detector	Alarm	All normal
Water Heater Closet	Heat Detector	Alarm	See notes
Riser Room	Tamper Switch	Supervisory	All normal
Riser Room	Tamper Switch	Supervisory	All normal
Riser Room	Tamper Switch	Supervisory	All normal
Riser Room	Water Flow	Alarm	All normal
Riser Room	Pressure Switch	Supervisory	All normal
Fire Doors	Magnetic Holders	Alarm	All normal
Access Control Doors	Magnetic Holders	Alarm	See notes



CROWN

SECURITY SERVICES

FAX

Crown Security Services 199 South Broad Street Fayetteville, NC 28301 Phone: 910-822-5150

TO: Mr. Weeks
Eastover Gardens

FAX: 1-910-822-1396

PHONE: 1-910-822-5552

FROM: Jeff Jackson

FAX: (910) 483-2981

PHONE: (910) 323-5150

PAGES: 2

RE:

CC:

COMMENTS:

FOR YOUR RECORDS

URGENT

PLEASE COMMENT

PLEASE REVIEW





CROWN

SECURITY SERVICES

Burglary | Fire Detection | Card Access | CCTV | Two Way Voice | Medical Pendants | Cellular Backup

September 24, 2015

Crown Security Services Inspected, adjusted and tested all emergency exit doors for free egress upon fire alarm activation.

Crown Security Services

Cumberland County
Emergency Services-Fire Marshal

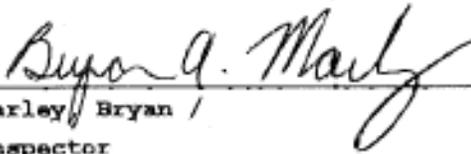
131 Dick ST
P.O. Drawer 1829 Fayetteville, NC 28302
Fayetteville, NC 28302

Wednesday October 14, 2015

Eastover Garden
3017 Dunn RD
Eastover, NC 28312

An inspection of your facility on Wednesday October 14, 2015 revealed no violations to the Fire Code adopted by the County of Cumberland.

Thank you for your cooperation.



Marley, Bryan /
Inspector

Eastover Gardens
3017 Dunn Road Eastover, NC 28312 P.O. Box 310 Wade, NC 28395

FIRE DRILL REHEARSAL FORM

Drills must be conducted once a quarter on each shift.

1st Shift

Date: _____ Time: _____

Person in Charge: _____

Other staff members present: _____

Time for evacuation: _____

Areas Covered: (check any that apply)

____ Fire extinguisher instruction

____ Fire alarm operation

____ Fire evacuation maps

____ Discuss fire hazards to look for

Other: _____

2nd Shift

Date: 6-11-15 Time: 3:45 pm

Person in Charge: Danasha January

Other staff members present: Tiaunna, Brittany, michelle V. Alexander

Time for evacuation: 20 min.

Areas Covered: (check any that apply)

____ Fire extinguisher instruction

Fire alarm operation

Fire evacuation maps

____ Discuss fire hazards to look for

Other: checked magnetic locked doors.

3rd Shift

Date: _____ Time: _____

Person in Charge: _____

Other staff members present: _____

Time for evacuation: _____

Areas Covered: (check any that apply)

____ Fire extinguisher instruction

____ Fire alarm operation

____ Fire evacuation maps

____ Discuss fire hazards to look for

Other: _____

Eastover Gardens
3017 Dunn Road Eastover, NC 28312 P.O. Box 310 Wade, NC 28395
FIRE DRILL REHEARSAL FORM

Drills must be conducted once a quarter on each shift.

1st Shift

Date: _____ Time: _____

Person in Charge: _____

Other staff members present: _____

Time for evacuation: _____

Areas Covered: (check any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Fire extinguisher instruction | <input type="checkbox"/> Fire alarm operation |
| <input type="checkbox"/> Fire evacuation maps | <input type="checkbox"/> Discuss fire hazards to look for |
| Other: _____ | |

2nd Shift

Date: _____ Time: _____

Person in Charge: _____

Other staff members present: _____

Time for evacuation: _____

Areas Covered: (check any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Fire extinguisher instruction | <input type="checkbox"/> Fire alarm operation |
| <input type="checkbox"/> Fire evacuation maps | <input type="checkbox"/> Discuss fire hazards to look for |
| Other: _____ | |

3rd Shift

Date: 7-15-15 Time: 11:15pm

Person in Charge: Melanie

Other staff members present: Desi, Dannie

Time for evacuation: N/A

Areas Covered: (check any that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Fire extinguisher instruction | <input checked="" type="checkbox"/> Fire alarm operation |
| <input checked="" type="checkbox"/> Fire evacuation maps | <input checked="" type="checkbox"/> Discuss fire hazards to look for |

Other: Checked magnetic doors

Eastover Gardens
3017 Dunn Road Eastover, NC 28312 P.O. Box 310 Wade, NC 28395

FIRE DRILL REHEARSAL FORM

Drills must be conducted once a quarter on each shift.

1st Shift

Date: 8-13-15 Time: 10:30 Am

Person in Charge: Kennisha, Shawonda, Debbie

Other staff members present: Lashonna, Taneisha M^E,
Shangua, V. Alexander, Demarco, Maria

Time for evacuation: 17 min.

Areas Covered: (check any that apply)

Fire extinguisher instruction

Fire alarm operation

Fire evacuation maps

Discuss fire hazards to look for

Other: Checked magnetic locks on all doors

2nd Shift

Date: _____ Time: _____

Person in Charge: _____

Other staff members present: _____

Time for evacuation: _____

Areas Covered: (check any that apply)

Fire extinguisher instruction

Fire alarm operation

Fire evacuation maps

Discuss fire hazards to look for

Other: _____

3rd Shift

Date: _____ Time: _____

Person in Charge: _____

Other staff members present: _____

Time for evacuation: _____

Areas Covered: (check any that apply)

Fire extinguisher instruction

Fire alarm operation

Fire evacuation maps

Discuss fire hazards to look for

Other: _____

Eastover Gardens
3017 Dunn Road Eastover, NC 28312 P.O. Box 310 Wade, NC 28395

FIRE DRILL REHEARSAL FORM

Drills must be conducted once a quarter on each shift.

1st Shift

Date: _____ Time: _____

Person in Charge: _____

Other staff members present: _____

Time for evacuation: _____

Areas Covered: (check any that apply)

Fire extinguisher instruction

Fire alarm operation

Fire evacuation maps

Discuss fire hazards to look for

Other: _____

2nd Shift

Date: 9-9-15 Time: 4:15 pm

Person in Charge: Natasha

Other staff members present: Natasha January

Kennisha, Michelle, Tomeka, Maria

Time for evacuation: 20 min.

Areas Covered: (check any that apply)

Fire extinguisher instruction

Fire alarm operation

Fire evacuation maps

Discuss fire hazards to look for

Other: Checked ~~mag~~ magnetic locks on all doors.

3rd Shift

Date: _____ Time: _____

Person In Charge: _____

Other staff members present: _____

Time for evacuation: _____

Areas Covered: (check any that apply)

Fire extinguisher instruction

Fire alarm operation

Fire evacuation maps

Discuss fire hazards to look for

Other: _____