

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 R 11/17/2015
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NAME OF PROVIDER OR SUPPLIER EASTOVER GARDENS SPECIAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 DUNN ROAD FAYETTEVILLE, NC 28301
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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}	Initial Comments Report of a Follow-Up Biennial Construction Survey by Ed Miller and Bob Getchell on November 17, 2015. The following deficiencies have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{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: 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. Findings on November 17, 2015: 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}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT	{C 164}		

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

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{C 164}	<p>Continued From page 1</p> <p>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.</p> <p>Findings on November 17, 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. Work had begun.</p>	{C 164}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>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</p>	{C 189}		

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{C 189}	<p>Continued From page 2</p> <p>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. Findings on November 17, 2015:</p> <p>a. When the fire detection system was activated, the exit doors did not unlock, except for exit leading to left courtyard. (The exit doors did unlock on activation, but energized when the fire alarm system is was put into silence)</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 November 17, 2015:</p> <p>a. The exit sign on the backside of the Firewall did not work normal or backup power when tested.</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 outages and there was no other illumination. Findings on November 17, 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> <p>i. Med Prep, (Batteries were on site)</p> <p>c. The location of the wall-mounted self-contained emergency lights did not appear to</p>	{C 189}		

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{C 189}	Continued From page 3 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.	{C 189}		