

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL036031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/24/2015</b>
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NAME OF PROVIDER OR SUPPLIER  
**WELLINGTON HOUSE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**850 MAJESTIC COURT  
GASTONIA, NC 28054**

(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><b>Initial Comments</b></p> <p>Report of a Biennial Construction Survey by Ed Miller September 24, 2015.</p> <p>Records indicate this facility was first licensed on October 1, 1988 as a Home for the Aged. The facility is a Special Care Unit with 48 beds. Therefore, this facility is required to meet the 1987 Homes for the Aged and Disabled Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1978 (Revision 10) North Carolina State Building Code with emphasis on Section 409.1, Institutional Occupancy.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 111	<p><b>Must Have Current San. &amp; Fire Safety Reports</b></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: 1. Based on record review, interview with Executive Director, and Maintenance Contractor, the facility failed to maintain, a current (completed within the last twelve months) annual inspection report(s) required. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on September 24, 2015: a. Records indicate that the last Fire Sprinkler</p>	C 111	<p>Done 9-26-15 Century Fire Protection</p> <p>BMS will monitor with ED to ensure Facility is in Compliance See Attachment</p>	<p>9-26-15</p>

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S \_\_\_\_\_ *Bernice R. Hosch*  
Bernice R Hosch Executive 10/21/2015 *Bernice R. Hosch ED*

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C 111	Continued From page 1  System Inspection and Testing report in accordance with NFPA 25 was performed in April 29, 2014, exceeding the requirement to have the systems inspected and tested at least annually to insure that the system works properly.	C 111		
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on September 24, 2015: a. There was a loose hand grips (grab bar) at the tub in the Spa near Bedroom 61.	C 133	Repaired by BMS	9-28-15
C 135	Bathrooms-Not to Be Utilized for Storage  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule;	C 135		

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C 135	Continued From page 2  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage or purposes other than those indicated in rule. This deficiency affects all residents and staff who would not have the fixtures and/or space for the services needed. Findings on September 24, 2015: a. The Spas were being used as storage of mop buckets, mops, and old dirty furniture.	C 135	Items Removed Housekeeper will Monitor Daily to ensure Facility is Compliance	9-24-15
C 160	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCA 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;  This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions, tripping hazards or have equipment in disrepair. Findings on September 16, 2015: a. The back and left side of the site was littered with trash. b. A wooden board with 4 large nails pointing up was lying near the building in the Courtyard. Deficiency corrected before Construction Surveyors departed Site.	C 160	Items Removed BMS Police Grounds Housekeeper will also Monitor Grounds to ensure Facility is in Compliance Items Removed BMS Police Grounds Housekeeper will also Monitor Grounds to ensure Facility is in Compliance	9-24-15 9-24-15
C 164	Housekeeping and Furnishings-Clean, Repaired	C 164		

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C 164	<p>Continued From page 3</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b> <b>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</b></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 Observation, the facility failed to provide necessary equipment to ensure clean potable water supply. Findings on September 24, 2015:</p> <p>a. The ice machine in the Kitchen had an indirect drain, piped directly onto the floor receptor, resulting in the potential for the drain line to clog and contaminate the machine.</p> <p>b. The bath tub in the Spa near Bedroom 61 had a hose long enough to reach gray water that was not equipped with a vacuum breaker to prevent backphnage of gray water back into the potable water plumbing lines.</p> <p>2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings kept clean and in good repair. Findings on September 24, 2015:</p> <p>a. The ceiling in Bedroom 48 had a stain and two large paint bubbles.</p> <p>b. In Bedroom 71 the Bathroom door was marred up.</p> <p>3. Based on observation, the facility has failed to maintain the building in a safe and operating manner. Findings on September 24, 2015:</p> <p>a. The transition strip at the corridor door to</p>	C 164	<p style="text-align: center;">↑</p> <p>A Cut to Adjust Height</p> <p>B Ordered Vacuum Breakers Will be Comp. 11-9-15</p> <p>→ (A) Patch will be painted 11-20-15</p> <p>→ (B) order New door will be hung When arrive.</p> <p>Installed Thershold</p>	<p>10/21/15</p> <p>10/7/15</p>



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C 166	Continued From page 5 a. The connection of the commode to the floor was loose in the right Spa.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on September 16, 2015: a. Most residents' rooms including the adjoining toilet rooms did not provide a means for each resident to hang a separate towel.	C 175	Ordered Towel Bars will be complete 11/9/15 Century Fire Protection 9/26/15 BMS will Monitor Monthly 10/1/15	
C 183	Fire Extinguishers  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO2 type is required in the kitchen and, where applicable, in the maintenance shop.  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to	C 183	→	

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C 183	Continued From page 6 provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on September 24, 2015: a. The portable water based extinguisher in the Kitchen, had its annual maintenances last performed on July, 2008, and had no documentation of monthly inspections on the maintenance tag. A second portable extinguisher was within the Kitchen.	C 183	(A) Fire Control System Checked and re-tag Extinguisher's.	9-26-15
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 Manager the facility failed to adequately document the rehearsals. This deficiency affects all residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on September 24, 2015: 1. The fire plan rehearsal records provided no	C 185	Gaston Fire Dept does Monthly Fire Drills SIC on Duty will Narrate Drill	DUE



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C 189	<p>Continued From page 8</p> <p>two exposed cables. One appeared to be standard Romex and both were not secured, creating a tripping hazard.</p> <p>3. 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 September 24, 2015: a. In the Dining Room, the emergency lights for the wall mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin. Findings on September 24, 2015: a. The fire sprinkler escutcheon plate had dropped down from the ceiling in the exterior Mech Room near Bedroom 45.</p> <p>5. 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. Findings on September 24, 2015:</p>	C 189	<p>Ordered Battery will be Completed Repaired</p>	<p>11/9//15 10/7/15</p>



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C 189	<p>Continued From page 9</p> <p>a. Unprotected ceiling penetration around commercial kitchen hood's fire extinguishing systems pipes/conduits in Kitchen.</p> <p>b. In the Janitor Closet, a cable bundle was not properly firestopping where it penetrates the fire-resistance-rated ceiling assembly.</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on September 24, 2015: a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in June 2015, there has been no record keeping of the monthly inspections.</p> <p>7. 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 24, 2015: a. In the Mech Room across from RCC/SCC office had many items are being stored directly in front of the electric panel, encroaching upon the required clear working space.</p> <p>8. 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</p>	C 189	<p>Repaired with Fire Caulking</p> <p>Done Fixed Records see Attachment</p> <p>Removed Items Activity Director/ED will monitor closet to ensure panel is not blocked</p> <p>Kick Down removed off Door</p>	<p>10/21/15</p> <p>9/26/15</p> <p>9-25-15</p> <p>10/21/15</p>

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C 189	Continued From page 10  residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on September 24, 2015: a. Corridor doors to the RCC/SCC Office and Mech Closet across RCC/SCC Office had a mechanical kick-down holding the door open.  9. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on September 24, 2015: a. The Living Room door had its latch bolt installed backwards and the door would not latch.	C 189	Repaired Install proper	10/7/15
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 199		

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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 24, 2015:</p> <p>a. The exhaust ventilation was running but did not remove the required amount of air in the Men's Visitors Toilet Room,</p> <p>b. The exhaust ventilation was not working in the Med Room Toilet Room,</p> <p>c. The exhaust ventilation in Bedroom 48's shared Bathroom was partially blowing backwards.</p>	C 199	Ordered will be completed	11/9/15



# City of Gastonia Fire Department Fire Marshal Office

260 North Myrtle School Road, Gastonia, NC 28052

Main Office Telephone: (704) 866-6807



## FIRE and LIFE SAFETY INSPECTION REPORT

Name of Facility: Wellington House Date of Inspection: 01-19-15  
 Address: 850 Myrtle Ct City: Castrol Zip Code: 28051  
 Representative: Holly Telephone: (704) 544-2739 Occupancy Class: \_\_\_\_\_

<b>FIRE EXTINGUISHERS:</b>	Install	Obstructed/Obscured	Insufficient	Needs Annual Service					
<b>EXIT / EGRESS DOORS</b>	Locked	Blocked	Propped	Needs Repair	Hallways	Stairwells	Aisle ways		
<b>EXIT SIGNS/EMERGENCY LIGHTING</b>	Repair/Replace	Illumination	90 Minute Battery Test						
<b>FIRE-RATED DOORS/WALLS/CEILING/FLOORS:</b>	Specific Area Location(s):			Doors Need Annual Test	Repair				
<b>ELECTRICAL:</b>	Panel Boxes (min. 36" clearance)	Outlet/Junction Boxes	Extension Cords/Adapters	Violation(s) Other					
<b>SUPPRESSION SYSTEM(S):</b>	No	Yes	Last Service Date: <u>11-14</u>	Suppression System Needs Service	Hood Needs Cleaning				
<b>FIRE ALARM:</b>	No	Yes	Monitored: No	Yes	By Whom: <u>High Tech</u>	Last Tested Date: <u>11-14</u>			
<b>SPRINKLER SYSTEM:</b>	No	Yes	Area(s) Covered:	Last Service Date: <u>11-14</u>	Needs Service				
<b>FDC LOCATION:</b>		<b>STANDPIPE LOCATION:</b>		No. on-site:					
<b>GENERAL HOUSEKEEPING / YARD MAINTENANCE:</b>	Indoors	Outdoors	Specific Location(s):						
<b>ADDRESS NUMBERS (Visible from Roadway):</b>	Posted:	No	Yes	Visible:	No	Yes	Install:	On Building	At Roadway
<b>SPECIAL HAZARDS:</b>	Hazardous Materials	Elevators	Open Pits/Shafts	Other Hazards	Fire Permit:	Issued	Re-issued		

**INSPECTION NOTES/VIOLATIONS LISTED:**

1) Fix Fire Door to fit opening  
 2) 18 inches below sprinkler  
 3) Sprinkler Room key

### Facility Emergency Contact Information

Name: <u>Holly Gause</u>	Email Address: <u>well.adm@meridiansonic.com</u>	Position: <u>Executive Director</u>	Phone Number: <u>940/522-0312</u>
Name: <u>Denis Rainey</u>	Email Address:	Position: <u>Regional Director</u>	Phone Number: <u>828/310-6321</u>
Name:	Email Address:	Position:	Phone Number:

Jim Landis  
 Fire Marshal / Inspector

Holly  
 Representative Title

This Fire Prevention Inspection Report and Notice of Civil Penalties are issued to you. The listed violations of the Fire Prevention Code of City of Gastonia, NC must be corrected within 10 days of the first inspection. A Re-Inspection/Follow-up of the facility will be performed in 10 days.

**Fire Code Officials are not permitted to accept penalty or permit payments.** Questions concerning this notice should be directed to the City of Gastonia Fire Department Fire Marshal Office at 704-866-6807. Failure to correct the violations listed above and failure to pay civil penalties will result in prosecution as a Misdemeanor. **Penalty/Permit Payments** should be made in person to the **Revenue Collections City of Gastonia 150 South South Street, Gastonia, NC 28052** or mailed to **Revenue Collections City of Gastonia at P. O. Box 1748, Gastonia, North Carolina 28053.**

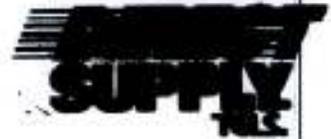
(Revised 9/2014)

**White Copy:** Inspection File

**Yellow Copy:** Building Owner and/or Occupant

**LOGBOOK DOCUMENTATION**

Wellington House LLC - Gastonia, NC 28054-5131  
 Fire Drills: Perform a fire drill during 1st shift - Fax signature sheet to TELS  
 Due by: April 30, 2013



Completed By: Bernice Hoch Date: 10/30/15

Building:	Main Building
Date:	<u>10-30-15</u>
Shift:	<u>1st</u>
Administrator:	<u>Bernice Hoch</u>
Drill Start Time:	<u>12:45 P</u>
Drill End Time:	<u>12:50 P</u>
Location in Building:	<u>Room 5B</u>
Drill Initiated By (Name & Position):	<u>Latoya White</u>
Drill initiated by use of the fire alarm or detection system?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Drill was unannounced?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Was fire alarm heard throughout the building?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Was phone line kept open?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Was ALL CLEAR sounded after the event?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Staff reported to their respective areas and carried out their preassigned duties?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Someone was stationed at a telephone to receive calls and pass information?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Was Fire Department met and given a status report on the situation?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
All doors and windows were closed? (including fire doors and smoke barriers):	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Oxygen and other medical gasses in the area of the fire were secured?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Air supply and exhaust systems turned off?:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO



Gastonia Fire Department  
Fire Drill Report

Name of Facility: Wellington House

Date of Drill: 12-30-15

Address: 850 Myrtle St

Shift: 1st

Doors

Employees

Check closed door for heat  
 Close door of endangered room  
 Close all doors on the halls

Correct Response to Patient's room  
 Correct method of removal  
 Good team work between personnel

Alarm Systems

Hallways

Pulled correct manual box  
 System silenced correctly  
 Correct page of fire

Clear of equipment, carts, etc  
 Patients and Visitors put in the safest, nearest room  
 Someone remained behind smoke doors to reassure patients (if personnel available)

Response

Rating of Drill

7 # of Employees responding  
7 # of Fire Extinguishers

Pass  
 Fail

Comments:

Facility Signature: \_\_\_\_\_

Fire Service Signature: Phil Welch

Phil Welch  
Fire Chief

Welch\_phil@cityofgastonia.com

Bernice Hesch  
Suzanne  
Naldenta Crawford  
Felisha Jones  
Latoya White  
Katie Thom