

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL042005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2015
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NAME OF PROVIDER OR SUPPLIER CAROLINA REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1361 CAROLINA REST HOME ROAD ROANOKE RAPIDS, NC 27870
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C 000	<p>Initial Comments</p> <p>This report is of a Biennial Construction Survey done by Bob Getchell on October 21, 2015.</p> <p>This Facility was first licensed on August 1, 1978, however, company records from the facility indicate it was in operation prior to 1962. Due to a fire, the right wing was partially damaged, the left wing and dining areas were completely rebuilt and the facility was fully sprinklered. Initial schematics for reconstruction and renovation were submitted on or about April 6, 2001 and the facility was relicensed on or about February 26, 2003 with a capacity of Forty (40) residents.</p> <p>Based on the above information, the original right wing of the facility is required to meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1958 North Carolina State Building Code, Institutional Buildings. The sprinkler system and left building must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code Section 409.1 Group I- Institutional - Unrestrained</p> <p>Deficiencies were noted which will require a new plan of correction</p>	C 000	<p>CONSTRUCTION SECTION</p> <p>DEC 21 2015</p> <p>RECEIVED</p>	
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 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</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Gloria Burger</i>	TITLE <i>Administrator</i>	(X6) DATE <i>12-7-15</i>
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C 101	<p>Continued From page 1</p> <p>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 at no cost;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building HVAC equipment was not maintained in accordance with the Licensure Rules and Building Code in effect at the time the equipment was modified. 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. There are two HVAC vents in the kitchen which do not appear to be original as the ductwork is flexible ducts. These ceiling penetrations are not protected by fire dampers or other means to prevent the spread of fire into the attic.</p> <p>2. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire.</p> <p>Findings include:</p> <p>a. The sample tubes for the HVAC duct mounted smoke detector over the middle compartment have no access door to inspect and clean them.</p> <p>b. Items are stored within 18" of sprinkler heads in the Storage room near bedroom 104.</p>	C 101	<p>1. A) The parts are on order. Completion date 1-8-16 Quarterly inspection will be enforced henceforth by our maintenance personnel.</p> <p>2. A) Electrician has been retained. Completion date 1-8-16</p> <p>2. b) Items that were stored within 18" of sprinkler heads in storage room near Room 104 have now been moved to correct distance. Staff meeting was held to make sure all employees are aware of this rule and other rules noted here. Housekeeping will monitor this on a weekly basis and report to administration.</p>	<p>1-8-16</p> <p>1-8-16</p> <p>12-1-15</p>
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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 observation, current reports were not available at the time of the survey.

Findings include:
The Sanitation report for the building was not available at the time of the survey.

C 111

A copy of sanitation report for the building is on file in the facility and is available. We are sending one with this report. Each inspection we will be sure to keep reports in administrators office.

10-21-15

C 164 Housekeeping and Furnishings-Clean, Repaired

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS
(a) Adult care homes shall:
(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
(2) have no chronic unpleasant odors;
(3) have furniture clean and in good repair;
(e) This Rule shall apply to new and existing facilities.

This Rule is not met as evidenced by:
1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition.

Findings include:
Worn furniture with handles loose/missing on the drawers was found in the following areas:
a) Room 106

C 164

1. a) All worn furniture was treated with old english as you suggested. Handles and knobs that were missing were all replaced in Rooms 106-112-115-209. All other rooms were checked for missing handles and knobs. We held a meeting with staff about reporting worn furniture and missing handles. Housekeeping will monitor this weekly and repair then report to administration.

12-7-15

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C 164	Continued From page 3 b) Room 112 c) Room 115 d) Room 209	C 164		
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 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 attic smoke barrier wall in the center compartment has unprotected penetrations by pipe and cable, and an open sleeve.</p> <p>b. The Utility room at room 206 has walls constructed of luan plywood instead of 5/8 gypsum.</p> <p>2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include:</p>	C 189	<p>1. a) Penetrations in the attic were sealed.</p> <p>b) Contractor has been retained. Completion date will be 1-8-16 Quarterly inspection will be enforced henceforth by our maintenance personnel.</p>	<p>12-7-15</p> <p>1-8-16</p>

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C 189	<p>Continued From page 4</p> <p>The following doors have issues:</p> <p>a) The fire door to the right wing is scrubbing the floor and will not close when released,</p> <p>b) The kitchen door has had the closer removed,</p> <p>c) Room 212 closet door has a bolt latch.</p> <p>d) Clean linen room corridor door has a hasp lock,</p> <p>e) Beauty Shop corridor door has a hasp lock</p> <p>3. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire.</p> <p>Findings include:</p> <p>a. In the Living Room a radiation damper has activated.</p> <p>b. Room 213 has a sprinkler escutcheon missing</p> <p>c. Room 210 has a sprinkler escutcheon missing in the closet</p> <p>4. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would affect all residents by potentially siphoning waste water into the potable water system.</p> <p>Findings include:</p> <p>The spray hose on the Beauty Shop sink has no vacuum breaker.</p>	C 189 2. a) b) c) d) e) 3. a) b) c)	<p>Contractor has been retained. Completion date will be 1-8-16.</p> <p>These hasp locks in beauty shop and linen room have been replaced with normal working door knob hardware. The bolt latch in 212 has been removed. Quarterly inspection will be enforced henceforth by our maintenance personnel.</p> <p>Contractor retained. completion date will be 1-8-16</p> <p>Baltimore Fire has been contacted about escutcheons. They no longer carry our brand, so they are scheduled to come out and replace the entire sprinklers + escutcheons in rooms 210 + 213. This will be completed by 12-18-15</p>	1-8-16 10-21-15 1-8-16 12-18-15
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</p>	C 191		

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C 199	<p>Continued From page 6</p> <p>1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule.</p> <p>Findings include:</p> <p>a. The exhaust duct in the attic over room 203 has fallen out of the roof deck and is venting into the attic.</p> <p>b. The exhaust fan in the Janitors closet is not working.</p>	C 199 1. a) b)	<p>The exhaust duct was repaired. Completed on 12-7-15</p> <p>The exhaust fan was repaired. Completed on 12-7-15</p>	12-7-15 12-7-15
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Score: 97.5
 Date of Insp/Chg: 5/22/15
 Status Code: A

Health Department: Halifax County
 Current Facility ID: 01042720008
 Old Facility ID: _____

Water Supply: Community Non-Transient Non-Community YES NO
 Transient Non-Community Non-Public Water Supply Name Change
 Wastewater System: Community On-Site Systems Verification of Closure
 Inspection Status Change
 Re-Inspection
 Visit

Name of Establishment: Carolina Rest Home Permittee: Pierce Management
 Location Address: 1501 Carolina Rest Home Road Mailing Addr.: _____
 City: Roanoke Rapids State: NC Zip: 27870 City: _____ State: _____ Zip: _____

Defective Facility (Circle One)	Defective Facility (Circle One)
FLOORS, WALLS AND CEILINGS: [1309, 1310]	MISCELLANEOUS: [1318]
1. Floors easy to clean, no obstacles, drains where needed.....2	28. Adequate storage, area clean, items properly stored.....1 <u>.5</u>
2. Floors clean, carpet clean, dry, odor free.....2 <u>1</u>	29. Mop sinks provided and used.....1 .5
3. Walls and ceilings cleanable, clean, good repair.....2 1	30. Medication carts clean, sharps containers affixed, food and utensils handled properly.....2 1
LIGHTING, VENTILATION, MOISTURE CONTROL: [1311]	31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions.....2 1
4. Lighting at least 10 foot candles 30 inches above floor.....2 1	FURNISHINGS AND PATIENT CONTACT ITEMS: [1319, 1312]
5. Ambient air temperature 65° to 85° F, equipment clean.....2 <u>1</u>	32. Furniture clean and in good repair. Mattresses clean, dry, odor free.....2 1
6. No evidence of microbial growth.....3 1.5	33. Linen changed when soiled. Soiled linen handled properly.....2 1
7. Indoor smoking limited to dedicated smoking rooms.....2 1	34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately.....2 1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: [1312]	35. Patient contact items in good repair, properly stored, cleaned and disinfected.....1 .5
8. Facilities conveniently located, clean and in good repair.....2 1	FOOD SERVICE UTENSILS AND EQUIPMENT: [1320]
9. Toilet rooms free of storage, handwash signs posted.....1 .5	36. Approved utensils and equipment, cleaned and sanitized.....2 1
10. Bedpans, urinals, bedside commodes and emesis basins properly cleaned and disinfected.....1 .5	37. Activity kitchens used only for approved activities.....1 .5
11. Hand sinks used only for intended purpose.....2 1	38. Handwash lavatory provided wherever food is handled.....2 1
12. Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device.....3 1.5	FOOD SUPPLIES AND PROTECTION: [1321, 1322, 1323]
13. Lavatory and bathing hot water between 100° and 116° F.....2 1	39. Food supply complies with 15A NCAC 18A .2600.....4 2
Disinfectant accessible, properly used.....2 1	40. Food brought by employees or visitors handled properly.....1 .5
WATER SUPPLY: [1313]	41. Milk and milk products comply with 15A NCAC 18A .1200.....2 1
15. Approved water supply, no cross-connections.....4 2	42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control.....4 2
16. Quantity and hot water sufficient, backup water supply plan.....2 1	43. Food storage units with thermometers, maintain temperatures.....1 .5
DRINKING WATER FACILITIES, ICE HANDLING: [1314]	44. Food stored above floor.....1 .5
17. Water fountains clean, good repair, properly regulated.....2 1	45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals.....2 1
18. Drinking utensils properly handled.....2 1	EMPLOYEES: [1324]
19. Ice protected, dispensed, equipment clean, in good repair.....2 1	46. Clothing clean, no tobacco used while handling food.....1 .5
LIQUID AND SOLID WASTES [1315, 1316]	47. Hands properly washed or decontaminated.....3 1.5
20. Wastewater disposed of properly.....4 2	48. Persons with infections excluded from food service work.....2 .5
21. Solid waste stored properly, areas clean, facilities for cleaning...4 2	TOTAL <u>97.5</u>
22. Solid waste disposed of frequently, no insect breeding or nuisance.....2 1	
23. Medical wastes handled and disposed of properly.....2 1	
VERMIN CONTROL, PREMISES: [1317]	
24. Vermin excluded.....3 1.5	
25. Approved pesticides properly stored and handled.....2 1	
26. Premises clean, no breeding places or rodent harborage.....2 1	
27. Pet areas clean, veterinary records available.....2 1	

Comments: #2 - Floors shall be kept clean behind beds in patients' rooms!
 #5 - Window sills and light fixtures shall be kept clean in facility
 #28 - Storage area in facility shall be kept clean

Inspection by: Clean H. Campbell EHS I.D.# 1174 Rept. Received by: Melanie Lylin
 Comment Sheet Attached Yes No

INSTRUCTIONS: Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the contents of an inspection form to record the results of inspections made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the administrator or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section, Division of Environmental Health. Disposition: This form may be destroyed in accordance with Standard-8.B.A., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-60)