

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697
---	---

(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 Construction Complaint Survey by Ed Miller and Frank Strickland on February 10, 2016.</p> <p>The Complaint alleged the Facility has physical plant deficiencies.</p> <p>Records indicate this facility was first licensed as a Home for the Aged serving 99 residents on 12-1-1962. Therefore the facility was surveyed for conformance with the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code, Group D.</p> <p>The Complaint was substantiated.</p> <p>Deficiencies were noted which require a plan of correction.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on record review, and interview with Manager, the facility failed to maintain 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 _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697
---	---

(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 February 10, 2016: a. Records indicate that the last Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 25 has exceeded the requirement to have the system inspected and tested at least annually to insure that the system works properly,	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. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path in the corridors to the outside. NC State Building Code requires a six-foot wide corridor. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on February 10, 2016: a. Banking operations were being performed in a small office on the 100 Hall with a line of residents extending to Room 401. Many residents brought chairs to sit in while they waited. When they finished some residents left their chairs in the corridor, decreasing the required six feet width and obstructing the corridors,	C 150		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 160		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697
---	---

(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 160	Continued From page 2 (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 February 10, 2016: a. The Gutter on the back right side was falling off the building,	C 160		
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 CO/2 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 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 February 10, 2016: a. Throughout the building - the portable fire extinguisher's annual maintenance was last performed on September 2014,	C 183		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697
---	---

(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	Continued From page 3	C 189		
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, and activating a smoke detector the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on February 10, 2016:</p> <p>a. The fire alarm panel was showing six trouble signals. One trouble code corresponded to the missing smoke detector in the 600 Hall. Arbitrary testing of corridor smoke detectors revealed that the 600 Hallway had no automatic fire detection. The Fire Marshal and Building Inspector of Wilkes County was contacted with this information and a Fire Watch was implemented at 5:30 PM on 2-10-2016 for the 600 Hall. Document must be keep and a copy sent to DHSR Surveyor.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697
---	---

(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 4</p> <p>Findings on February 10, 2016:</p> <ul style="list-style-type: none"> a. In the Corridor near 300 Hall Living the fire alarm system's smoke detector was about to fall off the ceiling, b. In the Corridor near 600 Hall Courtyard door the fire alarm system's smoke detector was missing, c. In the Corridor near Room 305 the fire alarm system's horn was about to fall off the wall, <p>3. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin.</p> <p>Findings on February 10, 2016:</p> <ul style="list-style-type: none"> a. The cross-corridor fire door on the 100 hall did not close completely when activated by the fire alarm system because a chair was propping it open, <p>4. Based on observation, the Building was not maintain in a safe manner, the normal fire load had increased in certain areas. This could affect all residents, staff and visitors if a fire could not be contained adequately.</p> <p>Findings on February 10, 2016:</p> <ul style="list-style-type: none"> a. Vacant Bedroom 307 was being used to storage combustible materials like mattresses, beds, wood furniture, box, etc. <p>5. 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 door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697
---	---

(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 5</p> <p>Findings on February 10, 2016:</p> <p>a. The corridor door to Bedroom 203 did not latch,</p> <p>6. Based on observation, the Building was not maintained in proper operating condition, because the exterior door did not close completely, latching in order to keep out the elements, insect, vermin and secure the door. This could affect all residents; staff and visitors by not keep out the elements, insect, vermin and unwanted guests.</p> <p>Findings on February 10, 2016:</p> <p>a. The 600 Hall Courtyard door did not have a latch bolt and the closer had been removed,</p> <p>b. The 300 Hall back exit door's weather stripping was in disrepair not sealing the opening,</p> <p>7. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated ceiling 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 February 10, 2016:</p> <p>a. In the Maintenance Office - there were holes through the one-hour fire-resistance-rated ceiling,</p> <p>b. In the Maintenance Office - the one-hour fire-resistance-rated ceiling assembly (constructed of gypsum wall board) had deteriorated leaving open joints in the ceiling,</p> <p>8. 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 residents, staff and visitors by allowing unsafe conditions to persist.</p> <p>Findings on February 10, 2016:</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697
---	---

(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>a. At the 200 Hall Exit Door - the emergency release switch for the special locking system missing its cover plate,</p> <p>b. In the Maintenance Office - there were two electrical power receptacles missing their cover plates</p> <p>c. In the Maintenance Office - there was one electrical power receptacle that was falling out of the wall,</p> <p>9. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall 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 February 10, 2016: a. In the Maintenance Office - there was a one inch hole in the wall were a device had been removed,</p> <p>10. Based on Observation, and interview with Manager, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on February 10, 2016: a. In the Laundry - there were three clothes washer (residential size) and three clothes dryers (residential size). Per manager one washer works, one is leaking and may not work and the other one does not work. Per manager one dryer works, one does not work and arrived today to replace the non-working (waiting for gas hookup.) Dirty laundry was accumulating,</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697
---	---

(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	Continued From page 7	C 191		
C 191	<p>Unvented & Portable Elec. Heaters Prohibited</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.</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 failed to prevent the use of electrical space heaters in an Adult Care Home. This could affect all residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near.</p> <p>Findings on February 10, 2016:</p> <p>a. In the Maintenance Office a prohibited portable space electric heater was found,</p>	C 191		