

PRINTED: 02/29/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL054082

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 01

B. WING

(X3) DATE SURVEY
COMPLETEDR
02/03/2016

NAME OF PROVIDER OR SUPPLIER

KINSTON ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE

2130 ROSE VISTA ROAD
KINSTON, NC 28504(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)(b)
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TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
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DEFICIENCY)(X6)
COMPLETE
DATE

(C 000) Initial Comments

(C 000)

Report of a Follow Up Survey conducted by Billy
S. Bryant and Greg Cafes on 02/03/2016.Items cited during the Biennial Survey on
09/16/2015 remain to be corrected.

(C 137) Bathrooms-Nonskid Strips in Showers

(C 137)

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0305 PHYSICAL
ENVIRONMENT(e) The requirements for bathrooms and toilet
rooms are:(12) Nonskid surfacing or strips shall be installed
in showers and bath areas; and

This Rule is not met as evidenced by:

1. Based on observation, the facility failed to
ensure that the shower floor is equipped with a
skid-resistant surface. This affects all residents
who may use the shower by not preventing
slipping on the slick floor.

spoke with Billy Bryant on 3-17-16

Stated bath mats were acceptable

3-18-16

Findings on 02/03/2016:

a. The showers in the group Bathrooms are not
equipped with non-skid surfaces or strips

(C 164) Housekeeping and Furnishings-Clean, Repaired

(C 164)

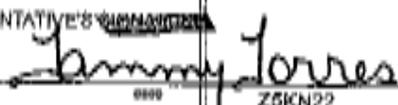
SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0306 HOUSEKEEPING AND
FURNISHINGS

(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

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE


 Jimmy Torres RCL


 3-21-16

STATE FORM

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Z5KN22

If continuation sheet 1 of 1

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MAL054062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING | (X3) DATE SURVEY COMPLETED R 02/03/2016 |
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| (C 164) | <p>Continued From page 1</p> <p>facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the Building was not kept clean and in good repair, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if a component does not work properly or is missing limiting use of equipment/spaces.</p> <p>Findings on 02/03/2106:</p> <p>a. In bedroom 213 the window sill (blue stone) was loose.</p> <p>b. Many of the hollow-core closet and toilet rooms doors that are in the bedrooms are very scuffed-up.</p> <p>2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair.</p> <p>Findings on 02/02/2016:</p> <p>a. The carpet was stained, and dirty at the following locations to include but not limited to: Central Corridor near Employee Only Room, Central Corridor near Office, Central Corridor near Kitchen, Central Corridor near Dining, Staff Station, Both side of the 200 Hall fire wall, Bedroom 100</p> <p>b. The kitchen floor was dirty with an accumulation of dirt, stains and grease deposits along the perimeter of the floor and around equipment supports.</p> <p>c. The texture ceiling in bedroom 200 was in</p> | (C 164) | <p>Will be completed by 4-1-16</p> | |

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| (C 166) | <p>Continued From page 3.</p> <p>FURNISHINGS</p> <p>(a) Adult care homes shall:</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. This rule is not being met because facility equipment is not being maintained in a safe operating manner. This would affect all residents, staff and visitors, if equipment in disrepair injury someone.</p> <p>Findings on 02/03/2016:</p> <p>a. The over-the-bed light was loosely attached to the wall in Bedroom 210.</p> <p>b. An electrical power receptacle in the Bulk Laundry had a broken cover plate.</p> <p>c. The Kitchen Hood gas cutoff valve was missing its cover plate.</p> <p>d. In the Freezer the refrigeration equipment was missing its cover plate.</p> <p>f. Behind the kitchen stove there appears to be an electrical power box missing its cover plate.</p> <p>g. The globe to the light fixture in Bedroom 101 was missing.</p> <p>New Finding on 02/03/2016:</p> <p>a. The power conduit for the centrifugal exhaust fan on the rear building roof is detached from the electrical junction box and the electrical wiring is</p> | (C 166) | <p>Completed on 3-18-16</p> <p>Will be completed by 4-1-16</p> | |
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(C 166)

Continued From page 4
exposed

2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts.

Finding on 02/03/2016:

a. The connection of the commode to the floor was loose, in Bedroom 210.

(C 166)

Completed on 3-18-16

(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.

Finding on 02/03/2016:

a. Resident rooms including the adjoining toilet
rooms did not provide a means for each resident
to hang a separate towel.

(C 175)

Will be completed by 4-1-16

(C 185) Fire Safety-Rehearsals on Each Shift

(C 185)

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(C 185)

Continued From page 5

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 Executive Director 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 there is a need to evacuate the building.

Finding on 02/03/2016:

a. The fire plan rehearsal documents were not available for review by the surveyors.

(C 185)

spoke with Billy Bryant on 3-17-16

All reports were faxed on 3-18-16

3-18-16

(C-188)

Electrical Outlets in Wet Locations

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0310 ELECTRICAL OUTLETS
All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.

This Rule is not met as evidenced by:
1. Based on Observation, the facility failed to

(C 188)

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| (C 188) | Continued From page 6 maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on 02/03/2106: a. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester in the Bathroom near Bedroom 270. The circuit tester read open neutral. b. The electrical power receptacles that are within six feet of wet areas did not provide ground fault protection at the following locations to include but not limited to: Toilet room in Bedroom 211. c. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the test button was pushed at the following locations to include but not limited to: Staff Toilet Room in the Health and Wellness Office. d. The ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground faults at the following locations to include but not limited to: Can wash area. | (C 188) | Will be completed by 4-1-16 Will be completed by 4-1-16 Will be completed by 4-1-16 Will be completed by 4-1-16 | |
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| (C 189) | Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult | (C 189) | | |
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(C 189)

Continued From page 7

care home shall be maintained in a safe and operating condition.
(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities.

This Rule is not met as evidenced by:
1. Based on record review, the fire alarm system was not being maintained.

Findings on 02/03/2016:

a. In accordance with NFPA 72 on April 1, 2015, an Annual Fire Alarm System Inspection and Testing Report was performed. The report listed several deficiencies that have not been addressed.

b. Fire alarm inspection report was not available for review.

2. Based on Observation, the facility was not maintained in a safe manner by having fire rated doors that did not close completely in order to contain smoke and fire. This could affect all residents, staff and visitors by not containing smoke and fire in the fire compartment of origin.

Findings on 02/03/2016:

a. The back leaf of the 200 hall cross-corridor fire doors did not latch when activated by the fire alarm system.

3. Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs 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.

(C 189)

spoke with Billy Bryant on 3-17-16

All reports were faxed on 3-18-15

3-18-16

Will be completed by 4-1-16

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(C 189)

Continued From page 8

(C 189)

Findings on 02/03/2016:

a. The exit signs did not work on backup power when tested. Locations of specific examples include but are not limited to:
Central Corridor exit near Back Activity Room,
Corridor near Bedroom 114.

Will be completed by 4-1-15

4. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin.

Findings on 02/03/2016:

a. In the TV Room the corridor door, requires more than normal effort to open because the door had a split in its jamb allow the door to hit the floor.

Will be completed by 4-1-16

b. The bottom of the door is scraping the floor and cannot be easily closed.

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 02/03/2016:

a. Three conduit had gaps around them as they penetrated the one-hour fire-resistance-rated ceiling. Note: The conduits could not be located.

Will be completed by 4-1-16

b. There were holes through the one-hour

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| (C 189) | Continued From page 9 fire-resistance-rated ceiling were light fixtures were removed in the Exterior Electrical Room. 6. Based on Observation, the Building was not maintained accessible for inspection. Findings on 02/03/2016: a. The survey did not include the following locked areas: Tammy's Office Beth's Office Business Office Tammy's Supply Closet on the 200 Hall. | (C 189) | | |
| (C 197) | General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to maintain in an operating manner illumination of the egress pathways. This would affect all residents, staff and visitors if the egress pathways were not illuminated. Finding on 02/03/2106: a. Most exterior exit lights did not illuminate when switched on. | (C 197) | | |

Completed on 3-18-16

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(C 199) Continued From page 10.
(C 199) Exhaust Ventilation

(C 199)
(C 199)

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.

This Rule is not met as evidenced by:
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.

Finding on 02/03/2016:
a. The exhaust ventilation was not working in Bathroom near Bedroom 107.

Will be completed by 4-1-16