

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/13/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEST OF CARE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>234 NORTHDAL AVENUE KANNAPOLIS, NC 28081</b>
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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	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller April 13, 2016.</p> <p>Records indicate that this Facility was licensed as a HA facility with a capacity of Twenty Five (25) Residents on October 13, 1987. Based on this information we are requiring the facility to meet the 1984 Homes for the Aged and Disabled "Minimum Standards and Regulations" and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or more Beds along with the 1978 Revision 8 Edition of the North Carolina State Building Code Volume I - General Construction Section 409 - Institutional Occupancy - (I).</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile.</p>	C 166		

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

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C 166	Continued From page 1  Findings on April 13, 2016: a. Bedroom 12 - one portable medical oxygen cylinders was stored standing up in not secured to the structure,  2. Based on Observation, the facility failed to prevent the possibility of contaminated water from backflowing into the domestic water supply. Findings on April 13, 2016: a. The shampoo sink in the Beauty Shop had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines	C 166		
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 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 (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on April 13, 2016: a. The Double-Egress Cross-Corridor Doors - ,	C 189		

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C 189	<p>Continued From page 2</p> <p>the back leaf did not close when the fire alarm system released the doors, (hit floor),</p> <p>2. 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 April 13, 2016: a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system, there has been no record keeping of the monthly inspections,</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on April 13, 2016: a. Basement Back HVAC Unit - the sample tubes for the HVAC duct mounted smoke detectors were dirty,</p> <p>4. Based on observation and testing, 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 power outages and there is no other illumination available. Findings on April 13, 2016: a. Main Entrance - the ceiling-mounted</p>	C 189		

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C 189	<p>Continued From page 3</p> <p>self-contained emergency light did not work on backup power when the test button was pushed,</p> <p>b. Short Corridor to Living Room - the ceiling-mounted self-contained emergency light did not work on backup power when the test button was pushed,</p> <p>5. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps 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 April 13, 2016: a. Kitchen/Loading Dock Door - there was a gap where the wiremold had dropped, exposing an opening through the fire-resistance-rated ceiling assembly not fire sealed, b. Basement - there were several holes that penetrated through the one-hour fire-resistance-rated ceiling around plumbing and ductwork repairs,</p> <p>6. Based on observation, the facility fire resistance rated components have not been maintained safe and operating condition because the corridor doors are not smoke resisting. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on April 13, 2016: a. Bedroom 2 - the corridor door did not latch when closed, b. Laundry - the corridor door did not latch when closed,</p>	C 189		