

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL098027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILSON ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3501 SENIOR VILLAGE LANE WILSON, NC 27896</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><b>Initial Comments</b></p> <p>Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on March 15, 2016.</p> <p>Records indicate this facility was first licensed on April 1, 1985 as a HA. The facility is currently licensed for 88 with a 28 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 5) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1984 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000	<p><i>See Attached</i></p>	
C 101	<p><b>Existing Licensed Fac- No less than '71 Rules</b></p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>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 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>	C 101		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <p style="text-align: center;"><i>Donna Dawson</i></p>	TITLE <p style="text-align: center;"><i>Administrator</i></p>	(X6) DATE <p style="text-align: center;"><i>4/22/16</i></p>
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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation and interview with SCU Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components or procedures to properly operate locked egress doors/gates. This could affect all occupants who would need to evacuate through these locked door(s)/gate(s).</p> <p>Findings on March 15, 2016:</p> <p>a. SCU - the cross-corridor doors separating the SCU and AL units had an emergency release switch (SCU side) that would only release the door while the switch was being depressed. This is not in accordance with the NC State Building Code requirement for an on/off emergency release switch,</p> <p>b. SCU Courtyard - the exit gate from the courtyard was secured with metal keyed padlock. Of the staff responsible for the evacuation only the Med Tech had a key and that key was on a ring with at least fifteen other keys with no markings. Also the courtyard was not large enough to provide a safe area of refuge in the event of a fire so the courtyard gate is a required exit. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times. Deficiency corrected before Construction Surveyors departed Site by distributing 4 metal keys to SCU Staff.</p> <p>c. SCU Courtyard - the exit gate could only open about 30 degrees of the full 90 degrees required,</p> <p>d. The SCU's master emergency release switch for the special locking system was located in a storage closet in the Living/Dining room. The</p>	C 101	<p><i>See Attached</i></p>	<p><i>May 9, 2014</i></p> <p><i>March 15, 2014</i></p> <p><i>March 15, 2014</i></p> <p><i>May 9, 2014</i></p>

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C 101	<p>Continued From page 2</p> <p>switch was under a locked cover that only the Maintenance Tech had a key to.</p> <p>e. The SCU's master emergency release switch for the special locking system was only identified with the words "On Off Switch " and the staff interviewed did not know the function of the switch.</p> <p>f. The SCU's master emergency release switch for the special locking system was located in a storage closet in the Living/Dining room. NC State Building Code requires the master emergency release switch to be at a Nurse's Station. Because the SCU does not have a designated Nurse Station, the master switch should be located at least in a readily accessible location.</p> <p>g. SCU -The special locking system for the SCU unit did not have a wiring diagram and system components location map provided under glass at the fire alarm panel.</p> <p>There was a conflict identified between a door identified as an exit by an exit sign and the design of the special locking system installed on the door. At the time of survey it was not determined whether or not this exit was a required exit from the AL side. The following issues were noted:</p> <p>h. SCU -the cross-corridor doors separating the SCU and AL did not have an emergency release switch on the AL side. Exit signs direct you to exit thru these doors</p> <p>i. SCU -the cross-corridor doors separating the SCU and AL did not have a master emergency release switch located at a nurse station and identified on the AL side. Exit signs direct you to exit thru these doors</p>	C 101	<p><i>See Attached</i></p>	<p><i>March 17, 2016</i></p> <p><i>May 9, 2016</i></p> <p><i>May 9, 2016</i></p> <p><i>May 9, 2016</i></p> <p><i>May 9, 2016</i></p>
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT</p>	C 160		

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C 160	<p>Continued From page 3</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are:</p> <p>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by:</p> <p>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 March 15, 2016:</p> <p>a. The sidewalk at the Front Porch had a non-sloped, vertical changes in the walking path, creating tripping hazards.</p>	C 160	<p><i>See Attached</i></p>	<p><i>March 23, 2016</i></p>
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>10A NCAC 13F .0305 HOUSEKEEPING AND FURNISHINGS</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 have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on March 15, 2016:</p> <p>a. SCU - the floors had an excessive build-up of wax/dirt around the doorframes,</p>	C 164		

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C 164	<p>Continued From page 4</p> <p>b. Bedroom 112 - the corridor door was very marred 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. Findings on March 15, 2016:</p> <p>a. Corridor near Bedroom 116 - the carpet was stained.</p> <p>3. Based on Observation, 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 March 15, 2016:</p> <p>a. Shared Toilet Room 110/112 - the connection of the commode to the floor was loose, b. Bedroom 106 Toilet Room - the connection of the commode to the floor was loose, c. Bedroom 311 Toilet Room - the connection of the commode to the floor was loose, d. Shower Room near Bedroom 303 - the connection of the commode to the floor was loose, e. Bedroom 302 Toilet Room - the connection of the commode to the floor was loose. f. Bedroom 303 - the commode tank lid was broken,</p>	C 164	<p><i>See Attached</i></p>	<p>March 24, 2016</p> <p>March 18, 2016</p> <p>March 25, 2016</p>
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p>	C 166		

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C 168	<p>Continued From page 5</p> <p>(a) 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 prevent the possibility of contaminated water from backflowing into the domestic water system. Findings on March 15, 2016:</p> <p>a. Spa next to Bedroom 111 - the walk in tub had a shower wand with a hose long enough to reach gray water that did not appear to be equipped with a vacuum breaker to prevent backsiphonage of gray water back into the domestic water lines.</p> <p>b. Exterior Can Wash - the water lines were not equipped with vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p> <p>2. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC equipment. Findings on March 15, 2016:</p> <p>a. Exterior Fire Wall 300 Wing - the PTAC units cover was laying on the ground.</p> <p>3. 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. Findings on March 15, 2016:</p> <p>a. 100 Hall - a portable medical oxygen cylinder was stored standing up in the corridor beside the med cart.</p> <p>4. Based on observation, the building was not maintained in free of obstructions. This would</p>	C 168	<p><i>See Attached</i></p>	<p><i>March 29, 2016</i></p> <p><i>March 16, 2016</i></p> <p><i>March 15, 2016</i></p>

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C 166	Continued From page 6  affect all residents, staff and visitors by allowing the possibility that someone could be locked in a room without the means of escape during an emergency. Findings on March 15, 2016: a. Exterior Storage - the door was equipped with a hasp device and padlock along with a locking door knob, b. Left Front Exit - the leaf hits the doorframe making it difficult to open the door,	C 166		March 25, 2016
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 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 March 15, 2016: a. SCU Living/Dining - the ground-fault circuit-interrupter (GFCI) electrical power receptacle near the sink did not trip with a push of the test button and when tested with a circuit tester b. Left Exit 300 Hall - the ground-fault circuit-interrupter (GFCI) electrical power receptacle on the stoop did not trip with a push of the test button and when tested with a circuit teste,	C 188	See Attached	March 25, 2016  March 28, 2016

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C 189	Continued From page 7	C 189		
C 189	Building Equipment Maintained Safe, Operating	C 189	<i>See Attached</i>	
<p><b>SECTION .0300 - PHYSICAL PLANT</b> <b>10A NCAC 13F .0311 OTHER REQUIREMENTS</b></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 (a) 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 maintain in a safe manner, because the integrity of the fire-resistance-rated corridor ceiling/tunnel construction had holes and gaps in this protected gypsum construction. This could affect all residents, staff and visitors by not providing a safe, fire-resistance-rated exit corridor. Findings on March 15, 2016: a. Front foyer Attic - the tunnel style fire-resistance-rated ceiling construction had been damaged, be repair,</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 activating the fire alarm. Findings on March 15, 2016: a. Exterior Storage - the heat collector on the heat detector had been damaged, which could affect the proper operation of the detector,</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs did not work properly or</p>				

*May 9, 2016*

*March 25, 2016*

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C 189	<p>Continued From page 8</p> <p>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.</p> <p>Findings on March 15, 2016:</p> <p>a. Left Front Exit - the exit sign did not work on backup power when tested,</p> <p>4. 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.</p> <p>Findings on March 15, 2016:</p> <p>a. Attic Firewall at SCU - there were unprotected cable penetrations through the firewall,</p> <p>b. Attic Firewall at 100 Hall - there were unprotected cable penetrations through the firewall</p> <p>c. Draftstop near Bedroom 108- there a hole through this draftstop,</p> <p>d. Draftstop near Linen Closet - there were holes around pipe penetrations in this draftstop,</p> <p>e. Draftstop near Staff Breakroom - there were cables penetrations in this draftstop,</p> <p>f. Draftstop near Bedroom 306 - there a hole through this draftstop,</p> <p>g. Draftstop near SCU - there were holes around pipe penetrations in this draftstop,</p> <p>5. 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 March 15, 2016:</p>	C 189	<p style="text-align: center; font-size: 2em;"><i>See Attached</i></p>	<p style="text-align: right;">March 30, 2016</p> <p style="text-align: right;">May 9, 2016</p>

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C 189	<p>Continued From page 9</p> <p>a. Electrical Room, panel EP4 - many items are being stored directly in front of the electric panels, preventing quick emergency access to the panel.</p> <p>b. Left of the front door an exterior GFCI electrical outlet was missing its weatherproof cover.</p> <p>c. Left Exit 300 Hall - the exterior GFCI electrical outlet on the stoop was missing its weatherproof cover.</p> <p>d. Shower room next to Bedroom 304 - a lens on a light fixtures had falling down exposing unsupported wires.</p> <p>e. Left Exit 300 Hall - the exterior GFCI electrical outlet's weatherproof cover was missing.</p> <p>f. Attic above SCU - there were multiple open junction box with energized components.</p> <p>g. Bedroom 111 - there was an unapproved multiple plug surge protector without overcurrent protection plugged into an electrical power receptacle. This is not in accordance with the Fire Prevention Code</p> <p>6. 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> <p>Findings on March 15, 2016:</p> <p>a. Bedroom 201 - the corridor door hits the doorframe preventing it from closing and latching without extra force.</p> <p>b. Bedroom 202 - the corridor door hits the doorframe preventing it from closing and latching without extra force.</p> <p>c. SCU Living/Dining Room- the inactive leaf of the double corridor doors had a chain bolt that</p>	C 189	<p><i>See Attached</i></p>	<p><i>April 4, 2016</i></p> <p><i>March 30, 2016</i></p> <p><i>March 30, 2016</i></p> <p><i>April 4, 2016</i></p> <p><i>March 31, 2016</i></p> <p><i>May 9, 2016</i></p> <p><i>March 16, 2016</i></p> <p><i>April 6, 2016</i></p> <p><i>April 6, 2016</i></p> <p><i>April 6, 2016</i></p>

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C 189	<p>Continued From page 10</p> <p>had it bolt installed backwards and will not automatically latch into its frame.</p> <p>d. SCU Living/Dining Room- the active leaf of the double corridor doors was missing its top hinge thus has sagged to a point it overlaps the inactive leaf by ¼ inch.</p> <p>e. SCU Living/Dining Room- the single corridor door hits the doorframe preventing it from closing and latching without extra force.</p> <p>f. Bedroom 207 - the corridor door hits the doorframe preventing it from closing and latching without extra force.</p> <p>g. Bedroom 207 - the corridor door was missing its strike plate.</p> <p>7. Based on Observation, the Building was not maintained in a safe and operating condition, because corridor doors are being 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 residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on March 15, 2016: a. Bedroom 209 - the corridor door was blocked open with a bed.</p> <p>8. Based on Observation and Interview with Maintenance Tech, the Building was not maintained safe by not providing access to areas for inspection. This deficiency affects all residents, staff and visitors by preventing any deficiency discovered during regular inspections from being corrected. Findings on March 15, 2016: a. Water Heater Room - there was no key onsite to allow access into this area.</p> <p>9. Based on observations, the Building was not maintained in a safe and operating condition,</p>	C 189	<p><i>See Attached</i></p>	<p><i>April 4, 2016</i></p> <p><i>April 7, 2016</i></p> <p><i>March 31, 2016</i></p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL098027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/15/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WILSON ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3501 SENIOR VILLAGE LANE WILSON, NC 27896</b>
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C 189	<p>Continued From page 11</p> <p>because of holes and gaps through the fire-resistance-rated ceiling and 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 March 15, 2016:</p> <p>a. Oxygen Room - the refrigerant line has a gap around the foam insulation as it penetrates through the fire-resistance-rated ceiling assembly.</p> <p>b. Exterior Storage - the ceiling in the back, there appeared to be an active leak that has started deteriorated the gypsum ceiling.</p> <p>c. Exterior Storage - a three-inch PVC pipe was not protected, penetrated the one-hour fire fire-resistance-rated ceiling. NOTE: PVC pipes larger than 2 inches in diameter require a 'fire collar' or similar system for protection.</p> <p>d. Above Left Front Exit - there was a gap around a cable that penetrated through the fire-resistance-rated ceiling assembly.</p> <p>e. Bedroom 113 - there was a gap around a cable that penetrated through the fire-resistance-rated ceiling assembly.</p> <p>f. Bedroom 111 - there was a gap around a cable that penetrated through the fire-resistance-rated ceiling assembly.</p> <p>g. Above Copier - there was a gap around a cable that penetrated through the fire-resistance-rated ceiling assembly.</p> <p>h. Above Exit 313 - there was a gap around a cable that penetrated through the fire-resistance-rated ceiling assembly.</p> <p>i. Front Nurse Station - there was a gap around a cable that penetrated through the fire-resistance-rated ceiling assembly.</p> <p>j. Above Exit 300 - there was a gap around a cable that penetrated through the fire-resistance-rated ceiling assembly.</p> <p>k. Bedroom 305 - there was an open joint</p>	C 189	<p><i>See Attached</i></p>	<p><i>April 12, 2016</i></p> <p><i>April 12, 2016</i></p> <p><i>May 9, 2016</i></p> <p><i>April 12, 2016</i></p> <p><i>May 9, 2016</i></p>

Division of Health Service Regulation

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C 189	<p>Continued From page 12</p> <p>between the ceiling and the wall gypsum construction where a fire-resistance-rated ceiling assembly must occur,</p> <p>10. 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.</p> <p>Findings on March 15, 2016: a. Bedroom 114 - the corridor door hit the doorframe did not latch when closed,</p>	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</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: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This</p>	C 199	<p><i>See Attached</i></p>	<p><i>March 30, 2016</i></p>

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C 199	<p>Continued From page 13</p> <p>could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on March 15, 2016:</p> <p>a. Shower room next to Bedroom 111 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors, b. Shower room next to Bedroom 107 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors, c. Shower room next to Bedroom 304 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors, d. Bedroom 311 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors, e. Bedroom 308 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors,</p>	C 199	<p style="text-align: center; font-size: 2em;"><i>See Attached</i></p>	<p style="text-align: center; font-size: 1.5em;"><i>April 18, 2016</i></p>

**Wilson Assisted Living**

**License # HAL098027**

**Plan of Correction**

**Survey date: 03/15/16**

**10A NCAC 13F .0301- Application of Physical Plant Requirements**

**1.A- Completion Date May 9,2016**

**1. B- Completed Date March 15, 2016-**

Deficiency corrected before construction Surveyors departed site. Keys were distributed to each staff member as well as an in service was completed. Several staff showed surveyor how to open gate. Sign off sheet was put in place in order to ensure each SCU staff has a key at all times on all shifts. SCU coordinator will keep track of sign off sheets. All new staff will also be in serviced on keys and gate lock.

**1.C – Completed Date: March 15,2016**

Maintenance Director removed excess dirt under gate and now gate does open a full 90 degrees. Maintenance Director will do a monthly check on the gate and remove any dirt that hinders gate from opening 90 degrees.

**1.D- Completion date: May 9, 2016**

**1.E – Completed date: March 17,2016**

New label was placed specifying Emergency release on and off switch. And staff was in serviced on what it is for.

**1.F- Completion date: May 9,2016**

**1G- Completion date: May 9, 2016**

**1.H- Completion date: May 9, 2016**

**1. I- Completion date: May 9, 2016**

**10A NCAC 13F .0305 – Physical Environment**

**1.A- Completed Date: March 23, 2016**

Sidewalk at the front porch has been smoothed out and re cemented to prevent trip hazards. Maintenance Director will monitor sidewalk and keep it free of trip hazards.

*Donna Dawson Administrator*

*4/25/16*

**10A NCAC 13F .0306 Housekeeping and furnishings**

**1.A – Completed date: March 21, 2016**

In SCU excessive buildup of wax/dirt around the door frames was cleaned. Floor Tech and Maintenance Director will do monthly inspections to keep buildup from becoming excessive.

**1.B – Completed Date: March 24,2016**

Bedroom 112 corridor has been repaired. Filled holes with wood putty sanded down and then stained. Maintenance Director and Administrator will do a monthly walk through to check doors for damage and get doors repaired in a timely manner.

**2.A- Completed Date: March 18,2016**

Bedroom 116 carpet was shampooed and stain removed. Floor Tech will ensure that all stains are shampooed in a timely manner. Administrator or designated person will notify floor tech of any stains found.

**3.A-F- Completed Date: March 25, 2016**

Shared toilet Room 110/112, bedroom 106 toilet room, bedroom 311 toilet room, shower room near bedroom 303 and bedroom 302 toilet room have had all bolts tightened and are no longer loose. Bedroom 303 has had a new toilet installed due to tank top being broken. Maintenance Director housekeeping, or designated person will keep a check on toilets in all rooms and any repairs will be done immediately.

**10A NCAC 13F .0306 Housekeeping and furnishings**

**1.A & B- Completed Date: March 29,2016**

Spa next to bedroom 111 & Exterior Can Wash both had vacuum breakers installed.

**2.A- Completed Date: March 16,2016**

PTAC unit cover was placed back on unit. Monthly check will be done to ensure cover stays in place.

**3.A- Completed Date: March 15,2016**

Portable medical oxygen cylinder was put in oxygen room; all Med Techs were in serviced on the danger of leaving the oxygen cylinder standing by med cart.

**4. A- Completed date: March 25, 2016**

Maintenance director removed pad lock from the door.

**4. B- Completed date: March 25, 2016**

Left front exit door was ground down so it would no longer hit the door frame. Maintenance director will do monthly checks on doors to ensure the doors are easy to open.

**10A NCAC 13F .0310 Electrical outlets**

**1.A & B Completed date: March 28,2016**

SCU Living/Dining and Left exit 300 hall GFCI receptacles were replaced with new ones. Monthly checks will be done by designated person to ensure they are in working order.

**10A NCAC 13F .0311 Other Requirements**

**1.A- Completion date: May 9, 2016**

**2.A- Completed date: March 25,2016**

In exterior storage building the heat collector on heat detector was repaired. Monthly checks will be done by designated person to ensure it is working.

**3. A – Completed date: March 30, 2016**

Left front exit sign was replaced with a new exit sign. Continual checks will be done to make sure all exit signs are in working order.

**4. A-G will be completed by May 9, 2016**

**5. A- Completed date: April 4, 2016**

All items were removed from in front of panel boxes in electrical room. Staff was told nothing can be stored in front of panels. Designated person will do weekly checks to ensure items are not being stored in there.

**5. B, C, & E Completed date: March 30, 2016**

GFCI electrical outlets located left of the front door exterior, left exit 300 hall stoop, & Left exit 300 hall exterior water proof covers were replaced with new ones.

**5. D- Completed date: April 4, 2016**

In shower room next to bedroom 304 a new cover was put on light fixture in order to cover exposed wiring. Monthly checks will be put in place to prevent this.

**5. F- Completion date: May 9, 2016**

**5. G- Completed date: March 16, 2016**

In bedroom 111 the unapproved multiple plug surge protector has been removed. Spoke with family about bringing in proper surge protector. Housekeeping and maintenance director will keep a check to ensure improper surge protectors are not being used in any of the bedrooms.

**6. A & B- Completed date: April 6, 2016**

Bedroom 201 and bedroom 202 sanding was done to doors and now doors close and latch without extra force. Designated staff will notify Maintenance director for him to repair in a timely manner.

**6. C- Completed date: April 6, 2016**

In SCU Living/Dining room double corridor doors, the chain bolt has been re-installed the proper way and will now latch properly. Maintenance director will keep monthly checks on doors.

**6. D- Completed date: April 4, 2016**

SCU Living/Dining room a new hinge was put in place. Door is no longer sagging. Maintenance director will keep monthly checks on doors.

**6. E & F- Completed date: April 7, 2016**

SCU Living/Dining room and Bedroom 207- doors have been sanded and repaired and are now in proper working order. Maintenance director will keep monthly checks on doors.

**6. G- Completed date: April 7, 2016**

Bedroom 207 the strike plate was put in place and is now in proper working order. Maintenance director will keep monthly checks on doors.

**7. A- Completed date: April 7, 2016**

The bed in Bedroom 209 was moved from in front of corridor door and is no longer blocked. Housekeeping and other designated staff will make sure that beds do not block any doors.

**8. A – Completed date: March 31, 2016**

New door knob was placed on Water Heater room door and keys made and given to management.

**9. A, B, D-J- Completed date: April 12, 2016**

Oxygen room, exterior storage room, above left front exit, Bedroom 113 & 111, above copier, above exit bedroom 313, front nurses station, above exit 300 all gaps have been fire caulked.

**9. C- Completion date: May 9, 2016**

**9. K- Completion date: May 9, 2016**

**10. A – Completed date: March 30, 2016**

In bedroom 114 the corridor door has been sanded down and now will latch when closed. Maintenance director will keep monthly checks on doors.

**10A NCAC 13F .0311 Other requirements**

**1.A – E- Completed date: April 18, 2016**

Shower rooms next to Bedrooms 111, 107, 304, and bedroom 311 & 308- all vents have been removed and cleaned and now are in proper working order. Maintenance director will do monthly checks to ensure vents remove the required air to dissipate the odors.