

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL067008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/18/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIBERTY COMMONS ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3045 HENDERSON DRIVE EXTENSION JACKSONVILLE, NC 28546</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 Biennial Construction Survey by Dennis Harrell on 5-18-2016.</p> <p>Records indicate that this facility was first licensed as a Home for the Aged on 8-18-1998. The facility is currently licensed as a 79 bed facility with 22 beds allocated to a Memory Care Unit. Therefore the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes and applicable components of the 2005 10a NCAC 13F for Adult Care Homes of Seven or More Beds, and the 1996 (w/revisions) North Carolina State Building Code for Group I - Institutional Unrestrained Occupancy.</p>	C 000		
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</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> <p>This Rule is not met as evidenced by: Based on observation, this facility is equipped</p>	C 101		

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

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C 101	Continued From page 1  with Special Locking (magnetic locks) on the exit doors of the Special Care Unit as allowed by Section 1012.6 of the 1996 NC State Building Code. The required emergency release switch located at each magnetically locked exit door was of the locking type. Section 1012.6.1. 4. F. requires, all staff responsible for evacuating residents in an emergency must carry emergency release switch keys. Most staff did not carry release switch keys.	C 101		
C 166	Housekeeping-Maintained Free of Hazards  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; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observation, there was no inspection tag provided on the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on a tag provided at the system pull.	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	C 189		

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C 189	<p>Continued From page 2</p> <p>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> <ol style="list-style-type: none"> <li>1. Based on observation, the required central emergency release switch for magnetic locking system did not work consistently. The switch must work correctly each time it is activated to ensure an emergency evacuation will not be delayed or prevented.</li> <li>2. Based on observation, the smoke detector and junction box are hanging out of the ceiling in the storage room at the end of the 100 Hall by the exit door. This situation compromises the one-hour fire protected ceiling and could cause the smoke detectors to not work properly.</li> <li>3. Based on observation, the sampling tube for the duct mounted smoke detector in the attic above "Panel Mech 4" was installed with the sampling holes oriented away from the direction of airflow. Sampling tubes that are improperly installed can endanger all residents and staff because the duct detector may fail to operate properly.</li> <li>4 Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:               <ol style="list-style-type: none"> <li>a. Unsealed penetrations in the attic smoke barrier walls throughout the facility.</li> </ol> </li> </ol>	C 189		

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C 189	Continued From page 3  b. The gypsum compound and tape were falling off the ceiling in the space above the commercial dryer.  5. Based on observation, the strike was missing at the latchset on the door to the janitor's closet on 300 Hall. Because of the missing strike, the door could not close well enough to be resistant to the passage of smoke.	C 189		