

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL001023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BLAKEY HALL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 NORTH MANNING AVENUE ELON, NC 27244</b>
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller on June 2, 2016.</p> <p>Record indicate that this facility was first licensed on January 27, 1998. Plans were submitted for a 16 bed Special Care Unit on 01/09/2004. The facility is currently licensed for 72 beds with a 16 of those in a Special Care Unit. Therefore, we are requiring the original (two story) facility to meet the 1996 Regulations for Homes for the Aged and Disabled; Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I), and the Special Care Unit, The Cottage, to meet the 1996 Regulations for Homes for the Aged and Disabled; Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 2002 edition of the North Carolina State Building Code Volume I - General Construction - Section 402 Institutional Occupancy (Group I2).</p> <p>Deficiencies were noted which require a Plan of Correction.</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 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</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	<p>Continued From page 1</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. Based on observation and interview with SCU Staff, the facility failed to meet the Code requirements in effect at the time of construction for doors equipped with Special Locking Arrangements. This could impede exiting for all occupants who would need to evacuate through the door(s).</li> </ol> <p>Findings on June 2, 2016:</p> <ol style="list-style-type: none"> <li>a. The Cottage has an Exterior Door near Warning Kitchen and an Exterior Door near Clean Linen equipped with magnetic locks. These doors appear to be required exit or a dead end greater than 20 feet would be created in these corridors. These locked doors were not equipped with an emergency release switch within three feet of the doors.</li> <li>b. The Cottage - the special locking system does not have a wiring diagram and a system components location map posted at the fire alarm panel.</li> <li>d. The Cottage - the emergency release switch, located at the nurse station, was not labeled.</li> <li>e. The Cottage - the existing emergency release switches at the 'Special Locking' doors and gates requires a key to operate. These keys cannot be removed from the switch without reenergizing the lock. This is not in accordance with the NC State</li> </ol>	C 101		

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C 101	Continued From page 2  Building Code's requirement that the emergency release switch be on/off switches.	C 101		
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on June 2, 2016: a. First Floor Bathroom Closet across from Bedroom 107 - there was no hand grip (grab bar) for the tub.	C 133		
C 143	Janitor's Closets-Locked  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use;	C 143		

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C 143	Continued From page 3  This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who may accidentally use or come in contact with one of these hazardous substances. Findings on June 2, 2016: a. Cottage Men Resident Toilet Room - there were two cleaning agent bottles sitting on the lavatory within residents reach.	C 143		
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 clear and unobstructed exit paths to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on June 2, 2016: a. First Floor Dining - the right side exit door was blocking with a table and two chairs. Deficiency corrected before Construction Surveyors departed Site.	C 150		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

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C 166	Continued From page 4  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: 1. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on June 2, 2016: a. Second Floor Group Bathroom near Bedroom 304 - the walk-in tub has a hose long enough to reach into the gray water, but appears not to have a vacuum breaker to prevent backflow of gray water back into the potable water plumbing lines. 2. 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 June 2, 2016: a. Second Floor Bedroom 411 - one portable medical oxygen cylinder was stored standing not secured to the structure. b. First Floor Med room - one portable medical oxygen cylinder was stored standing not secured to the structure.	C 166		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	<p>Continued From page 5</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> <ol style="list-style-type: none"> <li>Based on observation, the Building was not maintained in a safe and operating condition, because the fire alarm equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on June 2, 2016:               <ol style="list-style-type: none"> <li>Second Floor Sun Room - the fire alarm strobe was falling from the wall by its power/operational wires.</li> <li>Second Floor Bedroom 408 - the smoke detector was dangling from the ceiling by its power/operational wires.</li> </ol> </li> <li>Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps around penetration through the fire-resistance-rated construction. These breaches invalidate the fire-resistance-rated construction's integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on June 2, 2016:               <ol style="list-style-type: none"> <li>Second Floor Soiled Utility - there was a gap around a cable penetration through the fire-resistance-rated ceiling assembly.</li> </ol> </li> <li>Based on observation, the Building was not maintained in a safe and operating condition,</li> </ol>	C 189		

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C 189	<p>Continued From page 6</p> <p>because the fire sprinkler escutcheon plates were impaired, exposing openings through the fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin.</p> <p>Findings on June 2, 2016:</p> <ul style="list-style-type: none"> <li>a. Second Floor Laundry - the fire sprinkler escutcheon plate had dropped down from the ceiling.</li> <li>b. First Floor Corridor near Right Stairtower Exit - the fire sprinkler escutcheon plate did not cover the complete hole through the ceiling.</li> <li>c. First Floor Bathroom Closet across from Bedroom 107 - the fire sprinkler escutcheon plate had dropped down from the ceiling.</li> <li>d. Cottage Sprinkler Riser Room - the fire sprinkler escutcheon plate was missing.</li> <li>e. Cottage Maintenance/Activity Storage - the fire sprinkler escutcheon plate and piping had dropped down from the ceiling.</li> </ul> <p>4. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler heads have obstructed. This could affect all residents, staff and visitors if fire is not contained in Room or compartment of origin.</p> <p>Findings on June 2, 2016:</p> <ul style="list-style-type: none"> <li>a. Throughout the Two Story Building - many of the fire sprinkler head was loaded (covered) with lint.</li> </ul> <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 June 2, 2016:</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>a. Second Story Bedroom 411 - there was an unapproved multiple plug adaptor plugged into an electrical power receptacle. Deficiency corrected before Construction Surveyors departed Site.</p> <p>b. First Floor Office - an extension cord was being used to power office equipment. Extension cords cannot substitute for permanent wiring.</p> <p>c. Cottage Bedroom 207 - in the shower the light fixture was falling from the ceiling.</p> <p>d. Cottage Med Room - an extension cord was being used to power the Med Refrigerator. Extension cords cannot substitute for permanent wiring.</p> <p>6. 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 and latch 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 June 2, 2016: a. Cottage Right Smoke Barrier - the front leaf, of the double-egress cross-corridor doors did not latch when the fire alarm system released the door.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors to stairtowers. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on June 2, 2016: a. Second Floor Right Stairtower - the exit door hits the alarming device and did not latch into its frame.</p> <p>8. Based on Observation, the Building was not maintained in a safe and operating condition,</p>	C 189		

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C 189	Continued From page 8  because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on June 2, 2016: a. First Floor Dining - the corridor doors (pair) were equipped with a manual flush bolt in the 'inactive leaf', circumventing the requirement for these doors have positive latching.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 prevent the use of portable electric space heater(s) 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. Findings on June 2, 2016: a. Executive Director Office - a prohibited portable space electric heater was found in this	C 191		

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C 191	Continued From page 9 room, unplugged.	C 191		
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:</p> <p>(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:</p> <p>1. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors.</p> <p>Findings on June 2, 2016:</p> <p>a. Cottage New Housekeeping - there was no exhaust ventilation system and odors are present.</p> <p>2. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors.</p> <p>Findings on June 2, 2016:</p> <p>a. Cottage Men Resident Toilet Room - the local</p>	C 199		

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C 199	Continued From page 10  exhaust ventilation system did not work, allowing a build-up of odors. b. Cottage Soiled Utility/Laundry - the local exhaust ventilation system did not work.	C 199		