

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WESTCHESTER HARBOUR	STREET ADDRESS, CITY, STATE, ZIP CODE 630 WHITTIER AVENUE HIGH POINT, NC 27662
--	--

(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 on May 10, 2016.</p> <p>Records indicate this facility was first licensed on April 21, 2011 as a Home for the Aged serving 90 ambulatory residents, 32 of which reside in the Special Care Unit. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and, the 2009 North Carolina State Building Code for Group I-2-Institutional Occupancy.</p> <p>Deficiencies were noted which require a Plan of Correction.</p>	C 000	<p>CONSTRUCTION SECTION JUN 07 2016 RECEIVED</p>	
C 133	<p>Bathrooms-Hand Grips</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures.</p> <p>Findings on May 10, 2016:</p> <p>a. Bedroom 403 - the shower had a loose hand grips (grab bar),</p> <p>b. Bedroom 345 - the shower had a loose hand grips (grab bar),</p>	C 133	<p>TIGHTENED BY JIM CHANCE 6-6-2016 COMPLETE</p> <p>ITEMS A-ROOM 403 AND B. ROOM 345</p> <p>→ WILL BE COMPLETED JUNE 6TH 2016, THEY WILL BE TIGHTENED BY MAINTENANCE TECH, JIM CHANCE</p>	<p>COMPLETE 6-6-2016</p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Kim Michel* Administrator *6-6-16*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/10/2016	
NAME OF PROVIDER OR SUPPLIER WESTCHESTER HARBOUR		STREET ADDRESS, CITY, STATE, ZIP CODE 630 WHITTIER AVENUE HIGH POINT, NC 27262		
(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 133	Continued From page 1 2. 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 these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on May 10, 2016: a. Bathroom 324 - there were no hand grips (grab bar) for the shower,	C 133	ITEM A HAND GRIPS WERE INSTALLED	6-2-2016 COMPLETE
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: 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. Findings on May 10, 2016: a. Bedroom 315 - four portable medical oxygen cylinders were stored standing up not secured to the structure, 2. Based on Observation, by not maintaining the mechanical systems, the facility failed to provide	C 166	ITEM A OXYGEN CYLINDERS HAVE BEEN PLACED INSIDE A CONTAINER FURNISHED BY MEDICAL SUPPLIER, ALL STAFF HAVE BEEN MADE AWARE THAT BOTTLES MUST BE KEPT INSIDE CONTAINERS	COMPLETE 6-2-2016

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/10/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WESTCHESTER HARBOUR	STREET ADDRESS, CITY, STATE, ZIP CODE 630 WHITTIER AVENUE HIGH POINT, NC 27262
--	--

(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 166	<p>Continued From page 2</p> <p>an environment free of hazards. This could affect all residents, staff and visitors, if equipment in disrepair injured someone.</p> <p>Findings on May 10, 2016:</p> <p>a. Attic Smoke Barrier Wall near Telephone Room - the smoke damper's motor was not holding the dampers open so air can be exhausted,</p> <p>3. Based on Observation, the facility failed to prevent the possibility of contaminated water from backflowing into the domestic water supply.</p> <p>Findings on May 10, 2016:</p> <p>a. Group Bathroom throughout facility - the tubs have hoses long enough to reach into the gray water, but appear not to have vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines,</p>	C 166	<p><i>ITEM D DAMPER MOTOR WAS PLACED ON ORDER 5-11-2016 AND IS EXPECTED TO ARRIVE AND BE INSTALLED BY JUNE 17TH 2016 THIS WORK IS CONTRACTED TO CAROLINA LIFE SAFETY INC.</i></p> <p><i>ITEM A BACK FLOW VACUUM BREAKERS WILL BE INSTALLED BY MAINTENANCE TECH JIM CHANCE ON JUNE 8TH 2016 PARTS ON ORDER NOW</i></p>	
C 175	<p>Bedroom Furnishings-Clean Towel, Towel Bar</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:</p> <p>(7) Individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and</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 residents areas, with the required individual towels bars for each resident.</p> <p>Findings on May 10, 2016:</p> <p>a. Double Occupancy Bedrooms - there was no individual devices to hang the second occupant's</p>	C 175	<p><i>ONLY ONE TOWEL ROD WAS INSTALLED DURING CONSTRUCTION, CONTRACTOR THOUGHT STABILIZER BARS COULD BE USED FOR TOWELS FOR THE RESIDENTS TOWEL BAR'S ARE ON ORDER AND ARRIVAL DATE IS JUNE 8TH AND WILL BE INSTALLED BY JUNE 17TH</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2016	
NAME OF PROVIDER OR SUPPLIER WESTCHESTER HARBOUR		STREET ADDRESS, CITY, STATE, ZIP CODE 630 WHITTIER AVENUE HIGH POINT, NC 27282		
(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 175	Continued From page 3 towel in either the Bedroom or adjoining bathroom,	C 175		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</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> <p>1. 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.</p> <p>Findings on May 10, 2016:</p> <p>a. Firewall near Maintenance Office - there was a cable penetration above a sprinkler pipe sealed with orange foam. This orange foam may not be approved for penetrations through fire-resistance-rated construction,</p> <p>b. Smoke Barrier Wall near Kitchen - above the cross-corridor wall, there were gaps around two cable penetration through the fire-resistance-rated ceiling assembly,</p> <p>c. Storage 507 - there were gaps around two sprinkler pipes penetrations through the</p>	C 189	<p>ORANGE FOAM WILL BE REMOVED AND FIRE CAULK WILL BE ADDED THIS</p> <p>ITEM A → WILL BE CORRECTED BY JUNE 9TH 2016 BY MAINTENANCE STAFF</p> <p>ITEM B → HAS BEEN SEALED WITH FIRE CAULK</p> <p>ITEM C → WILL BE PROPERLY SEALED BY JUNE 9TH 2016</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2016
NAME OF PROVIDER OR SUPPLIER WESTCHESTER HARBOUR		STREET ADDRESS, CITY, STATE, ZIP CODE 630 WHITTIER AVENUE HIGH POINT, NC 27282	
(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)
C 189	Continued From page 4 fire-resistance-rated ceiling assembly, d. Room 510 - there were gaps around three metal conduit penetrations through the fire-resistance-rated ceiling assembly, e. Room 510 - there were gaps around a metal busway penetration through the fire-resistance-rated ceiling assembly, f. Medical Records 332 - there were gaps around a metal conduit penetration through the fire-resistance-rated ceiling assembly, g. Telephone Room -there was one layer of 5/8 inch thick gypsum wallboard patch (surface mounted) attached to the one-hour fire-resistance-rated ceiling assembly with fasteners. If the patch is to remain, assure that the patching materials are consistent with the originally constructed one-hour fire-resistance-rated ceiling assembly. Mechanically fasten patches on all sides, adding framing as needed. If the original ceiling was a multiple layer system, then joints must be staggered between patching layers. In addition, seal the edges with joint compound, 2. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors keeping rooms the NC State Building Code defines as "Hazardous Area" separated from the rest of the Building. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on May 10, 2016: a. Telephone /room (storage 100 + Sq Ft) - the door closure arm to the corridor door had been removed, . 3. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not	C 189	<i>D → WILL BE SEALED BY June 9th 2016</i> <i>E → WILL BE SEALED BY JUNE 9th 2016</i> <i>F → WILL BE SEALED BY JUNE 9th</i> <i>G → WILL BE COMPLETED BY MAINTENANCE DEPT ON OR BEFORE JUNE 10th 2016</i> <i>WE WILL WORK WITH CONTRACTORS TO MAKE SURE ANY HOLES ADDED FOR WIRING WILL BE FIRE CALLED IMMEDIATELY UPON COMPLETION OF WORK</i> <i>ITEM A DOOR CLOSER WILL BE REINSTALLED ON JUNE 6th 2016 BY MAINTENANCE STAFF</i>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/10/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: WESTCHESTER HARBOUR
STREET ADDRESS, CITY, STATE, ZIP CODE: 630 WHITTIER AVENUE HIGH POINT, NC 27262

(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 189	<p>Continued From page 5</p> <p>being operated or maintained safely. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on May 10, 2016: a. Telephone Room - electrical panel AA circuits were not labeled</p> <p>4. 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 May 10, 2016: a. Bedroom 528 - the corridor door did not latch into its frame when closed,</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, 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. Findings on May 10, 2016: a. Bedroom 526 - the fire sprinkler escutcheon plate had dropped down from the ceiling, b. Service Corridor 514 Clean Linen - the fire sprinkler escutcheon plate had dropped down from the ceiling, c. Room 510 - the fire sprinkler escutcheon plate had dropped down from the ceiling, d. Kitchen Cooler - the fire sprinkler escutcheon plate did not cover the complete hole through the cooler ceiling, e. Clean Linen 330 - the fire sprinkler escutcheon plates had dropped down from the ceiling an both sprinkler drops,</p>	<p>C 189</p> <p>ITEM A.</p> <p>ITEM A</p> <p>A B C D E</p>	<p>WILL BE COMPLETED BY 6-16-2016</p> <p>STRIKER PLATE WILL BE LOWERED TO LATCH PROPERLY WILL BE COMPLETED 6-10-2016</p> <p>MAINTENANCE WILL PUSH ALL ESCUTCHEON PLATES FLUSH WITH CEILING AND CAULK TO KEEP THEM ATTACHED</p> <p>WILL BE COMPLETED 6-10-2016</p> <p>WILL BE COMPLETED 6-10-2016</p> <p>" " " " " "</p> <p>" " " " " "</p> <p>" " " " " "</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/10/2016
NAME OF PROVIDER OR SUPPLIER WESTCHESTER HARBOUR		STREET ADDRESS, CITY, STATE, ZIP CODE 630 WHITTIER AVENUE HIGH POINT, NC 27262		
(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 189	Continued From page 6 f. Bedroom 336 - the fire sprinkler escutcheon plate had dropped down from the ceiling, g. Library's Laundry Room - the fire sprinkler escutcheon plate had dropped down from the ceiling,	C 189	F WILL BE COMPLETED BY F → 6-10-2016 G. WILL BE COMPLETED ON 6-10-2016	
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 electrical space heaters in the Institutional, Group I-2, facility. 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 May 10, 2016: a. Office 105- a prohibited portable space electric heater was found in this room	C 191	ITEM F + G WILL BE CALLED AND PUSHED AGAINST CEILING TIGHTLY SO THAT NO FIRE CANT ESCAPE THRU CUTOUT. ITEM A- THIS HEATOR HAS BEEN REMOVED FROM FACILITY	COMPLETE 6-1-2016
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2016	
NAME OF PROVIDER OR SUPPLIER WESTCHESTER HARBOUR		STREET ADDRESS, CITY, STATE, ZIP CODE 630 WHITTIER AVENUE HIGH POINT, NC 27262		
(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 199	<p>Continued From page 7</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> <ol style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <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"> 1. 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>Findings on May 10, 2016:</p> <ol style="list-style-type: none"> a. Employee Locker - the exhaust ventilation system did not work, allowing a build-up of odors, b. Kitchen Housekeeping Closet - the exhaust ventilation system did not work, allowing a build-up of odors, 	C 199	<p>EXHAUST VENTILIZATION FAN MOTOR THAT SERVICED EMPLOYEE LOCKER AREA AND KITCHEN HOUSEKEEPING CLOSET WILL BE REPAIRED AND REPLACED, WITH WORK BEING COMPLETED PRIOR TO 6-15-2016</p>	<p>COMPLETE 6-6-20</p>