

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2016
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NAME OF PROVIDER OR SUPPLIER
WALTONWOOD CARY PARKWAY

STREET ADDRESS, CITY, STATE, ZIP CODE
**750 SE CARY PARKWAY
CARY, NC 27511**

(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 Survey by Billy S. Bryant conducted on 06/22/2016.</p> <p>Records indicate this facility was first licensed on 07/13/2010. The facility is currently licensed for 85 Beds with a 33 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2009 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</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:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</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 of the laundry equipment the facility was not maintained free from hazards.</p> <p>Finding on 06/23/2016:</p> <p>a. Resident Laundry - The dryer exhaust duct is constructed of flexible foil type material not listed for use as clothes dryer exhaust.</p> <p>b. S.C.U Laundry - Verify the product being used for the dryer exhaust transition duct is in accordance with its UL listing.</p>	C 166	<p>a. The dryer duct was replaced with a metal duct that is code compliant.</p> <p>b. See A.</p>	<p>7/20/16</p> <p>7/20/16</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Environmental Service Director 8-4-16

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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 observation and operation of the special locking system the facility is not maintaining fire safety equipment in safe operating condition by not being in compliance with building code requirements for special locking systems.</p> <p>Finding on 06/22/2016:</p> <p>a. Four of the manual override switches for the magnetically locked exit doors are not an "on/off" type. The doors release and will then relock automatically after a time delay.</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the facility could be effected if doors do not latch and remain closed as required so as to limit the spread of smoke or fire to the area of origin.</p> <p>Findings on 06/22/2016:</p> <p>a. Cross Corridor Doors Adjacent to Rooms 1026 and room 1038 - One leaf of the cross corridor doors did not completely close and latch.</p>	C 189	<p>2. There is an on/off override that controls the time delay switches at the Receptionist desk and nurses station that cover the 4 doors.</p> <p>a. Fire door has been adjusted to latch</p>	<p>6/23/16</p> <p>6/23/16</p>
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C 189	<p>Continued From page 2</p> <p>3. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Finding on 06/2/2016: a. S.C.U. Room C171, Furnace Room - There is an open ended pipe sleeve for data cabling penetrating the ceiling.</p> <p>4. Based on observation there is a failure to maintain the facility's fire safety equipment. The occupants in the facility could be effected if fire safety equipment did not function.</p> <p>Finding on 06/22/2016: a. Checks and inspections of the portable fire extinguishers is not being conducted monthly.</p>	C 189	<p>a. Used code approved fire block sealant to close gap around wires.</p>	6/28/16
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)</p>	C 199	<p>a. Monthly inspections are being recorded and annual inspection has been completed.</p>	7/18/16

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C 199	Continued From page 3 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation in the areas requiring an exhaust system that facility does not have exhaust ventilation as required. Finding on 06/23/2016: North Hall Assisted Living - The central exhaust system is not working.	C 199	Found a switch turned off in the attic, restore power to exhaust fans.	6/24/16