

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL051037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2016
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NAME OF PROVIDER OR SUPPLIER AUTUMN WIND ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4302 NC 210 SMITHFIELD, NC 27577
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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>This report is of a Biennial Construction Survey done by Bob Getchell on August 3, 2016.</p> <p>This facility originally operated as a County Home and was built prior to the 1967 Building Code. DHSR records indicate that this facility was first licensed as a Home for the Aged on September 1, 1986. The facility is currently licesned for 20 residents. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.</p> <p>Deficiencies were noted which will 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</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:</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>1. Based on observation the facility failed to meet the provisions of the 1971 Minimum Standards which required sprinkler systems OR fire detecting devices be installed in all spaces in accordance with Pamphlets 71, 72, and 74 of the National Fire Protection Association. Findings include: There was no fire detecting device (a heat or smoke detector connected to the existing fire alarm system) provided in the following locations: a) The bedrooms on the left and right corridor b) The Linen Closet on the left and right corridor c) The Janitors Closet on the left and right corridor d) Closet off center living room under stairs.</p> <p>2. Based on observation, there is an occupant on the second floor and the facility's second floor apartment does not meet Building Code when constructed or last renovated. Findings: a) There is only one means of Exit from the second floor apartment. The Building Code requires a second floor apartment with a single exit to have a 1 hour fire resistant passageway complete to the outside. The exit stair has a non-fire rated window opening onto the enclosed porch. b) The Building Code requires exit stairs to not be used for storage of combustibles and to be used for no other purpose than exiting. There is storage on the 2nd floor landing and an 'office' consisting of desk and limited files is on the first floor landing.</p>	C 101		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(</p>	C 111		

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C 111	<p>Continued From page 2</p> <p>f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey.</p> <p>Findings include:</p> <p>The following reports were not available at the time of the survey: a) Fire Marshalls Report, b) Fire Alarm Panel Annual Test Report.</p>	C 111		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition.</p> <p>Findings include: a) On the left corridor the left bedroom has furniture with handles loose/missing on the drawers. b) On the left corridor the left middle left</p>	C 164		

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C 164	Continued From page 3 bedroom has furniture with handles loose/missing on the drawers. c) On the right corridor the front left bedroom has furniture with handles loose/missing on the drawers. d) On the right corridor the front right bedroom has furniture with handles loose/missing on the drawers	C 164		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents by not having fire protection equipment operable for use in an emergency. Findings include: The inspection tags on the fire extinguishers indicate that routine monthly inspections are not being performed per NFPA 10	C 183		
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	C 189		

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C 189	<p>Continued From page 4</p> <p>care home shall be maintained in a safe and operating condition. (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, windows were not maintained operable by having bedroom windows that are stuck or difficult to open. This would affect the residents by not allowing fresh air in the room.</p> <p>Findings include: All the bedroom windows are sticking and extremely difficult to open.</p> <p>2. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include:</p> <p>The following doors have issues: a) The door to the basement is delaminating and won't close and latch, b) On the right corridor, the back left bedroom door will not close and latch,</p> <p>3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include: a. The center Living Room Closet has an unprotected penetration by conduit in the back</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>wall to the stairwell</p> <p>b. The stairwell has an unprotected wall penetration by wire to the center Living Room</p> <p>c. In the back right corridor storage room the ceiling on the left side is falling down</p> <p>d. On the back right hall the back right bedroom ceiling has a hole in it</p> <p>These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>4. Based on observation, the wired safety glass at Exits was not maintained in a safe manner. This could injure residents exposed to a sharp edge on broken glass.</p> <p>Findings include:</p> <p>Wired safety glass is broken in the following areas:</p> <p>a) At the left living room exit door the top glass panel and right side glass panel are broken.</p> <p>5. Based on observation, the building exit signage was not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency.</p> <p>Findings include:</p> <p>Exit signs are not working properly in the following locations:</p> <p>a) Exit sign at right living room Exit door not working on battery backup,</p> <p>b) Exit sign at left living room Exit door not</p>	C 189		

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C 189	Continued From page 6 working on battery backup, 6. Based on observation, the building plumbing equipment was not maintained operable. This could expose residents to a slip and fall hazard. Findings include: On the left corridor the back hall bathroom has two toilets coming loose from the floor.	C 189		