

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL014004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2016
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NAME OF PROVIDER OR SUPPLIER THE SHAIRE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 SHAIRE CENTER DRIVE LENOIR, NC 28645
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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 8-9-2016.</p> <p>Records indicate this facility was first licensed on 7-1-1985, for 70 beds. There was a 12 bed addition in 1991, that brought the total number of beds to 82. Based on this information, we are requiring the facility to meet the 1984 rules for Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1978 Edition of the North Carolina State Building Code; Volume I - General Construction.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(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: Based on a review of documents, the most recent Sanitation inspection for the building was dated 4-15-2015. Buildings must be inspected and approved annually as required.</p>	C 111		
C 156	<p>Soil Utility Room</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and</p>	C 156		

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

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C 156	Continued From page 1 sanitizing of bed pans and shall have handwashing facilities. This Rule is not met as evidenced by: Based on observation, the one hopper in the facility had been disabled with a shelf built on top of it.	C 156		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (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. This Rule is not met as evidenced by: Based on observation, the wall finish was damaged in the shower room on A Hall.	C 164		
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	C 166		

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C 166	Continued From page 2 maintained in a safe manner by not properly handling portable medical oxygen cylinders. 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 include: Several portable medical oxygen cylinders were stored in no container in the supply room. 2. Based on observation, there was a growth of algae from ice machine drain line almost to contact with the floor drain. Ice machine drain lines that are not maintained clean at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan for the second quarter of 2016. Records	C 185		

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C 185	Continued From page 3 must be maintained and available for review.	C 185		
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, the Special Locking (magnetically locked) exit doors at the ends of A Hall and D Hall did not unlock on activation of the fire alarm system as required by Code. The doors did unlock when the emergency release switch near the door and the central emergency release switch at the nurse station were activated. Special Locking that does not operate exactly as required by Code could delay or prevent an evacuation in an emergency. Note: A Plan of Protection was accepted that provided equivalent safety for the residents and staff by assigning 2 staff members, on each shift, the task of activating the central emergency release switch in the event of a fire alarm system activation. The Plan of Protection is to continue until the system has been certified as working correctly by qualified repair personnel.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>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:</p> <ul style="list-style-type: none"> a. Hole in the wall in the shower room on A Hall, b. Plate missing on a wall outlet in the shower room on A Hall, c. Hole beside heat detector in the ceiling of the utility room on A Hall, d. Plastic plumbing access door, 12 inches by 24 inches, in the wall of the men's bath on C Hall, e. Hole in the ceiling of the utility room on C Hall, f. Hole in the ceiling of the water heater room off the laundry, g. Hole in the ceiling of the kitchen. <p>3. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <ul style="list-style-type: none"> a. The doors to bedrooms 6, 8, 15 and 17 were hard to close and latch. b. The door to bedroom 14 will not latch when closed. c. The door to the beauty salon will not latch when closed. d. The door to the living room on D Hall does not fit the opening properly to be resistant to the passage of smoke. 	C 189		