

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL077011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/16/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERMITAGE RET CNT OF ROCKINGHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>139 MALLARD LANE ROCKINGHAM, NC 28379</b>
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{C 000}	Initial Comments  Report of a Follow-Up Construction Survey by Ed Miller on August 16, 2016.  The following deficiencies cited during the Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. New citations were added.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules  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 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;  This Rule is not met as evidenced by: 1. Based on observation the facility does not meet building code requirements in effect at the time for a special care unit with a special locking system.  Findings on 08/16/2016: a. Moore & Richmond Community (S.C.U.) - There is not a manual override for the special	{C 101}		

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

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{C 101}	Continued From page 1  locking system at the interior entrance to the special care unit.  c. There is not a schematic wiring diagram of the special locking system posted at the fire alarm panel.	{C 101}		
C 154	Entrances/Exits-Wanderer Alarms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.  This Rule is not met as evidenced by: New Finding on 8/16/2016, 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on August 16, 2016: a. Gate - this "Special Locking" exit had an unalarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154		

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{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:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</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 there is a pattern of walls, ceilings, floors and floor coverings not maintained clean and in good repair.</p> <p>Findings on 08/16/2016:</p> <p>a. Anson, Richmond, Scotland and Moore Communities - The corridor walls, resident room doors and door frames, public area doors and door frames need touch up repair and painting, some specific examples are:</p> <p>Scotland Community, Room #19 - There is a hole in the wall behind the room ' s door to the corridor.</p> <p>Scotland Community, Women's Visitor Restroom - The wall is damaged around the sink.</p> <p>b. Some of the the carpets have been cleaned, removing some of the stains, but the facility's carpet is still worn beyond repair and badly stained in many locations.</p>	{C 164}		
{C 175}	<p>Bedroom Furnishings-Clean Towel, Towel Bar</p> <p>SECTION .0300 - PHYSICAL PLANT</p>	{C 175}		

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{C 175}	<p>Continued From page 3</p> <p>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 did not provide an individual towel bar in each bedroom or adjoining bathroom.</p> <p>Finding on 08/16/2016:</p> <p>a. The towel racks in resident rooms have been removed removed to allow installation of paper towel dispensers so there is only one towel rack in double occupancy rooms.</p>	{C 175}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>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 there is a failure to maintain the facility's fire safety systems in a safe manner. Penetrations or holes in fire resistant</p>	{C 189}		

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{C 189}	<p>Continued From page 4</p> <p>rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Findings on 08/16/2016:</p> <p>a. Exterior Water Heater Room - Gaps around duct and piping penetrating the ceiling are sealed with an expandable foam type sealant that is not fire resistant rated. Expandable foam was remove and 3M's Fire Block Sealant FB-136 was used to seal Gaps. This sealant is not approved for rated construction.</p> <p>b. Exterior Electrical Room -Gaps around conduits penetrating the ceiling are sealed with an expandable foam type sealant that is not fire resistant rated. Expandable foam was remove and 3M's Fire Block Sealant FB-136 was used to seal Gaps. This sealant is not approved for rated construction.</p> <p>c. Exterior HVAC Room - Gaps around duct and piping penetrating the ceiling are sealed with an expandable foam type sealant that is not fire resistant rated. Expandable foam was remove and 3M's Fire Block Sealant FB-136 was used to seal Gaps. This sealant is not approved for rated construction.</p> <p>d. Scotland Community, Nurses' Station - There is a gap in the ceiling where the emergency light is mounted. Expandable foam was remove and 3M's Fire Block Sealant FB-136 was used to seal Gaps. This sealant is not approved for rated construction.</p> <p>2. Based on observation there is a failure to</p>	{C 189}		

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{C 189}	<p>Continued From page 5</p> <p>maintain the facility's fire safety equipment in a safe operating condition. The occupants in the facility could be effected if doors are not smoke resistant or do not latch and close as required so as to limit the spread of smoke or fire to the area of origin.</p> <p>Findings 08/16/2016:</p> <p>a. The facility's cross corridor doors are not smoke resistant due to the large gap between the doors where the meet when closed. Smoke seals were add but donot cover the gap as door(s) are warp and traffic has damaged in seals.</p> <p>b. Basement Laundry - The laundry chute room hits the frame and will not close.</p> <p>New Findings on 8/16/2016</p> <p>c. The Laundry Chute Room's door (3/4 hour rated door) was missing it closure.</p> <p>d. Dumbwaiter door was tied open and door does not close and latch on it own force.</p> <p>3. Based on observation the facility plumbing equipment is not maintained in a safe condition. Failure to maintain or install plumbing safety devices or equipment could effect all occupants of the facility if the absence of the plumbing or safety devices caused the domestic water supply to become contaminated.</p> <p>Finding on 08/16/2016:</p> <p>a. Scotland Community, Salon - The hand held rinse wand for the salon sink does not have a vacuum breaker/anti-siphon device installed.</p>	{C 189}		
{C 199}	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT</p>	{C 199}		

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{C 199}	<p>Continued From page 6</p> <p>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> <ol style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ol> <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: Based on observation the facility failed provide the required exhaust ventilation equipment in a space required to be mechanically exhausted.</p> <p>Finding on 8/16/2016: a. Basement Laundry - Thee exhaust fan is damaged.</p>	{C 199}		
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