

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL002007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/02/2016
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NAME OF PROVIDER OR SUPPLIER A NEW OUTLOOK OF TAYLORSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 360 WOOD ROAD TAYLORSVILLE, NC 28681
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C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 9-2-2016.</p> <p>Records indicate that this facility was first licensed on 6-1-1974, with a capacity of 34 Beds. Based on this information, the facility was surveyed using the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds.</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 Fire Marshal building safety inspection report was dated in July of 2014.</p>	C 111	<p>There is a file in place with all inspections for year. Also have attached a copy of the fire inspection report for this year. (exhibit A)</p>	9-22-16
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: Based on observation, the corridor was not</p>	C 150	<p>staff has been made aware that chairs and other items can not be placed close to exit doors. The</p>	9-22-16

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

Tom Glace
STATE FORM

TITLE

administrator

(X6) DATE

9-28-16

INSPECTION REPORT



Alexander County
Fire Marshal
 621 Liledoun Rd.
 Taylorsville, NC 28681
 (828) 632-9336 Fax: (828) 632-1707

Name New Outlook of Taylorsville
 Address 668 Wood Rd. - TAY
 Phone: Day 635-8350 Night _____
 Person In Charge PAM PRICE
 Title ADMIN Occupancy CARE Facility
 Building Owner _____

Date 2/29/16 Time _____ Section Taylorsville Address _____

Inspector MARK EARLE File No. 16022902M

Permit Fee Required	Inspection Fee	Amount
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	\$50.00

Page _____ Of _____

Your attention is called to the violations of the Fire Prevention Code that exist at the above address. You are hereby notified to remedy the conditions as stated immediately or show cause why you should not be required to do so.

Item #	Type of Violation or Hazard	Return Date
1	Repair Light Fixture in storage closet in Dining Room	60 Days
2	Replace Fire Extinguisher in Hall at Room # 6	60 Days
3	Fire Extinguisher obstructed and needs inspection tag in Laundry Room. Maintain 36" clearance around fire extinguisher	60 Days
4	Repair Exit Light at Nurse's station	60 Days
Item #	Type of Violation or Hazard	Return Date
Item #	Type of Violation or Hazard	Return Date

Signed Mark Earle Inspector

I certify that the above listed violations have been explained to me and that I understand that I am required to correct these violations in accordance of applicable Laws and Regulations, and comply with all permit requirements.

Signed [Signature] Title _____ Date _____

PLEASE NOTE: WHITE COPY RETAINED BY FIRE MARSHAL'S OFFICE AT TIME OF INSPECTION. YELLOW AND PINK COPY TO OCCUPANT. WHEN VIOLATIONS OR HAZARDS HAVE BEEN CORRECTED, SIGN YELLOW COPY. KEEP YELLOW COPY FOR YOUR RECORDS AND SEND THE PINK COPY TO THE FIRE MARSHAL'S OFFICE. (ADDRESS ABOVE)

I hereby certify that the above violations or hazards have been corrected.

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TAYLORSVILLE, NC 28681**

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C 150	Continued From page 1 maintained free of obstructions. Finding includes: There were 2 chairs and a large TV stored in the right corridor reducing the clear width to about 3.25 feet.	C 150	items have been removed, and all staff are responsible for keeping halls and corridors, free of clutter.	9-22-16
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 floor was badly stained around the toilet in the men's main bathroom.	C 164	The housekeeper is responsible for cleaning of the bathroom floors, we	10/17/16
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 in a safe manner by not properly handling portable medical oxygen cylinders. This	C 166	have a new house-keeper in place, who is working on removing	

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C 166	Continued From page 2 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 not stored in an approved container. 2. Based on observation there was a hasp and padlock on the outside of the door to the Activity office/closet. Latching hardware that can only be operated from one side of the door, such as hasps and padlocks, present the possibility that someone could be trapped in the room. Note: There was no key onsite for the padlock but staff broke the hasp during the survey to allow entry. 3. Based on observation, there was no key onsite to allow entry into the former furnace room to survey for hazards. 4. Based on observation, there was no documentation since March of the required monthly inspections for the fire extinguishers. Fire extinguishers must be inspected monthly and the inspections must be documented on the tag provided on the extinguisher.	C 166	Old oxygen tanks are removed, moving forward companies will have to supply a appropriate container for the tanks to be stored activity office has new lock on door, and there is a extra key posted in the med room The key for the furnace room has been placed on a key ring in the RCC/Administrators office Fire extinguishers are checked monthly and documented by the administrator	10/15/16 9/22/16 9/22/16 9/22/16
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	C 185		

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C 185	Continued From page 3 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, many of the records available onsite included no description of what the rehearsal involved.	C 185	Fire drills are done monthly and records are kept including date, time of rehearsal, shift, staff members present, and a short description of what the rehearsal involved.	9/22/16
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10ANCAC 13F .0311 OTHER REQUIREMENTS (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. (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, 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; a. The smoke barrier door in the corridor failed to close completely and latch when activated by the fire alarm system. b. The double doors to the dining room will not	C 189	The appropriate persons will repair the smoke barrier door in the corridor will repair double doors to dining room, so they will close completely will repair door to bedroom 8, so that the door fits the opening properly	10/17/16 10/17/16 10/17/16

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C 189	<p>Continued From page 4</p> <p>close completely and latch when activated by the fire alarm system.</p> <p>c. The door to bedroom 8 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>d. The door to the employee bathroom door does not fit the opening properly to be resistant to the passage of smoke.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that 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> <p>a. Hole through the corridor wall to the Administrator's office,</p> <p>b. HVAC register hanging down from the ceiling in the dining room exposing a hole,</p> <p>c. Holes at PVC conduits through the ceiling in the laundry.</p> <p>3. Based on observation, the battery powered emergency sign and light above the front door would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>4. Based on observation, the sink in the Staff bathroom was leaking on the floor causing a slip and fall hazard.</p> <p>5. Based on observation, the sink in the men's main bathroom was installed incorrectly and in violation of the Plumbing Code with the hot and cold water reversed.</p>	C 189	<p>will repair the employee bathroom door so that it fits opening properly</p> <p>all holes in the administrators office, dining room, and laundry room will be sealed with approved materials</p> <p>the battery powered emergency sign and light above front door will be replaced</p> <p>will repair leak in staff bathroom so there is not a slip and fall hazard</p> <p>will have the sink in the mens bathroom installed correctly, so that the hot and cold water is not reversed</p>	<p>10/17/16</p> <p>10/17/16</p> <p>10/17/16</p> <p>10/17/16</p>

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C 189	Continued From page 5 6. Based on observation, there was a 3 way electrical outlet expander in use in the Activity office/closet. Outlet expanders present the possibility of overloading the electrical circuit.	C 189	the outlet expander has been removed from the activity room	10/7/16