

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 04/14/2015
NAME OF PROVIDER OR SUPPLIER PACIFICA SENIOR LIVING WILMINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 2744 S 17TH STREET WILMINGTON, NC 28412		
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C 000	Initial Comments Report of a Biennial Survey by Billy S. Bryant and Greg Cates conducted on 04/14/2015. Records indicate this facility was first licensed or submitted for licensure on 06/25/1997 as a HA. The facility is currently licensed for 101 Beds with a 44 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1996 (1997 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;	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 This Rule is not met as evidenced by: A. Based on interviews and observation the facility was not meeting the requirements and the operation of special locking per the N.C. Building Code. This could endanger any occupants in the facility if exit doors with magnetic locks did not release to open due to failure of relays or electronic devices and staff were unable to locate, identify or did not possess keys to operate the manual emergency override switches to release the magnetic locks. Findings from 04/14/2015: 1. S.C.U. - The emergency release switch at each magnetic locked door was key operated. A key was not carried by each of the direct care staff and some staff members were not aware of who possessed the key. 2. The key for the emergency override switch was not identified on a key ring holding many other keys. 3. The central emergency release switch for the exit doors with magnetic locks is located at the nurses' station but is not clearly labeled and identified. 4. A lock box with a combination type lock contained the key to operate the manual emergency override switch to release the magnetic lock for the patio gate. It could not be determined if the staff responsible for evacuation knew the combination to open the box and obtain the key. B. Based on interviews and observation there was a hazard posed by operation of the special locking. The emergency override device for the magnetic door locks is required to operate as	C 101		

Division of Health Service Regulation

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C 101	Continued From page 2 on/off only. Re-energizing the magnetic door lock by any action that is not meant to relock the door until after an emergency situation has ended is not in compliance with special locking requirements. This could endanger occupants of the facility if a magnetic lock would re-energize, the door closed and locked during an emergency requiring the door to remain open. Findings on 04/14/2015 1. The emergency override device at each exit door was key operated. In order to release the lock, a key had to be inserted into the switch, turned and held in that position. The key could not be removed so that the door would remain unlocked. This is not in accordance with the building code requirement that the emergency switch at the door operate as on/off switch.	C 101		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: A. Based on observation the facility failed to meet the requirements for handrails in the corridor. Residents requiring the use of handrails for mobility support and assistance would be affected by not having handrails installed. Finding from 04/14/2015:	C 148		

Division of Health Service Regulation

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C 148	Continued From page 3 1. S.C.U. 2nd Floor - There is no handrail installed along an approximately 15'-0" section of the corridor wall that is window lined opposite the Community Room.	C 148		
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: A. Based on observation the facility has failed to keep walls in good repair; there is damage to walls present in several locations. Findings from 04/14/2015: 1. Kitchen - There is an approximately 2"x8" hole in the wall behind the entrance door to the kitchen. 2. The sprinkler riser room has two holes in the wall, an approximately 18"x18" hole and an approximately 6"x6" hole. B. Based on observation the facility failed to keep floor coverings clean and in good repair. Findings from 04/14/2015: 1. 1st Floor - Laundry - The flooring behind the washers and dryers has accumulated dirt, lint and detergent residue.	C 164		

Division of Health Service Regulation

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C 164	Continued From page 4 2. Loading Dock - The vinyl floor tiles at the exit the doors to the loading dock are cracked and uneven. 3. 2nd Floor Unisex Bathroom - There are rust stains from leaking piping on the floor underneath the sink. C. Based on observation the facility failed to keep plumbing fixtures in good repair. Findings from 04/14/2015: 1. 2nd Floor Unisex Bathroom - The lever handle is missing from the sink faucet. 2. Room #145 - The grab bar at the toilet is loose and detaching from the wall.	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: A. Based on observation a hazard was present as evidenced by the failure to maintain ready access to fire safety equipment. Finding from 04/14/2015: 1. The control that activates the stove/oven fire suppression system was obstructed by a cart that	C 166		

Division of Health Service Regulation

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C 166	Continued From page 5 blocked the sight lines and ready access to the control. Note: Corrected while the surveyor was on site. B. Based on observation there was a failure to maintain the facility free from a hazard. The hazard could effect staff in the kitchen. Finding from 04/14/2015: 1. Kitchen - The door from the dining room had hasp type hardware with a pad lock on the dining room side of the doors. Note: Hasp and pad lock removed while surveyor was on site. 2. Kitchen - The cooler door had hasp type hardware with a pad lock. Note: Hasp and pad lock removed while surveyor was on site. C. Based on observation there was a failure to maintain the facility free from a hazard, a path of egress was obstructed. Obstruction of the path of egress would pose a hazard to facility occupants using the stair to evacuate the building. Finding from 04/14/2015: 1. The 2nd floor stair landing was obstructed by two 30 gallon trash cans stored on the landing. Note: The trash cans were moved to a proper location while the surveyor was on site. D. There is a failure to keep the facility in a clean manner. There is a pattern of HVAC ceiling grilles being not kept clean as exhibited by the specific examples listed below: Findings from 04/14/2015: 1. 2nd Floor - Floor Cottage Hall - The return air grille and the radiation damper above the grill is	C 166		

Division of Health Service Regulation

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C 166	Continued From page 6 clogged with dust. 2. 2nd Floor Soiled Linen Room - The return air grille and the radiation damper above the grille are clogged with dust. 3. The grilles for ceiling exhaust fans in resident bathrooms are clogged with dust. 4. Kitchen - The ceiling grilles for the HVAC system are dusty and have a layer of grease residue. E. Based on observation proper operation of kitchen equipment was not maintained. Findings from 04/14/2015: 1. The ice machine condensate drain was not piped to the floor drain and was flowing water directly onto the kitchen floor. Fased on observation the facility was not maintained free of electrical hazards. Findings from 04/14/2015 1. 1st Floor Room #117 and Room #131 - Multi-plug adapters without overload protection were plugged into duplex wall electrical outlets.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and	C 175		

Division of Health Service Regulation

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C 175	Continued From page 7 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: A. Based on observation sufficient furnishings were not supplied for each resident. Finding from 04/14/2015: 1. There was a pattern of damaged or missing towel racks in resident rooms, as an example a specific location is listed below: a. Room #222 - There are two residents occupying the room but only one towel rack is installed. b. Several resident rooms were missing towel racks or had towel racks that were not useable due to missing or damaged components.	C 175		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: A. Based on observation the wet locations do not have the protection provided by ground fault interrupters. Findings from 04/14/2015: 1. Kitchen - The GFCI electrical outlets in the kitchen did not trip when tested. 2. Room # 145 - The GFCI electrical outlet in the	C 188		

Division of Health Service Regulation

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C 188	Continued From page 8 resident bathroom did not trip when tested.	C 188		
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 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: A. Based on observation, the fire safety equipment is not maintained in an operating condition. Doors that do not release from hold open devices when the fire alarm is activated or do completely close and latch to resist the passage of smoke could effect all facility occupants if smoke and fire were not contained in the room of origin. Findings from 04/14/2015: 1. 2nd Floor Cottage Hall - The panic bar type hardware is not functioning properly and the door could not latch when closed. 2. 2nd Floor Legacy Dining Room - The pair of doors to the corridor did not release from the magnetic hold open devices when the fire alarm was activated. When manually operated the doors did not completely close and latch. 3. 2nd Floor Large Dining Room - The pair of doors to the corridor did not release from the	C 189		

Division of Health Service Regulation

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C 189	Continued From page 9 magnetic hold open devices when the fire alarm was activated. 4. 2nd Floor Community Room - A wedge was jammed under the door and the door could not be closed. Note: Corrected while surveyor was on site. 5. Corridor - The fire resistant rated pair of corridor doors at exit lights #34 and #35 do not completely close and latch when released upon activation of the fire alarm system. 6. Room #240 - The latching operation of the door hardware was disabled with tape holding the latch bolt in and the strike was filled with paper. 7. Loading Dock - The exit doors to the service corridor do not completely close and latch B. Based on observation, the fire safety equipment is not maintained in an operating manner. The fire resistance of fire resistant rated doors is compromised when they are damaged or are missing required hardware or components. All facility occupants could be affected if fire resistant rated doors do not function as required to resist the spread of fire and smoke. Findings from 04/14/2015: 1. Boiler Room - The scissor arm of the automatic closer has been removed so the automatic closer on the fire resistant rated door does not function. C. Based on observation, the fire safety components of the facility are not maintained in a safe manner. The integrity of construction required to be fire resistant rated is compromised by the presence of holes and gaps	C 189		

Division of Health Service Regulation

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C 189	Continued From page 10 in the construction. All occupants of the facility could be affected if the fire resistant rated construction did not limit the spread of fire due to being compromised . Findings from 04/15/2015 1. There is a pattern of holes in the fire resistant rated ceiling assembly where the fire sprinkler escutcheons are not installed for the sprinkler heads as exhibited by the specific examples listed below: a. 2nd Floor -Room #222 b. Community Room c. 2nd Floor Room #203 d. 2nd Activity Director's office. e. The kitchen storage room f. The kitchen Janitorial closet g. The kitchen freezer 2. The door facing panel is delaminating from one leaf of the fire resistant rated pair of corridor doors at exit lights #34 and #35. 3. Small Memory Care Storage Room - There is a gap in the fire resistant rated wall where it is penetrated by a clothes dryer exhaust duct. 4. There is no fire damper where for the duct penetrates the wall separating the electrical room from the elevator equipment room. D. Based on observation, the fire safety equipment is not maintained in an operating condition. Illuminated directional exit signs that do not function properly could effect facility occupants in the event of an emergency requiring evacuation of the facility. Findings from 04/15/2015	C 189		

Division of Health Service Regulation

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C 189	Continued From page 11 1. There is a pattern of illuminated directional exit signs that do not function when tested on battery power as exhibited by some specific examples listed below: a. 2nd Floor - Small Memory Care Unit - At the nurses' station b. 2nd Floor - At the entrance to the Large Memory Care unit. c. 2nd Floor - Community Room above both doors to corridor. E. Based on observation, the emergency lighting equipment is not maintained in a safe condition. Emergency lighting equipment that does not function properly could effect all facility occupants by failing to provide illumination in the event of an emergency. Findings from 04/15/2015 1. There is a pattern of wall mounted emergency lights that do not function when tested on battery power as exhibited by some specific examples listed below: a. 1st Floor - The following wall mounted emergency corridor lights did not work when tested on battery power, #27, #28, #29, and #60 b. 2nd Floor - The following wall mounted emergency corridor lights did not work when tested on battery power, #46, #56 and the storage room off of the kitchenette. F. Based on observation, fire control equipment is not maintained in a safe manner by being inspected as required. Fire control equipment that is not inspected on a regular basis could be a	C 189		

Division of Health Service Regulation

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C 189	Continued From page 12 danger to occupants of the facility if in the event of a fire the equipment could not help control or limit the fire due to malfunction. Finding from 04/15/2015 1. There was no documentation that the portable fire extinguishers had been inspected on a monthly basis prior to 04/2015. G. Based on observation, a fire alarm device was not in operating condition. Fire alarm devices that do not operate could pose a danger to all occupants of the facility if in the event of a fire the equipment could activate the alarm system due to malfunction. 1. When it was activated the fire alarm pull station at the double doors to the Small Memory Care unit did not activate the fire alarm system.	C 189		