Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL041039 | A. BUILDING: 01<br>B. WING | 03/25/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HIGH POINT PLACE | 1568 SKEET CLUB ROAD<br>HIGH POINT, NC 27265 |

| (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 |
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| C 000 | Initial Comments<br><br>Report of a Biennial Construction Survey by Ed Miller and Billy S Bryant on March 25, 2015.<br><br>Records indicate that this facility was first licensed or submitted for licensure as a Home for the Aged serving one hundred and two residents on August 28, 1998. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code; Section 409 Institutional Occupancy - Group I.<br><br>Physical plant deficiencies were noted which require a plan of correction. | C 000 | CONSTRUCTION SECTION<br>MAY 04 2015<br>RECEIVED | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions.<br>Findings on March 25, 2015:<br>a. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent | C 164 | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Catherine Armstrong — Admin Director — 4/30/15

STATE FORM 6899 S52721 If continuation sheet 1 of 3

See attached form

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| C 164 | Continued From page 1<br>backsiphonage of gray water back into the potable water plumbing lines. The hoses are at the following locations to include but not limited to:<br>i. The shower in Bedroom 15. | C 164 | | |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation grilles and their associated damper might not function properly. This could affect all residents, staff and visitors if in the event of a fire the dampers does not close completely to contain the fire within the room of origin.<br>Findings on March 25, 2015:<br>a. The return HVAC/ventilation grilles, and their radiation dampers have an excessive accumulation of dust/lint in the following locations to include but not limited to:<br>i. Dining Rooms. | C 166 | | |
| C 183 | Fire Extinguishers<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 FIRE EXTINGUISHERS<br>(a) At least one five pound or larger (net charge) | C 183 | | |

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| C 183 | Continued From page 2<br>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.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by not having emergency equipment in proper working order.<br>Findings on March 25, 2015:<br>a. There was no documentation of the portable fire extinguisher monthly inspections on the maintenance tag at the following locations to include but not limited to:<br>i. Corridor near Bedroom 12.<br>ii. Employee Only Mech Room. | C 183 | | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the Building was not maintained in a safe and operating condition, because by not having properly working delayed egress system. This could affect all residents, | C 189 | | |

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| C 189 | Continued From page 3<br>staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time.<br>Findings on March 25, 2015:<br>a. The delayed egress exit door from the Kitchen did not initiate an irreversible process to unlock the door. Deficiency corrected before Construction Surveyors departed the site<br>b. The delayed egress doors from the kitchen did not have the required signage saying "PUSH UNTIL ALARM SOUND, DOOR CAN BE OPENED IN 15 SECONDS."<br><br>2. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.<br>Findings on March 25, 2015:<br>a. The Mech Room wall near Maintenance Technician Office had a new open ended metal sleeve penetration with a cable bundle that had no firestopping sealant inside,<br>b. One ¾ inch EMT conduit had its firestop sealant pulled out of the fire-resistance-rated ceiling leaving an unprotected opening at the following location to include but not limited to:<br>i. Mech Room near Bedroom 19,<br><br>3. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile.<br>Findings on March 25, 2015:<br>a. Six portable medical oxygen cylinders were stored standing up in beverage crates and two | C 189 | | |

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| C 189 | Continued From page 4<br>portable medical oxygen cylinders were stored standing up not secured to the structure at the following locations to include but not limited to:<br>i. Bedroom 4<br>b. A portable medical oxygen cylinder was stored laying on the bed, not secured to the structure the following locations to include but not limited to:<br>i. Bedroom 19<br>c. A portable medical oxygen cylinder was stored standing up not secured to the structure and two portable medical oxygen cylinder was stored standing up on the dresser not secured to the structure at the following locations to include but not limited to:<br>i. Bedroom 6<br><br>4. Based on Observation, the Building was not maintained in a safe and operating condition, because, some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin.<br>Findings on March 25, 2015:<br>a. Corridor door to the Employee Only was blocked open with a trash can,<br>b. Corridor door to the Maintenance Tech was wedged open,<br>c. Corridor door to Therapy was blocked open with a hand held exercise weight,<br>d. Both Corridor doors to the Dining room nearest the Kitchen were open and chairs with dining tables were in the doors' swing path, blocking their ability to close rapidly.<br><br>5. Based on observation, the Building was not maintained in a safe and operating condition, by | C 189 | | |

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| C 189 | Continued From page 5<br>not maintaining the fire and smoke resistance of doors the 1996 NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin.<br>Findings on March 25, 2015:<br>a. The Kitchen Pantry Room ¾ hour fire rated door was wedged open.<br>b. Kitchen door was held open with mechanical "kick-down."<br><br>6. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.<br>Findings on March 25, 2015:<br>a. There were two 1/4 inch diameter holes through the door beside the door latching device in the following room:<br>i. Sun Room/Marketing Coordinator Office.<br><br>7. Based on observations and interview with Maintenance Technician, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.<br>Findings on March 25, 2015:<br>a. An unidentified sealant (gray in color) was used to seal penetrations of the fire-resistance-rated construction; provide documentation that this application is a listed through penetration system or replace defective installations in accordance with manufacturer's recommendations, listed systems details and | C 189 | | |

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| C 189 | Continued From page 6<br>applicable code requirements at the following locations to include but not limited to:<br>i. Mech Room near Bedroom 8<br><br>8. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination.<br>Findings on March 25, 2015:<br>a. The wall mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed at the following locations to include but not limited to:<br>i. Therapy.<br><br>9. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during and emergency.<br>Findings on March 25, 2015:<br>a. The exit sign did not work on backup power when the test button was pushed at the following locations to include but not limited to:<br>i. Exit near Bedroom 16<br>ii. Exit near Bedroom 12.<br><br>10. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have required properly working parts. This could affect all residents, staff and visitors by not protecting them from unexpected broken or missing parts. | C 189 | | |

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| C 189 | Continued From page 7<br>Findings on March 25, 2015:<br>a. The floor drain cover plate in the Spa near Bedroom 47 was at least 1 inch below the floor level, creating a tripping hazard.<br>b. The floor drain cover plate in the Spa near Bedroom 10 was at least ¾ inch below the floor level, creating a tripping hazard.<br><br>11. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist.<br>Findings on March 25, 2015:<br>a. There was an open junction box with exposed connections in the attic near Bedroom 42. | C 189 | | |

High Point Place HA Biennial Survey

The following is a summary of the Plan of Correction for Skeet Club Manor. This Plan of Correction is in regards to the Construction Section Biennial Survey conducted on March 25th, 2015 and received on April 20th, 2015. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

**1568 Skeet Club Rd., Highpoint NC, 27265**

FID #980795 **Hal041039**

C164 Housekeeping and furniture clean, repaired

1. A. Will repair or replace hoses as needed or equip with vacuum breakers ( This was corrected before the surveyors departed the community)
2. C166 Housekeeping Maintained Free of Hazards
1. Will clean HVAC and Exhaust Registers by June 14th, 2015

C183 Fire Extinguishers

1. Will provide documentation for fire extinguisher inspection by June 14th, 2015

C189 Building Maintained Safe Operating

1. A. Will repair or replace egress system by June 14th, 2015
   B. Will repair or replace egress system by June 14th, 2015
2. A. Will seal penetration by June 14th, 2015
   B. Will seal penetration by June 14th, 2015
3. A. Will properly secure oxygen cylinders by June 14th, 2015
   B. Will properly secure oxygen cylinders by June 14th, 2015
   C. Will properly secure oxygen cylinders by June 14th, 2015
4. A. Will remove obstructions by June 14th, 2015
   B. Will remove obstructions by June 14th, 2015
   C. Will remove obstructions by June 14th, 2015
   D. Will remove obstructions by June 14th, 2015

5. A. Will remove obstructions by June 14th, 2015

   B. Will remove obstructions by June 14th, 2015

6. A. Will seal penetration by June 14th, 2015

7. A. Will remove old and properly seal penetration by June 14th, 2015

8. A. Will repair or replace light by June 14th, 2015

9. A. Will repair or replace exit sign by June 14th, 2015

10. A. Will repair or replace drain cover by June 14th, 2015

    B. Will repair or replace drain cover by June 14th, 2015

11. A. Will properly seal junction box by June 14th, 2015

To assist with compliance, the Executive Director or designee will review monthly preventative maintenance reports completed by the Maintenance Technician and will do a monthly walk through of the building with the Maintenance Technician for two months.