

Division of Health Service Regulation

PRINTED: 10/10/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/08/2015
NAME OF PROVIDER OR SUPPLIER THE COUNTRY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2908 COUNTRY HOME ROAD CONCORD, NC 28025		
(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}	Initial Comments Report of a Follow Up Survey by Billy S. Bryant and Frank Strickland conducted on 09/08/2015. Deficiencies noted during the Biennial Survey on 06/2015 remain to be corrected.	{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 failed to meet NC State Building Code at the time of initial Licensing by not having corridor doors that are 1 3/4 inches and of solid core construction. This could affect all residents, staff and visitors if smoke/fire is not contained in room of origin. Findings on 09/08/2015: a. The following corridor doors where 1 3/8 inch thick and of hollow construction. Locations of	{C 101}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

OP9822

10/30/15

If continuation sheet 1 of 5

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{C 101}	Continued From page 1 specific examples include but are not limited to: i. Bathroom near Bedroom 18, ii. Bathroom near Bedroom 22, iii. Bathroom near R2,	{C 101}	All Doors were replaced 10/30/15 with 1 3/4" solid core doors
{C 155}	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations the facility has failed to maintain the floors clean and in good repaired. Findings on 09/08/2015: a. In the following rooms, the floor tiles were chipped, cracked, or broken in the Bath Room near Bedroom 18.	{C 155}	All Broken and Loose 9/22/15 Tiles were replaced
{C 160}	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: A. Based on observation the outside grounds	{C 160}	

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{C 160}	Continued From page 2 were not maintained in a clean condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions and tripping hazards. New Finding on 09/08/2015 1. There is a tripping hazard at the front side walk leading to the facility entrance. The edge of the concrete is approximately 1 1/2" higher than the adjacent pavement. 2. There is a pile of debris/trash on the right hand side of the facility. 3. The weeds and grass at the rear of the the facility are overgrown.	{C 160}	Facility Hired a concrete Contractor to repair walkway all Trash & debris removed Facility cut all grass & weeds removed	10/22/15 9/10/15 9/11/15	
{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: 1. Based on observation, the facility failed to provide an environment in accordance with this rule, by not maintaining the HVAC/ventilation. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin.	{C 164}			

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{C 164}	Continued From page 3 Findings on 09/08/2015: a. The return HVAC grille, had an excessive accumulation of dust/lint across from bedroom 8. 1. Based on observation, the facility failed to keep furnishings in good repair. Doors need to completely close and latch shut for security and to inhibit the intrusion of insects and pests. A. New finding on 09/08/2015: 1. The front door does not completely close and does not latch. 2. The dining room exit door does not completely close and latch.	{C 164}	HVAC return grille properly cleaned 9/10/15 Front door strike plate adjusted Door latching properly 9/18/15 Dining room Door Strike Plate adjusted 9/18/15	
{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: 1. 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.	{C 189}		

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{C 189}	Continued From page 4 Findings on 09/08/2015: c. In the Outside Mech Room, there were no flanges on the ducts penetrating the ceiling assembly. 12. Based on observation the facility failed to keep plumbing equipment in operating condition. Plumbing equipment not maintained in operating condition could effect occupants of the facility requiring use of the equipment. New Finding on 09/08/2015: 1. The knob for the bathroom tub cold water valve did not operate. 2. The water cooler in the corridor did not operate. 13. Based on observation the facility failed to keep HVAC equipment in operating condition. Plumbing equipment not maintained in operating condition could effect occupants of the facility requiring use of the equipment. New Finding on 09/08/2015: 1. The PTAC units in rooms #11 and #14 were not operational. 2. The condensate drain for the HVAC unit located in the exterior mechanical room is clogged and condensate is flooding the floor and running out from under the door.	{C 189}	Outside mechanical room Ducted Penetrations Sealed New Knob installed Water cooler removed from corridor Resident's room 11 & 14 New PTAC units installed - HVAC unit Drain properly cleaned	10/30/15 9/18/15 9/10/15 10/22/15 10/8/15