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
	HAL092124	A. BUILDING: 02 B. WING _____	R 07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF NORTH RIDGE	600 NEWTON ROAD RALEIGH, NC 27609

(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 This report is of a Followup Survey done by Bob Getchell on July 27, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{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: 3-Based on observation, the facility has failed to maintain all fire safety equipment in a safe and operating condition. Followup Findings on July 27, 2016 include: The left gate in the Special Care Unit Courtyard has a self-illuminating exit sign mounted on it which is difficult to see in the daylight because the EXIT templates were not in place to provide contrast for visibility. 4-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour rated corridor construction that has invalidated its integrity.	{C 189}	Exit sign removed 4F	8/15/16

Division of Health Service Regulation

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

Executive Director — 4/13/2017

Division of Health Service Regulation

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{C 189}	Continued From page 1 Followup Findings on July 27, 2016 include: The sheet-rock corridor ceiling is damaged due to repair work in the attic outside Room 17. 5-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour rated ceiling construction that has invalidated its integrity. Followup Findings on July 27, 2016 include: The sheet-rock ceiling is damaged in various locations due to a plumbing leak from the above Kitchen in Room 47. 7-Based on observation, the facility was not maintained in a safe manner due to breaches through the fire resistance rated construction that has invalidated its integrity. Followup Findings on July 27, 2016 include: a) Above the lay-in ceiling in the Resident Services Coordinator's office across from Room 116 there are 3/4 inch CPVC pipes that are penetrating the 1 hour fire resistance rated ceiling, and other large holes in the walls and ceilings that are not sealed.	{C 189} sf	Repairs completed Repairs completed Repairs completed sf- sealed verify fire rating	8/15/16 8/15/16 8/15/16
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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: (1) soiled linen storage;	{C 199}		

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{C 199}	Continued From page 2 (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. Followup Findings from July 27, 2016 include: The mechanical exhaust fans are not exhausting interior air in the following locations: (a) Assisted Living -100 HALL 5f (b) Assisted Living -200 HALL (5f (c) Assisted Living -Lower Level Housekeeping 5f Closet (d) Heartland Village Rooms (2,5,7,17,20,22,25,26 & 28) ✓	{C 199}	Repairs completed Monitoring of resident room exhaust fans via TELS system reminders for auditing 2 rooms per hall each month	8/15/16 3/31/17

Wendy Livengood, Acting Executive Director 3/15/17
Wendy Livengood