

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2017
NAME OF PROVIDER OR SUPPLIER JEFFERSON CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 111 STALEY BOSWELL ROAD YANCEYVILLE, NC 27379		
(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 Biennial Follow Up Construction Survey by Ed Miller, conducted on May 16, 2017. The following deficiencies cited during the previous Construction Section Biennial Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{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 observations, this facility has failed to maintain the interior wall construction in the bathing facilities. This condition is harmful to the occupants during the use of these facilities. Findings on 10/20/2016 and on 5/15/2017: The following locations have damaged ceramic tile walls and floors: (a) Rest Room #1 tub surrounding walls are ungROUTED at the bases. (b) Rest Room #2 has hole in the ceramic tile surrounding wall at the tub/shower. Findings on 3/2/2017 and on 5/16/2017: (aa) Rest Room #1 - there were towel bar mounting brackets left attached to the wall exposing sharp and rough edges, that could	{C 164}		

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

TITLE

(X6) DATE

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{C 164}	Continued From page 1 injure residents. (ab) Rest Room #2 - there were towel bar mounting brackets left attached to the wall exposing sharp and rough edges, that could injure residents. (ac) Rest Room #2 - the built-in shower bench was no longer level with the floor, it had tilted down 15 degrees from the wall. In addition, the water resistant cover over the foam-padded bench was 50 percent missing. Per interview with Nursing Staff, the Maintenance staff was reallocated to complete citations at another Facility that had a fire. 2-Based on observation, the facility has not maintained the wood finishes of the interior doors in good repair. Findings on 10/20/2016 and on 5/16/2017: Some of the resident entry room doors are scratched, marked and have damaged edges due wheel chair interaction at the following locations: (a) Bedroom #2 (b) Dining Room Per interview with Nursing Staff, the Maintenance staff was reallocated to complete citations at another Facility that had a fire.	{C 164}		
{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.	{C 189}		

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{C 189}	Continued From page 2 (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, this facility has failed to maintain the installation of the fire detection devices. This could present a hazard regarding the detection of smoke or fire to the residents, guests and staff. Findings on 10/20/2016 and on 5/16/2017: The heat detector has been removed from ceiling mount housing located in the Linen Closet. Per interview with Nursing Staff, the Maintenance staff was reallocated to complete citations at another Facility that had a fire. 2-Based on observations, this facility has failed to maintain and service all the lighting fixtures in occupied spaces. This is a hazard in the evening use of such spaces by the residents and staff. Findings on 10/20/2016 and on 5/16/2017: All of the light bulbs have been removed in the Day Room. Findings on 5/16/2017: (aa) there were no light bulbs for the six light sockets present. (ba) the ceiling fan light fixture had a broken globe. Per interview with Nursing Staff, the Maintenance staff was reallocated to complete citations at another Facility that had a fire.	{C 189}		

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{C 199}	Continued From page 3	{C 199}		
{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; (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, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 10/20/2016 and on 5/16/2017: The following rooms and spaces do not have mechanical ventilation to remove odors: (a) Laundry Room (b) Janitor's Room (c) Men's Bathroom accross the Hall from Staff Quarters (d) Bathroom #2 Per interview with Nursing Staff, the Maintenance staff was reallocated to complete citations at another Facility that had a fire.	{C 199}		