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
	HAL039015	A. BUILDING: **01** B. WING _____	**09/06/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MEADOWS LONG TERM CARE	**6659 PRIVATE SCHOOL ROAD OXFORD, NC 27565**

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C 000	Initial Comments Construction Section Biennial Survey report by Frank Strickland and Suzanna Fay on 09/06/2018: This building was originally constructed as a school and was licensed as a Home for the Aged on or about 07/01/1981 for Eighty (80) Beds. Based on the above information, this facility is required to meet the 1977 Homes for the Aged and the Minimum and Desired Standards, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code Section 409.1- Group I. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1-Based on observation, the bathrooms and toilet rooms are not provided for privacy. Findings on 09/06/2018: The spas in the East and West Wings do not have privacy curtains in place.	C 132	C132 Corrective Action Shower curtians will be installed all bathrooms to provide privact for those using the facilities East Wing West Wing Responsible Person: Owner, NCCH, LLC	Completed 10/5/2018 Will be completed by 12/31/2018 or sooner if

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
J. Michael Dyson	Owner	10/9/2018

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C 149	Corridors-Night Lights SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (3) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor; and This Rule is not met as evidenced by: 1-Based on observation, this facility does not provided corridor night lighting. Findings on 09/06/2018: No corridor light fixtures have been identified for night lighting.	C 149	C 149 Corrective Actions Corridor night lights with at least 1 foot-candle power will be added to each corridor Responsible Party: Owner, NCCH, LLC	Completed 10/5/2018
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, this facility has failed to be maintained in good repair. Findings on 09/06/2018: The exterior exit door store front has been severly damaged due to a break-in that is located adjacent to the rear Kitchen and the facility is not secure.	C 164	C 164 Corrective Action The exterior exit door store front will be repaired and replaced with a single door with a single action latch meeting all fire requirements as to the type of door and construction materials. Responsible person: Owner, NCCH, LLC	Completed by 10/20/2018

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C 164	Continued From page 2 2-Based on observation, this facility has failed to provide furnishings clean and in good repair for each resident bedroom. Findings on 09/06/2018: All of the resident room closets have floors that are stained, dirty and finishes that do not match adjacent room floor finishes. 3-Based on observation, this facility has failed to maintain the interior doors in good repair. Findings on 09/06/2018: The following locations have interior doors that do not latch, drag on the floor and have missing latch hardware: (a) Closet doors in Rooms 1 to 20. (b) Room 3/drags on floor.	C 164	C 164 Corrective Action All closet doors have all latch hardware and do not drag. East Wing Rooms 1-10 West Wing Rooms 11-20 Responsible Persom: Owner, NCCH, LLC	Completed 10/5/2018 Will be completed by 12/31/2018 or sooner if needed.
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: 1-Based on observation, this facility has failed to be maintained free of hazards. Findings on 09/06/2018: There is a plumbing floor clean out cap that is not	C 166		

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C 166	Continued From page 3 secured and creates a trip hazard that is located in Room 12. 2-Based on observation, this facility has failed to be maintained in a clean and orderly manner. Findings on 09/06/2018: Most of the rubber gasket material for the exterior resident room windows is either missing or partially installed that would allow water migration into the rooms from the exterior. 3-Based on observation, this facility has failed to be maintained free of hazards. Findings on 09/06/2018: Some resident room closet doors have padlocks and hasp hardware that is only operable from outside the closet presenting the possibility that someone could become trapped in a closet. 4-Based on observation, this facility has failed to be maintained free of hazards. Findings on 09/06/2018: The through-wall ac units for the Kitchen, have voids in the exterior wall construction due to installation and no measures were taken to prevent water from migrating into the exterior wall construction and eventually into the Kitchen interior walls.	C 166	C 166 Corrective Actions 1. The plumbing flooor lean out cap has been secured to the floor eliminating triping hazards 2. The rubber gakets surrounding the exterior windows has been reattched in all bed rooms East Wing West Wing 3. All padlocks have been removed from closet doors 4. The through-wall A/C unit in the kitchen will be framed in from the outside and sealed to stop any migration from the outside wall to the inside wall. Responsible Person: Owner, NCCH,LLC	Completed 10/5/2018 Completed by 10/20/2018 Will be completed by 12/31/2018 or sooner if needed. Completed 10/5/2018 Will be completed by 10/20/2018
C 170	Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (9) have curtains, draperies or blinds at windows	C 170		

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C 170	Continued From page 4 in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has not provided window treatments in the resident rooms for privacy. Findings on 09/06/2018: All of the resident bedrooms do not have window treatements for privacy.	C 170	C 170 Corrective Actions Window treatments are scheduled to be installed in each room starting in rooms 1 - 5 by October 20 2018 and all rooms completed by the end of the year. Responsible Pearson: Owner NCCH, LLC	Completion Date by 12/31/2018
C 174	Bedroom Furnishings-Table, Mirror, Chairs 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: (2) a bedside type table; (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to provide furnishings clean and in good repair for	C 174		

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C 174	Continued From page 5 each resident bedroom. Findings on 09/06/2018: The following resident bedrooms have chests of drawers furniture that are in disrepair, missing hardware and unsuitable finishes: (a) Rooms 1 to 10 (East Wing) (b) Rooms 11 to 20 (West Wing) 2-Based on observation, this facility has failed to provide furnishings clean and in good repair for each resident bedroom. Findings on 09/06/2018: Most of the resident bedrooms do not have a minimum of one comfortable chair.	C 174	C 174 Corrective Actions 1. and 2. All rooms will have the required furniture in good repair in all bed rooms. East Wing (rooms 1 - 10) West Wing (rooms 11-20) Responsabel Person: Owner, NCCH, LLC	Completed 10/5/2018 Will be completed by 12/31/2018 or sooner if needed
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 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to provide in good repair towel bars for each resident bedroom and bathrooms. Findings on 09/06/2018: The following resident bedrooms do not have the required towel bars in place and/or in good repair: (a) Rooms 1 to 10 (East Wing)	C 175	C 175 Corrective Actions All closets will have a towel bar East Wing Rooms 1-10 West Wing Rooms 11 - 20 Responsible Person: Owner, NCCH, LLC	Corrected 10/5/2018 Will be corrected by 12/31/2018 or sooner if needed.

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C 175	Continued From page 6 (b) Rooms 11 to 20 (West Wing)	C 175		
C 179	Fire Alarm System-Shall Transmit Automatic SECTION .0300 - PHYSICAL PLANT 10a NCAC 13F .0307 FIRE ALARM SYSTEM (a) The fire alarm system in adult care homes shall be able to transmit the fire alarm signal automatically to the local emergency fire department dispatch center, either directly or through a central station monitoring company connection. This Rule is not met as evidenced by: Based on observation and interview, the fire alarm system does not tranmit any signal. Findings on 09/06/2018 Observation of the fire alarm panel revealed there are no phone lines connected to the panel. Interview with facility staff revealed they would have to manually call 911 for fire trucks to respond.	C 179	C 179 Corrective Actions The fire alarm system will be connected to a phone line with direct access to the fire department Responsible Person: Owner, NCCH, LLC	Corrected by 10/20/2018
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: 1-Based on observation, this facility has not provided ground fault protection in wet areas.	C 188	C 188 Corrective Actions Ground fault outlets will be installed in all three of the heating table outlets on the kitchen floor. Responsible Person: Owner, NCCH, LLC	Corrected by 10/20/2018

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C 188	Continued From page 7 Findings on 09/06/2018: The floor mounted electrical receptacle that is adjacent to the warming table in the Kitchen, does not have ground fault circuit interruption.	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: 1-Based on observation, this facility has failed to maintain the fire resistance components in a safe condition. Findings on 09/06/2018: The following locations have failures/damage to the one-hour protected lay-in ceiling construction: (a) East Wing Exit door ceiling bulk-head (b) Upper layer of protected lay-in ceiling tiles are missing in the corridor outside Room 5 (c) East Wing corridor lay-in ceiling/light fixture connections (d) Most resident bedroom exterior window/lay-in ceiling bulk-heads (e) Most resident bedroom closets (f) Most resident room ceilings (g) Central Hall	C 189	C 189 Corrective Actions 1. All ceiling tiles will be replaced with appropriate fire rated tiles. East Wing, kitchen, dinning room, bedrooms (1-10), bathrooms, and closets West Wing, exam room, tv room, bedrooms (11-20), bathrooms, and closets	Completed by 10/20/2018 Completed by 12/31/2018

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C 189	Continued From page 8 2-Based on observation, this facility has failed to maintain the fire safety components in a safe condition. Findings on 09/06/2018: The cross-corridor fire doors failed to close when the fire alarm test was conducted.	C 189	2. Cross corridor fire doors close when alarm is activated	Completed 10/5/2018
	3-Based on observation, this facility has failed to maintain the fire safety components in a safe condition. Findings on 09/06/2018: There is a 2"" hole in the corridor wall construction above the emergency corridor light unit between Rooms 14 & 15.		3. The two-inch hole repaired with insertion of cement mixture.	Completed 10/5/2018
	4-Based on observation, this facility has failed to maintain the fire safety components in a safe condition. Findings on 09/06/2018: The panic door hardware is in disrepair at the West Wing exit adjacent to Room 20.		4. The West Wing panic hardware repaired	Completed 10/5/2018
	5-Based on observation, this facility has failed to maintain the fire resistance components in a safe condition. Findings on 09/06/2018: The one-hour fire rated lay-in ceiling construction is not designed/tested to used as a chase for an electrical panel that is located in the exit access corridor. As installed it could not be determined if the pipes were protected at the ceiling penetrations.		5. The electrical pipes from the exit corridor panel will be fire rated into the ceiling.	Will be corrected by 10/20/2018
	6-Based on observation, this facility has failed to maintain the plumbing components in a safe and operating condition.		6. The mixing valve repaired	Completed 10/5/2018

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C 189	Continued From page 9 Findings on 09/06/2018: The water-mixing shower control valve is broken that is located in then East Wing Spa. 7-Based on observation, this facility has failed to maintain the electrical components in a safe and operating condition. Findings on 09/06/2018: The is a broken electrical receptacle cover wall plate in Room 4. 8-Based on observation, this facility has failed to maintain the HVAC components in a safe and operating condition. Findings on 09/06/2018: The PTAC unit in Room 8 is not secured to the exterior wall and openings to the outside are present.	C 189	7. Electrical plate replaced 8. The HVAC unit in Room 8 is secured and sealed has been repaired with no opening to the out side Correction to C189 1 - 9 is the responsibility of the owner, NCCH, LLC.	Corrected 10/5/2018 Corrected 10/5/2018