

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 10/31/2018
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 Suzanna Fay conducted on October 31, 2018. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected. Two new deficiencies were cited.	{C 000}		
{C 110}	Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost. This Rule is not met as evidenced by: Based on observation, the facility was not in compliance with the "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", specifically 15A NCAC 18A .1317(a) which require the facility to take effective	{C 110}		

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

TITLE

(X6) DATE

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{C 110}	Continued From page 1 measures to keep vermin out and prevent their presence on the premises. Findings on October 31, 2018: a. Room 4 - there was evidence of bedbugs in the room along the corridor wall. The walls had fecal stains along the ceiling line, in the corner and around penetrations such as nails and cover plates. Dead insects and debris was found behind the beds and under the beds. A heavy concentration of fecal stains were found on the windowsill, the window blinds and on the wall to the right of the window. Interview with staff revealed that the last treatment had taken place on September 27, 2018. Records of the treatment were not available. b. Room 3 - evidence of bedbugs was seen on the corridor wall and ceiling. Interview with staff revealed that the last treatment had taken place on September 27, 2018. Records of the treatment were not available.	{C 110}		
{C 111}	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have a current sanitation inspection report maintained in the home and available for review. Findings on October 31, 2018: a. Environmental Health conducted an inspection	{C 111}		

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{C 111}	Continued From page 2 on October 9, 2018. A record of the inspection was available. The inspection report showed 28 demerits.	{C 111}		
{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: 1. Observations revealed that the outside premises were not maintained clean and safe. Findings on October 31, 2018: a. The air conditioning units along the back of the facility were covered in spider webs and grass clippings. At the time of this survey, there was still a heavy coating of grass, spiderwebs and debris on the window units. b. Day room exit - the exterior face of the day room exit door is delaminating along the bottom of the door. At the time of this survey, the door has not been repaired or replaced. New Deficiency: c. The rear gutter is falling off of the facility.	{C 160}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	{C 164}		

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{C 164}	Continued From page 3 (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. Observations revealed that the floors were not kept clean and in good repair. Findings on October 31, 2018: a. Office - the threshold was damaged. This item has not been repaired. b. Day Room - the wall base beside the door was torn and had been secured with clear tape. At the time of follow up survey, the wall base has not been repaired. 2. Observations revealed that the facility was not kept clean and free of pests. Findings on October 31, 2018: a. Room 4 - there was evidence of bedbugs in the room along the corridor wall. The walls had fecal stains along the ceiling line, in the corner and around penetrations such as nails and cover plates. Dead insects and debris was found behind the beds and under the beds. A heavy concentration of fecal stains were found on the windowsill, the window blinds and on the wall to the right of the window. Interview with staff revealed that the last treatment had taken place on September 27, 2018. Records of the treatment were not available. b. Room 3 - evidence of bedbugs was seen on the corridor wall and ceiling. Interview with staff revealed that the last treatment had taken place on September 27, 2018. Records of the	{C 164}		

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{C 164}	Continued From page 4 treatment were not available. 3. Observations revealed that the furnishings were not maintained in good repair. Findings on October 31, 2018: a. Room 1 - the chest of drawers has one drawer front broken off leaving exposed nails. This has not been repaired. 4. Observations revealed that the ceilings were not kept clean and in good repair. Findings on October 31, 2018: a. Resident Bath 1 - the ceiling around the exhaust fan is dirty and the finish is flaking off. This has not been corrected. 5. Observations revealed that the walls were not kept clean and in good repair. Findings on October 31, 2018: a. Day Room - the walls of the room were heavily scuffed. The walls are still stained and scuffed. b. Resident Bath 2 - the wall at the light switch has brown stains around the cover plate. The wall at the light switch is still very dirty. New Deficiency: c. Resident Bathroom - the wall base has been removed behind the door and there is a 9"x12" hole cut into the wall to conduct repairs. Work appears to be complete but the wall is still damaged.	{C 164}		
{C 185}	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR	{C 185}		

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{C 185}	Continued From page 5 EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that fire rehearsals were not conducted, recorded or available for review. Findings on October 31, 2018: a. Review of records revealed no fire drills conducted since October of 2017. Interview with Staff revealed that they are conducting the drills, but they are not recording them.	{C 185}		
{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.	{C 189}		

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{C 189}	Continued From page 6 This Rule is not met as evidenced by: 1. Based on observation, the mechanical equipment was not maintained in operating condition. Findings on October 31, 2018: a. The exterior dryer cap had dry rotted and was heavily damaged. The dryer cap is still damaged. b. Kitchen - the grease filter is missing in the kitchen exhaust. The exhaust fan is coated in grease. The grease filter has not been replaced and the fan needs cleaning. 2. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on October 31, 2018: a. Women's half bath - the toilet seat was detached from the toilet. The toilet seat is still extremely loose. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops or within the door. Findings on October 31, 2018: a. Resident rest room - there is a gap around the door knob. The hole has not been corrected. 4. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on October 31, 2018: a. Room 4 - the electrical outlet behind the bed near the window was not secure in the wall. The	{C 189}		

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{C 189}	Continued From page 7 outlet has not been secured. 5. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be effected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on October 31, 2018: a. Observations revealed that the fire extinguishers were not checked in house on a monthly basis. 6. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on October 31, 2018: a. Dining Room - the emergency light does not work. The light has not been repaired.	{C 189}		
{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;	{C 199}		

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{C 199}	Continued From page 8 (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. Observations revealed that the facility did not provide exhaust ventilation in the required areas. Findings on October 31, 2018: a. Resident baths - both bathrooms had a heavy accumulation of dust on the grilles. The fans appear to have been cleaned but are collecting dust again.	{C 199}		
{C 200}	Facilities for 7-12 Res.-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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. Observations revealed that the facility did not provide a working call system. Findings on October 31, 2018:	{C 200}		

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{C 200}	Continued From page 9 a. At the time of survey, a call system was in place and it did not work. All call buttons were tested during the follow up survey. The call buttons worked in one of the six bedrooms.	{C 200}		