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
	HAL034062	A. BUILDING: 01 B. WING _____	11/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEMMONS VILLAGE II	6441 HOLDER ROAD CLEMMONS, NC 27012

(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 Construction Section Biennial Survey by Ed Miller, conducted on November 16, 2018. Records indicate this facility was first licensed on 6-3-1997, for 66 beds. Therefore, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Group I-2 Deficiencies were cited that require a Plan of Correction.	C 000	Response Preface The provider submits this Plan of Correction (POC) in accordance with specific regulatory requirements. The Provider does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that the stated deficiencies are accurate. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings if at any time the Provider determines that the findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the State of North Carolina or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider's policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on November 16, 2018: a. Short Corridor between B & C Halls - there is one unattended medication cart, obstructing the required six feet width corridor to 3 feet. Deficiency corrected before Construction Surveyors departed site.	C 150	Plan of Correction – C-150 The provider strives to ensure that the corridors are free of all equipment and other obstructions. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits, and various quality assurance measures are examples of the many components utilized. The medication cart on the short corridor between halls B & C was relocated so that the area was not obstructed. This was corrected prior to the Construction Surveyor departing the premises. The Executive Director reviewed the findings from the DHSR Construction Survey with QA members during the facility's monthly QA Meeting. Department Managers and staff were re-educated on the importance of continuously monitoring exits and corridors to assure that they are free of all equipment and other obstructions. A posting reminding staff was also displayed at the time clock. Id of Other Areas- The Maintenance Director inspected the entire building to assure that corridors were free of all equipment and other obstructions. No other concerns were noted.	11/16/18 12/13/18 12/18/18 11/20/18
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT	C 166		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 12/18/18

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C 166	Continued From page 1 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, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on November 16, 2018: a. Bedroom 15 - one portable medical oxygen cylinder is standing up on the floor and two are sitting on a bookshelf not physical secured in racks, stands or chained to the structure. 2. Based on Observation, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on November 16, 2018: a. Beauty Shop - both shampoo sinks have sprayer hoses long enough to reach gray water, and there are no vacuum breakers provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixtures present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 166	Plan of Correction – C-166 The provider strives to ensure that the building is maintained in an uncluttered, clean, and orderly manner, free of all obstructions and hazards. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits, and various quality assurance measures are examples of the many components utilized. 1. a. The Resident Care Coordinator removed the oxygen cylinders from Bedroom 15 and properly stored them in an approved secure rack. This was corrected prior to the Construction Surveyor departing the premises. The Resident Care Coordinator and Maintenance Director is responsible for monitoring the building to assure that it is free of hazards, such as oxygen cylinders and that such are securely stored. The Executive Director reviewed the findings from the DHSR Construction Survey with QA members during the facility's monthly QA Meeting. Department Managers and staff were re-educated on the importance of continuously monitoring the building to assure that oxygen cylinders are properly stored and secure. A posting reminding staff was also displayed at the time clock. 2. a. The Maintenance Director arranged a licensed plumber, Pendergrass & Holder Plumbing, to install vacuum breakers at both shampoo sinks. Id of Other Areas- The Resident Care Coordinator and Maintenance Director inspected the entire building to check for any hazards, such as oxygen cylinders. No other concerns were noted.	11/16/18 12/13/18 12/18/18 11/20/18 12/28/18
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 189		

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C 189	Continued From page 2 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: 0. Based on observation, all electrical systems were not maintained in an operating condition. aFindings on November 16, 2018: a. Entire Building - out of ten exits, five have special locking but the system is out of service and turned off. Therefore, the special locking system could not be tested. 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing all of the control functions activated by the fire alarm system. Findings on November 16, 2018: a. All Cross-Corridor Doors - when the fire alarm system activates, the hold open devices released their doors, closing the openings in the smoke compartment. When the fire alarm system is silenced, these hold open devices reenergized, which does not provide these openings with protection during an alarm that has been silenced. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on November 16, 2018:	C 189	Plan of Correction – C-189 The provider strives to ensure that the building, along with all fire safety, electrical, mechanical and plumbing equipment is maintained in a safe and operational condition. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits and various quality assurance measures are examples of the many components utilized. Pathway obstructions, doors that positive latch, fire barrier penetrations, emergency lights, door propping and storage height are evaluated at least quarterly as part of the Quality Improvement (QI) and safety audits. The Executive Director reviewed the findings from the DHSR Construction Survey with QA members during the facility's monthly QA Meeting. The Maintenance Director, Executive Director and Resident Care Director re-educated facility department managers and staff regarding means of egress for obstructions; fire door closures for correct operation and positive latching; use on other doors not identified for props and/or wedges, and storage areas for correct ceiling clearance. The Administrator posted a reminder notice at the time clock for all staff to report any of the above areas of concern immediately to a Department Manager or Shift Supervisor. All Department Managers will assist in monitoring doors for pathway obstructions; check smoke barrier doors for positive latching; be observant for doors being wedged/propped open with any items; and monitor storage areas to assure that items are stored below the outlined ceiling clearance space. The Maintenance Director will be responsible for monitoring the facility, at least monthly, to assure: all Emergency Lights illuminate when tested, fire wall penetrations are sealed, exits are free and clear of obstructions; no doors throughout the facility are wedged open with any type of device or item; and all storage areas have items and/or supplies stored at least 18 inches below sprinkler heads.	12/13/18 12/18/18 11/20/18

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C 189	Continued From page 3 a. Corridor near Bedroom 5 - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. Deficiency corrected before Construction Surveyors departed site. 3. Based on observation and interview, the facility failed to maintain the fire safety equipment in an operating condition by having no fire sprinkler protection in part of the building. Findings on November 16, 2018: a. Kitchen Freezer - the fire sprinkler head was hit and discharged on the Sunday and has not been replaced. 4. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous or Incidental Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on November 16, 2018: a. Hopper Room - the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power. 5. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended or are missing. Findings on November 16, 2018: a. Laundry - the inside door handle is missing on the door to soiled linen 6. Based on observations, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler heads' spray cannot reach are area of a room.	C 189	a. & 1a Fire Alarm System – The Maintenance Director consulted with Protection Systems Technologies for repair of the buildings special locking system and cross-corridor doors. 2. a. Emergency Light- The Maintenance Director repaired the wall-mounted self-contained emergency light in the corridor near Bedroom 5 so that the light illuminates on backup power when the test button is pushed. This was corrected prior to the Construction Surveyor departing the premises. 3. a. Kitchen Freezer – The Maintenance Director coordinated the replacement of the fire sprinkler head. The previously ordered protective cover was also installed. 4. a. Hopper Room – The Maintenance Director replaced the latch plate for the corridor door to assure proper and secure latching. 5. a. Laundry Room – The Maintenance Director replaced the door handle on the door that leads to soiled linen. 6. a. & b. Library & Bistro Closets – The Maintenance Director removed the items in question that were obstructing the fire sprinkler heads.	12/28/18 11/16/18 11/26/18 11/20/18 11/20/18 11/20/18

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C 189	Continued From page 4 Findings on November 16, 2018: a. Library/ Therapy Closet- items are being stored within the area 18 inches below the fire sprinkler head. b. Bistro Closet - items are being stored within the area 18 inches below the fire sprinkler head. 7. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin. Findings on November 16, 2018: a. Bedroom 9 Bedroom - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. Bedroom 9 Living - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 8. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on November 16, 2018: a. Communication Room - there are gaps around two cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. 9. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on November 16, 2018: a. Bedroom 14 - the corridor door did not latch into its frame when closed. b. Bedroom 13 - the corridor door did not latch into its frame when closed.	C 189	7. a. & b. Bedroom 9 – The Maintenance Director replaced and adjusted the escutcheon plate on the fire sprinkler heads so that it fits securely to the ceiling and prevents the spread of smoke and/or heat. 8. a. Communication Room - The Maintenance Director sealed the gap around the 2 cable bundles with a 1-hour fire rated sealant. 9. a. & b. Bedroom 13 and 14 - The Maintenance Director replaced the latch plate on both doors to assure proper closure and latching. c. Business Office, Beauty Shop, & Chapel – The Maintenance Director coordinated the repair of such doors with Clemmons Locksmith who installed latching devices to assure proper closure and latching. d. Bistro – The Maintenance Director consulted with Protection Systems Technologies for the relocation of the smoke detector to the center of the room. a. Kitchen - The Maintenance Director replaced the open slot in question with the appropriate breaker to assure that it is guarded against accidental contact.	11/16/18 11/22/18 11/20/18 12/28/18 12/28/18 11/20/18

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C 189	Continued From page 5 c. Business Office, Beauty Shop, and Chapel - these storefront doors do not have positive latching hardware on their door. d. Bistro - there is no door separating this room from the corridor and the room's smoke detection capabilities is not equal to what corridors are required to have. 10. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 16, 2018: a. Kitchen- electrical panel K has an open slot were a breakrs had been removed or a blank fell out. This allows access to energized components that are not guarded against accidental contact.	C 189	Id of Other Areas- The Maintenance Director inspected all doorways for obstructions; fire door closures for correct operation and positive latching; walls and ceilings for penetrations; use on other doors not identified for props and/or wedges, and storage areas for correct ceiling clearance and fire sprinkler heads. No other concerns were noted.	
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 prevent the use of unvented fuel burning room heaters portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire.	C 191	Plan of Correction – C-191 The provider believed it was in compliance with a sufficient heating source. The facility has policies and procedures designed to maintain these goals. Maintenance work orders, routine maintenance checks, safety committee audits, and various quality assurance measures are examples of the many components utilized. The Maintenance Director removed the portable UL approved electric heater from D Hall. Id of Other Areas- The Maintenance Director inspected the entire building to assure that no other portable electric heaters were in use. No other concerns were noted.	11/16/18

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C 191	Continued From page 6 The danger increases if used by resident or combustible material is near. Findings on November 16, 2018: a. D Hall Bathroom - a portable electric heater was found in this room.	C 191		