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
	HAL077012	A. BUILDING: 01 B. WING _____	R 10/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERMITAGE RETIREMENT CENTER	139 MALLARD LANE ROCKINGHAM, NC 28379

(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 Biennial Follow Up Construction Survey by Dennis Harrell on 10-3-2018. Some deficiencies were not corrected. Further action is required.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the Building failed to meet NC State Building Code at the time of initial Licensing by not having all the required components of a properly operating "Special Locking System" on the exits that prevent free egress. This could affect all persons if they cannot egress quickly through these exits during an emergency. Finding on 10-3-2018: SCU Exit gate from courtyard - the lock on the	{C 101}	FACILITY AS REQUIRED DURING LAST SURVEY INSTALLED EMEGENCY SWITCH WILL RELEASE BUTTON. GILLS SECURITY OUT TO INSPECTION WHY DOOR IS LATCHING BACK. TED HAS ORDERED NEW LATCH AND WILL BE OUTAROUND NOVEMBER, 14, 2018 TO INSTALL AND FEELS THIS WILL CORRECT THE PROBLEM, IF ANY PROBLEM HE CAN BE CONTACTED AT 910-384-7080. FACILITY WILL MONTIOR THIS WEEKLY TO ASSURE WORKING PROPERLY. 11/08/18	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Jayis R. Reese — Administrator — 11/08/18

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{C 101}	Continued From page 1 gate is still a momentary switch. The gate opens when the emergency release switch is activated but relocks before the switch is reset.	{C 101}		
{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: 3. Based on observation, the building walls are not kept clean and in good repair. Finding on 10-3-2018: f. Middle Section Exterior Mech Room -an equipment leak has wet the floor and the leak has traveled under the wall. This gypsum wall has absorbed some of this water and now has mold growth. This water may have migrated into the adjacent room. 4. Based on observation, the building ceilings are not kept clean and in good repair. Finding on 10-3-2018: a. Bedroom 13 - the textured ceiling is detaching from the ceiling in several small areas. c. SCU Laundry Chute Room - there is a ceiling leak in this room. Note; Roof leaks have been made worse by the recent hurricane.	{C 164}	(F) MIDDLE SECTION WALLS HAVE BEEN REPLACED AND DRAINS ALSO HAVE BEEN REPAIR SO THEY WILL PROPERLY DRAIN AND NOT CAUSE THIS PROB;EM AGIN. MAINTENANCE WILL MONTIOR WEEKLY TO ASSURE IT IN PROPERLY WORKING CONDITIONS 4.(A&B). BEDROOM 13 TEXTURED CEILING REPAIR, ROOF LEAK IN SCU LAUNDRY CHUTE REPAIR AGAIN AFTER HURRICANE. FACILITY IS WORKING ON REPLACING ROOF TO ENSURE THIS WONT CONTINUE.	11/08/18 11/08/18

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{C 189}	Continued From page 2	{C 189}		
{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: 2. 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 10-3-2018: n. Middle Section Telephone Equipment Room - there are gaps around two conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly. Unrated foam was incorrectly used to seal the gaps. o. Middle Section Telephone Equipment Room - there is a hole not firestopped as it penetrates the fire-resistance-rated wall assembly. Unrated foam was incorrectly used to seal the hole. q. Middle Section Exterior Mech/Water Heater Room - there is a gap around a conduits not firestopped as it penetrates the fire-resistance-rated ceililng assembly. r. Middle Section Exterior Mech/Water Heater Room - the ductwork does not have flanges as it penetrates the fire-resistance-rated ceiling assembly. s. Middle Section Exterior Mech Room - the	{C 189}	N,O,Q: FORM HAS REMOVED AND NOW GAPS REPAIR WITH FIRE-RESISTED-RATED CHAULKING. MAINTENANCE WILL MONITOR ALL REPAIRS AND INSTALLMENTS TO ENSURE ANY PENETRATE ARE PROPERLY FIXED. (R&S) FLANGES HAVE BEEN PUT INTO PLACE. MAINTENANCE WILL MONITOR WEEKLY TO ENSURE PROPERLY KEPT UP.	11/08/18 11/08/18

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{C 189}	Continued From page 3 ductwork does not have flanges as it penetrates the fire-resistance-rated ceiling assembly. u. Middle Section Exterior Mech Room - there is an open-ended sleeve with cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. bb. SCU Laundry Chute Room - the fire-resistance-rated wall had been fized but the rated chute door was left partially open. jj. Kitchen - there is an unsealed penetration at a camera wire. kk. Basement Shop - there appears to be a small duct without a radiation damper. 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. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin Findings on 10-3-2018: a. SCU Left Firewall - the panic hardware are missing their end covers, where the vertical rods latch into the frame. Note; Interview with maintenance staff indicated the parts have been ordered but have not yet been received. 8. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on 10-3-2018: f. Bedroom 19 - the corridor door does not latch when closed. m. Kitchen - the Dining Room door was propped open with a chair. This prevents the rapid closing of the door. 9. Based on observation, the smoke tight corridor	{C 189}	(U). SLEEVE/CABLE BUNDLE CORRECTED WITH FIRE-RESISTANCE-RATE CHAULK. MAINTENANCE WILL MONITOR WEEKY AND ENSURE KEPT IN GOOD WORKING ORDER. 11/08/18 (BB). STAFF HAS BEEN INSTRUCTED ABOUT DOOR MUST STAY CLOSED AT ALL TIMES. HOUSEKEEPING SUPERVISOR AND MAINTENANCE WILL MONITOR DAILY TO MAKE SURE DOOR IS PROPERLY CLOSED. 11/08/18 (JJ). CAMERA WIRE RECHAULK. MAINTENANCE WILL MONITOR AFTER ALL REPAIRS OR INSTALLMENT OF NEW EQUIPMENT TO ENSURE ALL PENETRATES ARE CHAULK. 11/08/18 5.(A). PANIC HARDWARE HAS BEEN INSTALLED . MAINTENANCE WILL MONITOR DAILY AND ENSURE ITS IN WORKING CONDITION. 11/08/18 8(F). LATCH HAS BEEN REPLACED. MAINTENANCE WILL MONITOR WEEKLY TO MAKE SURE ALL IT KEPT IN GOOD WORKING CONDITION. 11/08/18	

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{C 189}	Continued From page 4 doors are not maintained in a safe and operating condition. Findings on 10-3-2018 a. Anson Community Nutrition Station - the corridor door has been replaced with one that is 1 3/4 inches thick of solid construction but it drags on the floor and is difficult to close and latch.	{C 189}	9(A). DOOR HAS BEEN ADJUSTED AND NOW CLOSES PROPERLY MAINTENANCE WILL MONITOR WEEKLY TO MAKE SURE DOOR CLOSES PROPERLY. 11/08/18	
{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 portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on 10-3-2018: Basement shop - a portable electric heater was found in this room. Note this deficiency was corrected during the survey.	{C 191}	1. HEATER IN MAINTENANCE OFFICE NOT PLUGGED UP, WAS REMOVED AND PUT IN DUMPSTER AT SURVEY. 11/08/18	
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT	{C 199}		

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{C 199}	Continued From page 5 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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Finding on 10-3-2018: c. Women near Carolina Commons - the required exhaust ventilation system did not work, and there is odor.	{C 199}	1.(C) EXHAUST VENTILATION SYSTEM REPLACED. MAINTENANCE WILL MONITOR WEEKLY TO ENSURE PROPERLY WORKING 11/08/18	