

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 01/17/2019
NAME OF PROVIDER OR SUPPLIER CLEMMONS VILLAGE II		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Biennial Follow Up Construction Survey by Ed Miller, conducted on January 17, 2019. Deficiencies were cited that will require a new Plan of Correction.	{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 and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all of the required working components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). New Findings on January 17, 2019:	C 101		

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

TITLE

(X6) DATE

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C 101	Continued From page 1 a. Entire Building - the four of the five special locking exits unlock on fire alarm activation but reenergized when the fire detection system is placed in silence mode. b. Front Left Exit - this special locking exit does not unlock on fire alarm activation. c. Nurse Station - the central emergency override switch did not unlock the doors. d. Entire Building - the five special locking exits have metal-keyed on/off emergency release switch. 20 percent of staff interviewed did not have keys on themselves to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if on/off emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times.	C 101		
{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, 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:	{C 189}		

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{C 189}	Continued From page 2 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. 9. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on January 17, 2019: c. Business Office, Beauty Shop, and Chapel - these storefront doors now have Paddle locks added, but this locks appeared not to have any positive latching.	{C 189}		