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 _____	R 01/17/2019

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 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}	**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 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	**Plan of Correction – C-101** The provider strives to ensure that safety is number one priority and believed that licensure and code requirements were met at the time of construction. 1 a, b, c. The Maintenance Director coordinated the testing and repair of all fire system concerns. Upon troubleshooting, Protective Systems Technologies identified that some wires were reversed in the control panel. The wiring issues was corrected and the system was retested. As a result, all five special locking exits unlocked upon fire alarm activation and did not reenergize when the fire detection system was placed in silence mode. The front left exit unlocked upon fire alarm activation and the central emergency override switch unlocked all the exterior doors.	1a 1/24/2019 1b 1/24/2019 1c 1/24/2019

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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	d. The Maintenance Director re-educated all current staff of the requirement to keep the metal key used for the on/off emergency release switch on their person at all times when on duty, and re-educated staff on why the key is required. The Maintenance Director is responsible for assuring that the fire alarm system is functioning properly during monthly fire drills and for randomly monitoring employees to assure that he/she has the required on/off emergency release switch key on their person. As a backup, the Maintenance Director placed a metal key, required to operate the on/off emergency release switch, inside the fire extinguisher hall cabinet at each of the five doors. The Executive Director reviewed the findings from the DHSR Construction Survey with QA members during the facility's monthly QA Meeting. Department Managers were re-educated on the importance of employee requirement to continuously have the on/off emergency release switch key on their person at all times, when on duty. Department Managers were also asked to help randomly monitor employees.	1d 2/1/2019
{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}	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 and believed that licensure and code requirements were met at the time of construction.	

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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}	1. a. The Maintenance Director coordinated the testing and repair of all fire system concerns. Upon troubleshooting, Protective Systems Technologies identified that some wires were reversed in the control panel. The wiring issues were corrected and the system was retested. As a result, all cross-corridor doors remain un-energized when the fire alarm system is activated and on silence. 9. c. The Executive Director reviewed the findings from the DHSR Construction Survey with QA members during the facility's monthly QA Meeting and re-explained that when the beauty shop door, chapel door, and business office door is closed, the new paddle locks must be "dogged out" so that these doors maintain a positive latching. For resident and guest convenience, a key to the chapel was placed on a hook above the chapel door, since the door locks from the outside when latched. However, the paddle lock allows anyone to easily exit the chapel area into the corridor area, if the door is closed. All Department Managers are responsible for assisting with monitoring the chapel, beauty shop, and business office doors to assure positive latching is maintained when closed.	1a 1/24/2019 9c 2/1/19