

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2024
NAME OF PROVIDER OR SUPPLIER WEXFORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 WEXFORD LANE DENVER, NC 28037		
(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 Suzanna Fay conducted on March 13, 2024. Records indicate this facility was first licensed on June 10, 1998 as a Home for the Aged. On January 7, 2020 a 20-bed addition was Licensed. The facility is currently licensed for 80 Beds. Therefore, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 (1998 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at the time of initial licensure. Deficiencies were cited that require a 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	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 Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking the doors shall unlock upon actuation of the automatic fire detection system or automatic sprinkler system. Findings on March 13, 2024: a. The front entry door did not release when the fire alarm was activated. 2. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door. Findings on March 13, 2024: a. The emergency release switch at the Nurses' Station did not release the magnet on the front entry door.	C 101		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT	C 154		

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C 154	Continued From page 2 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on observation and interview, the facility did not equip each exit with a sounding device as required when there is at least one resident who is disoriented or a wanderer. Findings on March 13, 2024: a. Interview with staff revealed that the facility has at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer. The front entry door does not have sounding devices on the door that is activated when the door is opened.	C 154		
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	C 160		

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C 160	Continued From page 3 condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a clean and safe condition. Openings in exterior soffits allow for pests to enter the soffit area. Findings on March 13, 2024: a. A two foot section of the exterior soffit outside of the 200 Hall exit was pushed up leaving an opening in the soffit for pests to enter.	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: (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 walls, ceilings and floors were not kept clean and in good repair. Findings on March 13, 2024: a. There was a pattern of exhaust fans with heavy accumulations of dust. b. Room 304 - the floor between the bed and corridor wall was littered with small black particles, a pillow, a stuffed toy, a book, plastic tubs, and other items.	C 164		

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C 164	Continued From page 4 c. There was a pattern of cobwebs at the ceiling of the exit doors. d. Screened Porch - there are hundreds of small dried worms littering the porch floor.	C 164		
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 there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin. Findings on March 13, 2024: a. 100 Hall Spa - one of the screws in the vent is missing causing the panel to dip on one side leaving a gap in the fire resistant rate ceiling. b. Room 106 - there is an unsealed TV cable penetration over the first bed. c. Med Room - there are three unsealed conduit penetrations over the door locking system panel. d. Vending Area - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. This was corrected at the time of survey.	C 189		

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C 189	Continued From page 5 e. Exterior Electrical Room - there is one cable bundle sleeve not fire caulked at the opening of the sleeve. f. Laundry - there is a wifi cable not sealed as it penetrates both the corridor wall and the ceiling. g. Bath at 302 - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. This was corrected at the time of survey. h. Room 203 - there is an unsealed TV cable penetration. 2. 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 affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on March 13, 2024: a. Riser Room - the fire extinguisher was last serviced in December of 2022. b. Exterior Electrical Room - the fire extinguisher was last serviced in December of 2022. 3. Observations revealed that the mechanical equipment was not maintained in a safe and operating condition. Findings on March 13, 2024: a. The radiation damper in the supply vent outside of Room 308 is closed. 4. Based on observation electrical equipment has not been maintained in a safe manner. Findings on March 13, 2024: a. 200 Hall Shower Room - the GFCI outlet at the sink is damaged and the tester indicates an	C 189		

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C 189	Continued From page 6 open ground.	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; (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 maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on March 13, 2024: a. Staff Break Room Toilet - the exhaust fan is not working.	C 199		