

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 3, 2019

Sheriff Michael Marshall (via email) P O Box 248 Danbury, NC 27016

RE: Stokes County Jail

FID #110671

Semiannual Inspection

## Dear Sheriff Marshall:

On November 25, 2019, the Division of Health Service Regulation (DHSR) - Construction Section inspected your facility to determine compliance with 10A NCAC Subchapter 14J JAILS, LOCAL CONFINMENT FACILITIES. This inspection found deficiencies whereby corrections are required. A copy of the inspection report is enclosed for your attention. Please submit your plan of correction on each deficiency cited in this report to this office by 01/02/2020.

## Your Plan of Correction must contain the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice.
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken.
- What measures will be put into place or what systemic changes you will make to ensure that the
  deficient practice does not recur.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place.
- Include dates when correction action will be completed. The corrective action dates must be acceptable to the State.
  - 1. Corrective action must begin immediately.
  - 2. Any completion date greater than 60 days from date of survey requires written justification from the Sheriff.

## Your Plan of Correction can be:

Mail to:

**DHSR Construction Section** 

2705 Mail Service Center Raleigh NC 27699-2705

Fax to:

(919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions, please do not hesitate to call me at (919) 855-3893

Sincerely,

Roger McCoy

Jail Inspector

**DHSR-Construction Section** 

Roger Mc Coy

919-855-3893

## Enclosure

Mr. Andy Nickelston, Chairman, Stokes Board of Commissioners (via email)

Mr. Jake Oakley, Stokes County Manager (via email)

Lieutenant Chris Lawson, Stokes County Detention Center Administrator (via email)

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 110671 11/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1013 MAIN STREET** STOKES COUNTY JAIL DANBURY, NC 27016 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) J 000 Initial Comments J 000 Roger McCoy conducted the inspection. This biannual jail inspection was conducted as per 10A NCAC 14J JAILS, LOCAL CONFINEMENT FACILITIES Rules. This building was approved for use in 1993 under North Carolina State Building Code (NCSBC) 1991 Edition, with a facility expansion in 2019 under North Carolina State Building Code 2012 Edition with an occupancy classification of Group I-3. The jail design capacity is 100 male beds and 56 female beds with a total design capacity of 156 beds. The inspection began at 8:15AM and was completed at 12:10PM. The weather was clear, sunny and 38 degrees. Lt. Lawson accompanied the inspector during the inspection. The deficiencies determined during the inspection are as follows: J 38 10A NCAC 14J .0701 Sanitation J 38 Each jail shall comply with the North Carolina Commission for Public Health rules governing sanitation as codified in Title 15A Chapter 18A Section .1500 and which are hereby adopted by reference pursuant to G.S. 150B-14(c) **History Note:** Authority G.S. 143B-153: 153A-221: Eff. June 1, 1990. This Rule is not met as evidenced by: Based on observation on the morning of 11/25/2019, it was noted that the facility is not in

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

compliance with sanitation rule 15A NCAC 18A .1510 TOILET, HANDWASHING AND BATHING

TITLE

(X6) DATE

PRINTED: 11/27/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING 110671 11/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1013 MAIN STREET** STOKES COUNTY JAIL DANBURY, NC 27016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 1 J 38 FACILITIES: (a) Each cell shall be provided with access to toilet and handwashing facilities, and soap and individual towels shall be provided. The fixtures shall be kept clean and in good repair. (b) Each cell block or section shall be provided with bathing facilities which shall be easily cleanable and shall be kept clean. Findings include: Showers in the following blocks were dirty, and all showers should be placed on a regular routine cleaning schedule. 1. C, D, E, F, G, J, and H blocks. J108 10A NCAC 14J .1216 Safety Equipment J108 In each jail the safety equipment, including intercoms, fire extinguishers, smoke detectors. and sprinkler heads, shall be tamper-resistant if necessary for security. Two-way voice communications shall comply with Rule .0601 of this Subchapter. History Note: Authority G.S. 143B-153; 153A-221; Eff. June 1, 1990; Amended Eff. June 1, 1992. This Rule is not met as evidenced by: Based on observation on the afternoon of 11//25/2019, the facility did not ensure that the pull station for the Ansul system was repaied as required by NFPA code.

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Findings Include:

from the activation cable.

The pull station for the Ansul system for the kitchen hood was damaged and was hanging

STATE FORM

PRINTED: 11/27/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 110671 11/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1013 MAIN STREET STOKES COUNTY JAIL DANBURY, NC 27016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) J113 10A NCAC 14J .1218 Plumbing Systems J113 (a) Each jail shall have a plumbing system that complies with the Commission for Public Health Rules 15A NCAC 18A, Section .1500 and the North Carolina State Building Code, Plumbing Code, both of which are hereby incorporated by reference including subsequent amendments and editions of the referenced materials. A copy of 15A NCAC 18A. Section .1500 can be obtained free of charge from the State Division of Health Services, Environmental Health Section, Post Office Box 27687, Raleigh, North Carolina 27611-7687. A copy of the North Carolina State Building Code, Plumbing Code (Volume II of the North Carolina State Building Code) can be obtained for twenty-five dollars (\$25.00) from the North Carolina Department of Insurance, Post Office Box 26387, Raleigh, North Carolina 27611. (b) Each jail shall have a hot water supply for lavatories and showers designed to meet the usual needs of the number of inmates confined in the jail. (c) The master control valves for the plumbing system shall be located outside the confinement units and shall be accessible to officers during an emergency. History Note: Authority G.S. 143B-153; 153A-221: Eff. June 1, 1990; Amended Eff. June 1, 1992. This Rule is not met as evidenced by: Based on observation on the morning of

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11/25/2019, it was noted that the plumbing fixtures were not in compliance with the rule,

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 110671 11/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1013 MAIN STREET** STOKES COUNTY JAIL DANBURY, NC 27016 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) J113 Continued From page 3 J113 Findings Include: Listed below are multiple plumbing issues found during the inspection. The facility should frequently check each sink, toilet and shower to ensure proper operation and temperatures of each, and make immediate repairs to items found in disrepair. A Pod: a. All showers need water pressure adjustments for an allowable flow of water. B Block: a. All showers need water pressure adjustments to allow the proper flow of water. b. Adjustments should be made to showers to allow longer lengths of time for the supply of water. c. The dayroom sink had no cold water available when activated. D Block: a. All showers need water pressure adjustments to allow the proper flow of water. b. Adjustments should be made to showers to allow longer lengths time for the supply of water. c. The handicap shower water pressure was extremely low, needs adjusting. d. The dayroom sing needs adjustment as it shoot water well beyond the sink. e. Dayroom toilet flush valve is stuck and is very hard to activate. H Pod: a. When the first toilet is flushed the contents therein go down but are pushed up into the second toilet, and visa versa.