

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL022005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2015
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NAME OF PROVIDER OR SUPPLIER HAYESVILLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 480 OLD 64 WEST HAYESVILLE, NC 28904
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C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 5-13-15. Records indicate this facility was first licensed or submitted for licensure on 2-14-2006, for a capacity of 60 Special Care Unit beds. Therefore the facility was surveyed for conformance with the 2005 Rules for the Licensing of Adult Care Homes and the 2002 North Carolina Building Code for Institutional Unrestrained Occupancies.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the most recent sprinkler system inspection report, dated 5-13-2014, listed 5 deficiencies that must be corrected. No documentation was available to indicate the deficiencies had been corrected. The deficiencies are listed below exactly as shown on the inspection report: 1. No hydraulic plate attached to the dry pipe system. 2. No pipe stand installed under the 4" dry pipe system. 3. The following guages need replaced: 1-suction, 2-air & 5-water guages. 4. No 1/2" auto ball check installed on the 4" Fire Department Connection line. 5. A 5 year internal inspection needs performed.	C 111	In accordance with Section .0300-Physical Plant 10A NCAF .0302-Design and Construction Hayesville House has retained K&S Sprinkler Company, Inc. To address and repair all Sprinkler issues.	7/24/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Margaret Stacey</i>	TITLE <i>Admin</i>	(X6) DATE <i>6-24-15</i>
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C 166	Continued From page 1	C 166		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the hoses on the shower wands (2) in the Beauty Salon were long enough to reach the sink basins and there were no vacuum breakers provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 166	In accordance with Section .0300-Physical Plant 10A NCAC 13F .0306 Housekeeping and Furnishings Vacuum breakers installed in Beauty Salon.	6/15/15
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 cover over the required emergency release switch at the exit	C 189		

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C 189	<p>Continued From page 2</p> <p>gate in the courtyard was secured with a plastic tyrap, making the switch inaccessible. Improperly securing the emergency release switch cover could delay or prevent an evacuation in an emergency. Note; the tyrap was cut and removed during the survey.</p> <p>2. Based on observation, the gate post had sagged at the exit gate from the courtyard making the gate very difficult to open. A difficult to open exit gate could delay or prevent an evacuation in an emergency.</p> <p>3. Based on observation, the cross-corridor smoke barrier doors near room 303 are equipped with latching hardware. When the doors were closed by activation of the fire alarm system, one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one smoke compartment can quickly spread to the remainder of the facility.</p> <p>4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Holes in ceiling of hot water room, b. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the kitchen.</p> <p>5. Based on observation, the battery powered emergency light in the entry foyer would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes</p>	C 189	<p>In accordance with Section .0300-Physical Plant 10A NCAC 13F .0311 Other Requirements #1. Addressed during Survey #2. Gate on hinge side of post concreted. #3. Adjusted closures and strikers to latch and close completely. #4.a. Filled holes with fire rated caulking b. Sprinkler escutcheon tightly fitted to the ceiling to complete the one-hour protection in the kitchen. #5. Battery replaced in emergency Light. All emergency lighting will Be checked on monthly basis. Included in maintenance QA and Monitored by Administrator monthly.</p>	<p>5/19/15</p> <p>5/19/15</p>
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C 189	<p>Continued From page 3</p> <p>could endanger the residents and staff.</p> <p>6. Based on observation, a corridor door is not able to resist the passage of fire and smoke. Corridor doors that are unable to resist the passage of fire and smoke present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: The door to the nurse station was cut into 2 pieces like a Dutch door and had a significant gap where the 2 pieces meet.</p> <p>7. Based on observation, several of the "screamer" covers for the emergency magnetic lock release switches failed to sound when opened. An alarm device that does not sound could allow a resident to tamper with the emergency release switches.</p> <p>8. Based on a review of documents, the fire extinguisher in the kitchen is not being inspected monthly as required. Failure to perform monthly safety inspections could cause the extinguisher to fail to work when needed. Findings include: The fire extinguisher had not been inspected this year.</p>	C 189	<p>#6. Door sweep installed on Dutch door to eliminate gap. <i>5/26/15</i></p> <p>#7. All batteries replaced in screamers and will be monitored monthly. Added to maintenance monthly QA and monitored by Administrator Monthly. <i>5/18/15</i></p> <p>#8. Fire extinguisher inspected, and will be inspected monthly. Included in maintenance QA monthly And monitored by administrator monthly <i>5/14/15</i></p>	