

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL085003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/27/2016</b>
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NAME OF PROVIDER OR SUPPLIER  
**MOUNTAIN VALLEY LIVING CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1135 TAYLOR ROAD  
WESTFIELD, NC 27053**

(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	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 4-27-2016</p> <p>Records indicate this facility was first licensed as a Home for the Aged serving 28 residents on 1-1-2007. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and, the 2006 North Carolina State Building Code; Section 407 Institutional Occupancy - Group I-2.</p>	C 000	<p><i>See attached letter</i></p>		
C 111	<p>Must Have Current San. &amp; Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.</p>	C 111			
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p>	C 150			

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Tisha Tuttle*  
Tisha Tuttle

TITLE

*Administrator*  
ADMINISTRATOR

(X6) DATE

*5-18-2016*  
5-18-2016

PRINTED: 05/04/2016  
FORM APPROVED

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C 150	Continued From page 1  This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Findings include: a. There were 2 med carts stored in the corridor reducing the clear width to about 3.5 feet. b. There was a chair in the corridor reducing the clear width to about 4 feet.	C 150		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on a review of documents, the records of fire drills included no description of what the rehearsal involved.	C 185		
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	C 189		

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C 189	Continued From page 2  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, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch 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; a. One of the smoke barrier doors would not automatically latch when closed. b. There was a gap of about 3/8 inch between the smoke barrier doors when closed. c. The door to the clean linen room was wedged open. d. The door to kitchen was propped open.  2. Based on observation, the battery powered emergency light in the dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.	C 189		

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NATIONAL FIRE ALARM CODE

## INSPECTION AND TESTING FORM

DATE: 10:00 AMTIME: 5/13/2016

## SERVICE ORGANIZATION:

Name: Carolina Safety & Sound, Inc.  
 Address: 2760 Armstrong Dr., Winston-Salem, NC  
 Representative: Jay Gausser  
 License No.: 11101-SF-FALV  
 Telephone: 336-765-3602 FAX 765-2768

## PROPERTY NAME (USER)

Name: Mountain Valley Assit. Living  
 Address: 1135 Taylor Rd., West Field  
 Owner Contact: Sue Bobbit  
 Telephone: 336-994-2120 Fax 336-994-2129

## MONITORING ENTITY

Name: Security Innovations  
 Telephone: 1-877-198-2000  
 Monitoring Account Ref. No.: 8269

## APPROVING AGENCY

Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

## TYPE TRANSMISSION

- McCulloch  
 Multiplex  
 RF Digital  
 Reverse Priority  
 RF  
 Other (Specify) \_\_\_\_\_

## SERVICE

- Weekly  
 Monthly  
 Quarterly  
 Semiannually  
 Annually  
 Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: EST (Edwards)  
 Circuit Style: 4 & Y  
 Number of Circuits: 1 & 4  
 Software Rev.: 2.5  
 Last Date System Had Any Service Performed: \_\_\_\_\_  
 Last Date That Any Software or Configuration Was Revised: \_\_\_\_\_

Model No.: OS-1

## ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested
<u>9</u>	<u>4</u>	<u>9</u>
<u>36</u>	<u>4</u>	<u>36</u>
<u>4</u>	<u>4</u>	<u>4</u>
<u>4</u>	<u>4</u>	
<u>1</u>	<u>4</u>	
<u>4</u>	<u>4</u>	
<u>1</u>	<u>4</u>	

## Manual Fire Alarm Notes

Ion Detectors  
 Photo Detectors  
 Dual Detectors  
 Heat Detectors  
 Waterflow Switches  
 Supervisory Switches  
 Other (Specify): Kitchen Hood

Alarm verification feature:  disabled  enabled

FIGURE 10.9.2.3 Example of an Inspection and Testing Form.

INSPECTION, TESTING, AND MAINTENANCE

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ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
17	Y	17	Bells
27	Y	27	Horns
			Chimes
			Strobes
			Speakers
			Other (Specify):

No. of alarm notification appliance circuits: 2  
 Are circuits monitored for integrity?  Yes  No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 78, Table 8.6.1):  
 Quantity 3 Style(s) 4

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120VAC Amps 6.5  
 Overcurrent Protection: Type Circuit Breaker Amps 20  
 Location (of Primary Supply Panelboard): Mechanical Room  
 Disconnecting Means Location: Panel LP Breaker #9

(b) Secondary (Standby): 4 Each, Storage Battery: Amp-Hr Rating 5AHR  
 Calculated capacity in Amp-Hrs to operate system for 24 hours  
 Engine-driven generator dedicated to fire alarm system:  
 Location of fuel storage:

TYPE BATTERY

Dry Cell  Lead-Acid  
 Nickel-Cadmium  Other (Specify):  
 Sealed Lead-Acid

(c) Emergency or standby system: used as a backup to primary power supply, instead of using a secondary power supply:  
 \_\_\_\_\_ Emergency system described in NFPA 70, Article 700  
 \_\_\_\_\_ Legally required standby described in NFPA 70, Article 701  
 \_\_\_\_\_ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

FIGURE 10.6.2.3 Continued

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NOTIFICATIONS ARE MADE					PRIOR TO ANY TESTING		Who	Time
	Yes	No						
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Sec. Innov.	10:03 AM	
Building Occupants	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Staff	10:00 AM	
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Other (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
AMI Notified of Any Impairment:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						

  

SYSTEM TESTS AND INSPECTIONS			
TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground/Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

  

SECONDARY POWER			
TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

  

TRANSIENT SUPPRESSORS			
TYPE	Visual	Functional	Comments
Battery Condition	<input type="checkbox"/>		

  

REMOTE ANNUNCIATORS			
TYPE	Visual	Functional	Comments
At Front Entrance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

  

NOTIFICATION APPLIANCES						
TYPE	Visual	Functional	Comments	Pass	Fail	
Audible	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

  

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS						
Loc. & S/N	Device Type	Visual Check	Functional Test	Comments	Pass	Fail
ALL	Pull Sta.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALL	Smoke Det.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALL	Duct Det.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALL	Heat Det.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALL	Water Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Below	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALL	Temper. Svs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: All sprinkler inspections / certifications by sprinkler contractor.

FIGURE 10.6.2.3 Continued

INSPECTION, TESTING, AND MAINTENANCE

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EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments	
Phone	<input type="checkbox"/>	<input type="checkbox"/>		
Phone(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Alarm Indicator	<input type="checkbox"/>	<input type="checkbox"/>		
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Transmitter(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Call Signal	<input type="checkbox"/>	<input type="checkbox"/>		
System Performance	<input type="checkbox"/>	<input type="checkbox"/>		
<b>COMBINATION SYSTEMS</b>				
Fire Alarm/Smoke Monitor(s) Device/System	<input type="checkbox"/>	<input type="checkbox"/>		
Carbon Monoxide Detection System	<input type="checkbox"/>	<input type="checkbox"/>		
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
<b>INTERFACE EQUIPMENT</b>				
(Specify) Door Release	<input type="checkbox"/>	<input type="checkbox"/>		
(Specify) AHU Start/Stop	<input type="checkbox"/>	<input type="checkbox"/>		
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
<b>HAZARDOUS HAZARD SYSTEMS</b>				
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
Special Procedures:				
Continued:				
<b>SUPERVISING STATION MONITORING</b>				
Alarm Signal	Yes	No	Time	Comments
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:05 Am	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:35 Am	
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:11 Am	
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:40 Am	
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
<b>NOTIFICATIONS THAT TESTS ARE COMPLETE</b>				
Building Management	Yes	No	Who	Time
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STAFF	10:43 Am
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sec. J. F. ...	10:41 Am
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
The following did not operate correctly:				
System restored to normal operation: Date: 5/13/16 Time: 10:45 AM				
<b>THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS</b>				
Name of Inspector:	CHAD FARRISH		Date:	5/13
Signature:	<i>Chad Farrish</i>		Date:	10:45 AM
Name of Owner or Representative:			Date:	
Signature:			Date:	

FIGURE 10.5.2.3 Continued