**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: 01 R B. WING HAL085003 06/09/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1135 TAYLOR ROAD **MOUNTAIN VALLEY LIVING CENTER** WESTFIELD, NC 27053 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of Follow-up Survey by Dennis Harrell on 6-9-2016. Several deficiencies were not corrected. Further action is required. {C 150} Corridors-Free of equipment and Obstructions {C 150} 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. 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 185} Fire Safety-Rehearsals on Each Shift {C 185} 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

Division of Health Service Regulation

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

TITLE (X6) DATE

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
MOUNTAIN VALLEY LIVING CENTER  1135 TAYLOR ROAD WESTFIELD, NC 27053											
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{C 185}	Continued From page 1		{C 185}								
		the rehearsal involved. apply to new and existing									
		et as evidenced by: of documents, the records of o description of what the									
{C 189}	Building Equipment Maintained Safe, Operating		{C 189}								
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER  and all fire safety, electrical,  umbing equipment in an adult  maintained in a safe and									
	are prevented from resist the passage doors that do not of present the possibitione space can quiet the remainder of the Finding on 6-9-201. The door to the she several cylinders of propped open. Als weight scale stored door from being ab	vation, many corridor doors closing quickly and latching to of fire and smoke. Corridor ose completely and latch lity that a fire that begins in ckly spread to the corridor and e facility.  6:  bwer room on 200 Hall, where oxygen are stored, was on there was a chair type lin the room that blocked the leto close.									
	2 Based on obser	vation the battery powered									

6899

Division of Health Service Regulation STATE FORM

C0TN22 If continuation sheet 2 of 3

Division of Health Service Regulation

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{C 189}	emergency light in work when tested.	the dining room would not Battery powered emergency fork properly for at least 90 anger the residents and state										

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