

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 168 WEST YANCEYVILLE, NC 27379
--	---

(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 a Biennial Construction Survey by Ed Miller on June 16 2016.</p> <p>Records indicate that Caswell House was first licensed on February 14, 2006 as a Home for the Aged. The Facility is currently licensed for 100 beds with 42 of the beds designated as a Special Care Unit. Based on this information the facility is required to meet the 2004 Rules for the Licensing of Adult Care Homes, the applicable components of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 2002 (w/revisions) North Carolina State Building Code for Group I-2 - Institutional Unrestrained Occupancy.</p> <p>Deficiencies were noted which require a Plan of Correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>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 Health Service Regulation at no cost;</p>	C 101		

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

TITLE

(X6) DATE

Amey S. Paracy

Executive Director

7/14/2016

PRINTED: 06/29/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379		
(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 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction, Findings on June 16, 2016: a. Nurse Station - the special locking system does not have a wiring diagram and a system components location map posted at the fire alarm panel.	C 101	The special locking system wiring diagram is hanging at the Nurses station	6/20/2016
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on June 16, 2016: a. Corridor between Bedrooms 314 and Sitting Room - the handrail was loose,	C 148	The handrail has been tighten,	6/20/2016
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 154		

PRINTED: 06/28/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 635 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
---	---

(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 154	<p>Continued From page 2</p> <p>(h) The requirements for outside entrances and exits are:</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide exit doors that are accessible by residents to be equipped with sounding devices that activate when the door opens.</p> <p>Findings on June 16, 2016:</p> <p>a. Dining Room Exterior Exit - this " Special Locking " exit had an un-alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.</p> <p>b. Exterior Exit near Bedroom 104 - this " Special Locking " exit had a non-working alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.</p> <p>c. Exterior Exit near Bedroom 109 - this " Special Locking " exit had no alarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.</p> <p>d. Exterior Exit near Bedroom 602- this "</p>	C 154	<p>STI screamer covers have been ordered Estimated completion: 8/1/2016</p> <p>STI screamer covers have been ordered Estimated completion: 8/1/2016</p> <p>STI screamer covers have been ordered Estimated completion: 8/1/2016</p>	

PRINTED: 06/29/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 636 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
---	---

(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 154	Continued From page 3 Special Locking " exit had an unalarmed protective cover over the emergency release switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154	STI Screamer covers have been ordered Estimated completion: 8/1/2016	
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. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings kept clean and in good repair. Findings on June 16, 2016: a. Dining Room - the texture ceiling had been repaired but the finish was incomplete. 2. Based on Observation, the facility failed to have furniture kept clean and in good repair. Findings on June 16, 2016: a. Bedroom 515 - the wardrobe was missing a door.	C 164	The Dining Room texture ceiling will be repaired. Estimated completion date: 8/1/2016 The bedroom 515 wardrobe door has been put on order. Estimated completion: 8/1/2016	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 166		

PRINTED: 06/29/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER
CASWELL HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**636 US HIGHWAY 168 WEST
YANCEYVILLE, NC 27379**

(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 166	<p>Continued From page 4</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide an environment free of all hazards. HVAC damper in the supplies, returns, ventilation grilles are not free of obstructions. This could affect all residents, staff and visitors if in a fire the dampers do not close completely and in a timely manner to contain the fire and smoke within the room of origin. Findings on June 16, 2016: a. Main Nurse Station - the HVAC return grilles and their radiation dampers had an excessive accumulation of dust/lint.</p> <p>2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to an unpleasant environment. Findings on June 16, 2016: a. Bedroom 101 - there was a strong urine odor that persisted during the Construction Survey.</p> <p>3. Based on Observation, the building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on June 16, 2016: a. Nurse Station - one portable medical oxygen cylinder was stored standing up not secured to the structure. b. Bedroom 102 - one portable medical oxygen</p>	C 166	<p>Housekeeping will clean the HVAC return grills and their radiation dampers on a monthly schedule.</p> <p>The room has been cleaned. The resident is incontinent, we are trying to remind and assist him in knowing where to relieve himself.</p> <p>The portable medical oxygen cylinder has been secured.</p>	<p>6/20/2016</p> <p>6/18/2016</p> <p>6/16/2016</p>

PRINTED: 06/20/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 536 US HIGHWAY 188 WEST YANCEYVILLE, NC 27379
---	---

(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 188	Continued From page 5 cylinder was stored standing up not secured to the structure.	C 188	The cylinders are secured,	6/17/2016
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on June 16, 2016: a. Sprinkler Riser Room - since the annual maintenance, performed in February 2016, there has been no documentation of the portable fire extinguisher's monthly inspections.	C 183	This was an oversight...monthly inspections of sprinkler riser room fire extinguisher will be completed	6/17/2016
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 (a) which shall not apply to existing facilities.	C 189		

PRINTED: 06/20/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
CASWELL HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**535 US HIGHWAY 158 WEST
YANCEYVILLE, NC 27379**

(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 189	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, interview with Maintenance Tech and review of documents, the Building was not maintained in a safe and operating condition. This would expose all occupants to fire if the sprinkler system did not supply water soon enough to suppress the fire. Findings on June 16, 2016</p> <p>a. Examination of the fire sprinkler riser revealed the accelerator had been by-passed. The Fire Marshal was contacted and a fire watch was implemented starting at 5:00 PM.</p> <p>2. Based on observations and record review, the Building was not maintained in a safe and operating condition. This could expose all occupants to fire if the fire sprinkler heads have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on June 16, 2016:</p> <p>a. Most of the Building - the fire sprinkler heads were debris-loaded with lint/dust.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin. Findings on June 16, 2016:</p> <p>a. Cross-Corridor Doors near Bedroom 410 - , the front leaf did not latch when the fire alarm system released the doors.</p> <p>b. Cross-Corridor Doors near Bedroom 410 - , the back leaf hits the floor and will not close on its own power when the fire alarm system released the doors.</p>	C 189	<p>Century Fire has a part on order to repair the accelerator. Estimated completion: 8/1/2016</p> <p>The fire sprinkler heads have been cleaned.</p> <p>The cross-Corridor Doors near Bedroom has been repaired.</p> <p>The cross-Corridor Door near Bedroom 410 has been repaired.</p>	<p>6/17/2016</p> <p>6/20/2016</p> <p>6/18/2016</p> <p>6/18/2016</p>

PRINTED: 06/29/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 536 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(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 189	<p>Continued From page 7</p> <p>5. Based on observation, the facility fire resistance rated components have not been maintained in a safe condition. This could affect all residents, staff and visitors if the doors did not contain fire /smoke in the room of origin. Findings on June 16, 2016: a. E Hall Group Shower Room - the corridor door did not latch into its frame when closed, b. Main Nurse Station - the corridor dutch-door's top leaf did not latch into the bottom leaf when the bottom leaf was latched to its doorframe.</p> <p>6. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on June 16, 2016: a. Kitchen - Per the semi-annual maintenance tag, the commercial kitchen hood's fire extinguishing system was last maintained in October of 2013. b. Kitchen - Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in October 2013, there has been no record keeping of the monthly inspections.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition. This could expose all residents, staff and visitors to smoke/fire if smoke/fire is not contained in the Room or compartment of origin. Findings on June 16, 2016: a. Kitchen - two fire sprinkler escutcheon plates</p>	C 189	<p>The E Hall shower room door has been repaired.</p> <p>The main nurse station corridor dutch-door's leaf has been repaired.</p> <p>The semi-annual maintenance inspection has been completed.</p> <p>Monthly inspection will be listed on the semi-annual maintenance tag.</p>	<p>6/20/2016</p> <p>6/20/2016</p> <p>6/30/2016</p> <p>6/18/2016</p>

PRINTED: 06/29/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD17054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 636 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
---	---

(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 189	<p>Continued From page 8</p> <p>had dropped down from the fire-resistance-rated ceiling.</p> <p>b. Kitchen Pantry - the fire sprinkler escutcheon plate did not cover the complete opening through the fire-resistance-rated ceiling.</p> <p>c. Men across from Bedroom 101 - the fire sprinkler escutcheon plate was missing.</p> <p>d. SCU Nurse Station - there was a gap around a cable penetration through the fire-resistance-rated ceiling assembly.</p> <p>e. Attic Smoke Barrier on 400 Hall - there were gaps around several cable penetration through the fire-resistance-rated ceiling smoke barrier.</p> <p>f. Attic Smoke Barrier on 400 Hall - there was an open end sleeve penetration through the fire-resistance-rated ceiling smoke barrier.</p> <p>g. Sprinkler Riser Room - there was a gap around a cable penetration through the fire-resistance-rated ceiling assembly.</p> <p>h. SCU Dining near Bedroom 301 - the corridor door did not latch into its frame when closed.</p> <p>i. Bedroom 502 - the corridor door had holes through it where the replacement hardware did not cover the installation holes to the previous hardware.</p> <p>j. Bedroom 602 - the corridor door had holes through it where the replacement hardware did not cover the installation holes to the previous hardware.</p> <p>10. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin Findings on June 16, 2016: a. Kitchen to Dining Room - the door did not</p>	C 189	<p>The kitchen fire sprinkler escutcheon plates have been repaired.</p> <p>The kitchen pantry fire sprinkler escutcheon plate has been corrected.</p> <p>The escutcheon plate from bedroom 101 has been repaired.</p> <p>The gap around a cable penetration through the fire resistance ceiling assembly has been repaired.</p> <p>The gaps around several cable penetration will be caulk with UL rated fire caulk. Estimated completion: 8/1/2016 The open end sleeve penetration will be caulked with UL rated fire caulk. Estimated completion: 8/1/2016</p> <p>The gap around a cable penetration will be caulked with UL rated fire caulk. 8/1/2016</p> <p>SCU dining near bedroom 301 the corridor door has been repaired.</p> <p>Bedroom 502 the corridor door has been repaired.</p> <p>Bedroom 602 the corridor door has been repaired.</p>	<p>8/20/2016</p> <p>8/20/2016</p> <p>8/20/2016</p> <p>8/20/2016</p> <p>8/20/2016</p> <p>8/20/2016</p> <p>8/20/2016</p> <p>8/20/2016</p>

PRINTED: 06/29/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
---	---

(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 189	Continued From page 2 larch into its doorframe. 11. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on June 18, 2016: a. Bedroom 2058 - the closet door was equipped with hasp hardware and locked with a padlock. This locking system did not provide an override device allowing exiting from bnthe closet.	C 189	The kitchen to dining room door will need to be replaced. Estimated Completion: 8/1/2016 The hasp on the closet door will be taken off. Estimated completion: 7/15/2016	
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. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This	C 199		

PRINTED: 06/29/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 168 WEST YANCEYVILLE, NC 27379
--	---

(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 199	Continued From page 10 could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on June 16, 2016: a. Bedroom 513 Bathroom - the exhaust ventilation system did not work, allowing a build-up of odors,	C 199	The exhaust fan will be repaired. Estimated completion: 8/1/2016 The exhaust ventilation will be repaired. Estimated completion: 8/1/2016	
C 200	Facilities for 7-12 Res.-Call System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (h) In facilities licensed for 7-12 residents, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed. (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 electrically operated call system did not provide the ability to call for assistance when activated. This could affect all residents, and staff if the system fails to notify staff that assistance is requested. Findings on June 16, 2016: a. Entire Building - the nurse call pull stations did not notify staff, b. Bedroom 206 Shower Room - the nurse call pull station was missing.	C 200	Warden Enterprise will be contracted to repair the nurse call system. Estimated completion: 8/1/2016 Nurse call pull station has been installed.	8/20/2016