

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL056006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/07/2016
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NAME OF PROVIDER OR SUPPLIER FRANKLIN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 186 ONE CENTER STREET FRANKLIN, NC 28734
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(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
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C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 7-7-2016. Records indicate this facility was first licensed on 10-24-2014, as a Home for the Aged with 70 beds, 40 of which are in a Special Care Unit. Based on this information, the facility must meet the current Rules for the Licensing of Adult Care of Seven or More Beds and the 2012 NC State Building Code for Institutional Occupancies.	C 000		
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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. 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 include: Several portable medical oxygen cylinders were stored in unapproved beverage crates, in cardboard boxes or in no container at all.	C 166	Approved medical oxygen cylinders container have been delivered by our vender. All cylinders are stored in approved medical oxygen containers.	7/11/2016
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT	C 185		



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

Barry S. James

TITLE

ED, RDO

(X8) DATE

8/11/2016

Division of Health Service Regulation

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C 185	<p>Continued From page 1</p> <p>10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the only records available onsite included no description of what the rehearsal involved.</p>	C 185	Rehearsals of fire plan documentation is available for review.	7/8/2016
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, 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</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>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;</p> <p>a. One of the cross-corridor smoke barrier doors near room 101 would not latch when closed. b. The door to the library was propped open. c. The door to the beauty salon was propped open.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in 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:</p> <p>a. Unsealed penetration in the ceiling of the Data room, b. Hole beside sprinkler escutcheon in the ceiling of the Data room, c. Damaged ceiling in the riser room, d. Gypsum compound falling off corners over ceiling beams in the front lobby, e. Sprinkler escutcheon not properly fitted to the ceiling in the riser room.</p>	C 189	<p>The cross-corridor smoke barrier doors near room 101 latch when closed.</p> <p>We have inserviced our employees to understand the importance of not proping open fire rated doors.</p> <p>Penetrations in the ceiling of the data room and by the sprinkler escutcheon have been seal with UI rated Fire Caulk. Damage ceiling in the riser room has been repaired. Gypsum compound falling off corners in the front lobby will be repair. Estimated Completion: 8/16/2016 Sprinkler escutcheon plate has been repaired.</p>	<p>7/8/2016</p> <p>7/11/2016</p> <p>7/11/2016</p> <p>7/11/2016</p>

7/29/2010
7:30 am

Lina Hoembel CNA
Reben m. Dy CNA
Chylene Bennett, CNA
Cestredale Robinson mt
Melia Beard activity director
Roxane Chambers
Doris Bralson med-Tech
Ramona Penland
Cherish Kavanaugh CNA
Cary Jurus

Fire Drill Sign-in

7/28/2016

6:45am

Justin Schmidt

Bobby Clubb

Jennifer Lavender

Jennifer Schmidt

Fire Drill Sign-in

INSTRUCTIONS

The Hermitage - Sylva, NC 28779-7578
Fire Drills:



Completed By: Tiffany Baylor Date: 07/29/2016

Steps:

1. Introduce fire indicator to the group (towel, cone, etc)
2. Familiarize staff with the annunciator panel (if applicable)
 - Show staff how panel relates to physical building
 - Demonstrate how lights correspond to triggers in various building locations
3. Train staff on operation of door latches (both positive and roller latches)
4. Staff training of PASS procedures
5. Staff training of RACE procedures

Perform a fire drill

1. Drills are to be no closer than two hours apart from the last time recorded and not in the same hour during the year for any shift.
2. Inform fire station / monitoring company of the test
3. Place commonly recognized fire indicator in the zone of the trigger device that will be activated
4. Rescue resident, check bathroom if door is closed. Close room door when exiting
5. Test the system by activating a smoke detector, pull station, or other trigger in the proper zone
6. Maintenance staff should verify activation at the fire department / monitoring company
7. Staff in the zone of origin should systematically inspect each room to find the fire and ensure doors are closed
8. Notify residents of the drill, if applicable document who the residents were that were involved in the evacuation, and where they were evacuated to.
9. Staff in other zones should calm residents, let them know it's only a drill, and close the doors until the drill is over
10. After fire is located, suspend the drill, silence the alarms, and notify the facility that the test is concluded
11. Have maintenance staff reset the alarm system
12. Call fire station / monitoring company and let them know the test is concluded

Verify operation of the alarm system (during drill)

1. Confirm that annunciator panel(s) indicated the proper zone of the fire
2. Conduct a walk-through inspection checking the following items
 - Strobes and alarms can be seen and heard in all areas of the building
 - Areas of the building will include:
 1. Dining Rooms
 2. Kitchen
 3. Laundry
 4. Shower Rooms
 5. Therapy/Gym
 - Magnetically operated smoke doors closed and latched with no gaps
 - Magnetic door locks disengaged with Wanderguard to allow egress

File written documentation in the safety binder

1. Ask staff for feedback on drill
2. Note time of drill and staff involved

Steps:

3. Note any problems or discrepancies (keep in mind that the primary purpose of the drill is to find flaws and make improvements)
4. List recommendations for future drills and training
5. If you are in the state of Texas, Complete TX Department of Aging Fire Drill Form 4719 Dated November 2010

Building: Main Building

Date: 7-29-2016

Shift: 1st

Type of Disaster: FIRE

Quarterly Drill:

Annual Complete Evacuation:

Random: yes

Drill Initiated By (Name & Position): Effany Bauer,

General Announcement OR Drill initiated by use of fire alarm or detection system. REQUIRED: Yes No

Was Fire Alarm heard throughout the building: Yes No

Drill Start Time: 7:30

Drill End Time (ALL Clear sounded): 7:39

Response Time: 9mins

Situation Used: Fire back hall

External weather condition: cloudy

Were ALL Residents Evacuated: REQUIRED ANNUALLY for Tornado and FIRE: Yes No

If Not what areas in the building was the situation:
Evacuation Location: REQUIRED: Dining Room Areas

A complete Head Count of All Residents, Staff & Visitors was conducted: Yes No

Residents Head Count: 37/32

Staff Head Count: 12

Visitor Head Count: 1

Residents Who required Assistance : (REQUIRED Attach List with assistance needed): Attached

Participants, Staff & Other Persons: (REQUIRED Attach Signature List): Attached

Fire Department was met & provided status report of situation: Yes No

All doors and windows were closed? (including fire doors and smoke barriers): YES NO

Oxygen and other medical gasses in the area of the fire were secured?: YES NO

All Fire Equipment Functional? (if "No," please describe in the Remarks Section): Yes No

Fire Panel Performed Properly? (if "No," please describe in the Remarks section): Yes No

Extra extinguishers from other areas of the building were taken to the fires scene?: YES NO

Staff reported to their respective areas and carried out their preassigned duties?: YES NO

Phone was kept open and someone was stationed at phone to receive calls & Pass information: YES NO

All evacuation routes, passageways & exits unlocked, unobstructed & clear: Yes No

Restrooms & other occupied areas checked by sight and voice: YES NO

Visible/Audio Devices Checked: YES NO

Kitchen Exhaust or any Ventilation System Shut Down:

YES NO

Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):

Yes No

All medical charts (Transfer Binder), Emergency Binder & business records prepared for removal:

YES NO

911/Monitoring Company Follow-up Call Performed:

YES NO

Follow Up Corrective Action:

Follow-Up Corrective Action - Employee Education/Training/Corrective Action (if "Yes," please describe in the Remarks section):

Yes No

Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):

Yes No

Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):

Yes No

Evaluation & Remarks of Person Holding Drill: REQUIRED:

INSTRUCTIONS

The Hermitage - Sylva, NC 28779-7578
Fire Drills:



Completed By: Tiffany Barker Date: 7/28/2016

Steps:

1. Introduce fire indicator to the group (towel, cone, etc)
2. Familiarize staff with the annunciator panel (if applicable)
 - Show staff how panel relates to physical building
 - Demonstrate how lights correspond to triggers in various building locations
3. Train staff on operation of door latches (both positive and roller latches)
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5. Staff training of RACE procedures

Perform a fire drill

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2. Inform fire station / monitoring company of the test
3. Place commonly recognized fire indicator in the zone of the trigger device that will be activated
4. Rescue resident, check bathroom if door is closed. Close room door when exiting
5. Test the system by activating a smoke detector, pull station, or other trigger in the proper zone
6. Maintenance staff should verify activation at the fire department / monitoring company
7. Staff in the zone of origin should systematically inspect each room to find the fire and ensure doors are closed
8. Notify residents of the drill, if applicable document who the residents were that were involved in the evacuation, and where they were evacuated to.
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File written documentation in the safety binder

1. Ask staff for feedback on drill
2. Note time of drill and staff involved

Steps:

3. Note any problems or discrepancies (keep in mind that the primary purpose of the drill is to find flaws and make improvements)
4. List recommendations for future drills and training
5. If you are in the state of Texas, Complete TX Department of Aging Fire Drill Form 4719 Dated November 2010

Building: Main Building

Date: 07/28/2016

Shift: 3rd

Type of Disaster: Fire

Quarterly Drill:

Annual Complete Evacuation: NO

Random: Yes

Drill Initiated By (Name & Position): Liffany Bauer

General Announcement OR Drill initiated by use of fire alarm or detection system. REQUIRED: Yes No

Was Fire Alarm heard throughout the building: Yes No

Drill Start Time: 6:45

Drill End Time (ALL Clear sounded): 6:59

Response Time: 14 mins

Situation Used: Fire Front lobby

External weather condition: Dark 71°

Were ALL Residents Evacuated: REQUIRED ANNUALLY for Tornado and FIRE: Yes No

If Not what areas in the building was the situation: Dining Room Areas

Evacuation Location: REQUIRED: Yes No

A complete Head Count of All Residents, Staff & Visitors was conducted: 37/32

Residents Head Count: 6

Staff Head Count: 0

Visitor Head Count: 0

Residents Who required Assistance : (REQUIRED Attach List with assistance needed): Attached

Participants, Staff & Other Persons: (REQUIRED Attach Signature List): Yes No

Fire Department was met & provided status report of situation: YES NO

All doors and windows were closed? (including fire doors and smoke barriers): YES NO

Oxygen and other medical gasses in the area of the fire were secured?: YES NO

All Fire Equipment Functional? (if "No," please describe in the Remarks Section): Yes No

Fire Panel Performed Properly? (if "No," please describe in the Remarks section): Yes No

Extra extinguishers from other areas of the building were taken to the fires scene?: YES NO

Staff reported to their respective areas and carried out their preassigned duties?: YES NO

Phone was kept open and someone was stationed at phone to receive calls & Pass information: YES NO

All evacuation routes, passageways & exits unlocked, unobstructed & clear: Yes No

Restrooms & other occupied areas checked by sight and voice: YES NO

Visible/Audio Devices Checked: YES NO

Kitchen Exhaust or any Ventilation System Shut Down: YES NO

Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section): Yes No

All medical charts (Transfer Binder), Emergency Binder & business records prepared for removal: YES NO

911/Monitoring Company Follow-up Call Performed: YES NO

Follow Up Corrective Action:

Follow-Up Corrective Action - Employee Education/Training/Corrective Action (if "Yes," please describe in the Remarks section): Yes No

Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section): Yes No

Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section): Yes No

Evaluation & Remarks of Person Holding Drill: REQUIRED: Tiffany Bauld

Review Pass 3: Race with staff prior to drill. Discussed procedure Mt- Assigned tasks of fire extinguished 3 fire. Drill began with general announcement. Mt checked fire panel located in back hall. All residents evacuated rooms cleaned. trash can placed in front of door. Head count completed.